

SDM® STRENGTHS AND NEEDS ASSESSMENT

Policy & Procedures Manual



**Minnesota
Department of
Human Services**

August 2025



ADULT PROTECTIVE SERVICES

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STRUCTURED DECISION MAKING® (SDM®) STRENGTHS AND NEEDS ASSESSMENT

Minnesota Adult Protective Services

SECTION 1. GENERAL STRENGTHS AND NEEDS

During assessments, recognize that ideals for health, safety, independence, and financial management vary across different cultures and individuals. Each factor should be evaluated within the context of the adult's culture, community, and personal choices.

PART A. COMMUNICATION

1. Communication

- ☐ a. Adult communicates well/effectively, OR communication needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.
- ☐ b. Adult has an unmet need for communication accommodation, which moderately interferes with meeting the adult's needs for health, safety, or comfort.
- ☐ c. Adult has an unmet need for communication accommodation, which severely interferes with meeting the adult's needs for health, safety, or comfort.

PART B. HEALTH

2. Physical Health/Medical

- ☐ a. Adult receives recommended medical care and has no unmet physical/medical needs, OR the adult's physical health/medical needs have no adverse effects on their health, safety, or comfort.
- ☐ b. Adult has physical health/medical needs that moderately interfere with meeting the adult's needs for health, safety, or comfort.
- ☐ c. Adult has physical health/medical needs that severely interfere with meeting the adult's needs for health, safety, or comfort.

3. Physical Mobility

- a. Adult has adequate mobility, OR physical mobility limitations have no adverse effects on meeting the adult's needs for health, safety, or comfort.
- b. Adult's physical mobility moderately interferes with meeting the adult's needs for health, safety, or comfort.
- c. Adult's physical mobility severely interferes with meeting the adult's needs for health, safety, or comfort.

4. Cognitive Functioning

- a. Adult has adequate cognitive functioning, OR cognitive functioning needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.
- b. Adult's cognitive functioning moderately interferes with meeting the adult's needs for health, safety, or comfort.
- c. Adult's cognitive functioning severely interferes with meeting the adult's needs for health, safety, or comfort.

5. Mental/Emotional Health

- a. Adult exhibits no mental/emotional health needs, OR mental/emotional health needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.
- b. Adult's mental/emotional health moderately interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.
- c. Adult's mental/emotional health severely interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

6. Substance Use

- a. Adult exhibits healthy behaviors pertaining to substance use, OR substance use has no adverse effects on meeting the adult's needs for health, safety, or comfort.
- b. Adult's substance use moderately interferes with meeting the adult's needs for health, safety, or comfort.
- c. Adult's substance use severely interferes with meeting the adult's needs for health, safety, or comfort.

PART C. RESOURCES

7. Housing

- ☐ a. Adult has or maintains a healthy living environment that meets their needs for health, safety, and comfort; OR the housing has no adverse effects on meeting the adult's needs for health, safety, or comfort.
- ☐ b. Adult's housing moderately interferes with meeting the adult's needs for health, safety, or comfort.
- ☐ c. Adult's housing severely interferes with meeting the adult's needs for health, safety, or comfort.

8. Financial Resources

- ☐ a. Adult's financial resources are sufficient to meet their needs, OR financial resources have no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ b. Adult's financial resources or ineligibility for economic assistance moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ c. Adult's financial resources or ineligibility for economic assistance severely interferes with meeting the adult's needs for health, safety, comfort, or financial security.

9. Financial Management

- ☐ a. Adult manages finances effectively, or another person effectively manages them, OR financial management has no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ b. Adult's financial management, or the management by another, moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ c. Adult's financial management, or the management by another, severely interferes with meeting the adult's needs for health, safety, comfort, or financial security.

PART D. SOCIAL

10. Support System

- ☐ a. Adult has an adequate support system, OR support system has no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ b. Adult's support system moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ c. Adult's support system, or absence of a support system, severely interferes with meeting the adult's needs for health, safety, comfort, or financial security.

11. Interpersonal Relationships

- ☐ a. Adult has positive relationships, OR relationships have no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ b. Adult has relationships that moderately interfere with meeting the adult's needs for health, safety, comfort, or financial security.
- ☐ c. Adult has relationships that severely interfere with meeting the adult's needs for health, safety, comfort, or financial security.

12. Primary Supports

Primary support name(s): _____

- ☐ Not applicable; no primary support(s).
- ☐ a. Primary support is willing and able to meet the adult's needs for health, safety, comfort, or financial security.
- ☐ b. Primary support is willing but unable to meet the adult's needs for health, safety, comfort, or financial security due to existing barriers, AND barriers can be addressed through external support or additional education.
- ☐ c. Primary support is not able to meet the adult's needs for health, safety, comfort, or financial security.

PART E. OTHER

13. Other worker-identified strength/need not addressed in 1 through 12

- ☐ Not applicable—no strengths/needs other than identified ones.
- ☐ a. Adult has a strength not addressed.
- ☐ b. Adult has a moderate need not addressed.
- ☐ c. Adult has a severe need not addressed.

Description: _____

14. Other adult-identified strength/need not addressed in 1 through 12

- ☐ Not applicable—no strengths/needs other than identified ones.
- ☐ a. Adult identified a strength not addressed.
- ☐ b. Adult identified a moderate need not addressed.
- ☐ c. Adult identified a severe need not addressed.

Description: _____

SECTION 2. THE ADULT’S STRENGTHS AND NEEDS

PART A. AREAS OF STRENGTHS AND NEEDS

From General Strengths and Needs in Section 1, enter the item number and description of all the areas of no concern (“a” responses) where you see the adult’s greatest strengths demonstrated.

Indicate which strengths should be considered for building into the adult protection service plan from the worker’s view. Then, indicate whether the adult also shares those views or has different ideas from the pre-populated full list. Shared areas of strength should be the starting place for building strengths into the plan. If no shared areas of strength exist or the adult does not identify any strengths, ensure that their input is still incorporated into the plan.

Note: If an adult has identified a strength in item 14, that strength should be strongly considered for incorporation into the plan.

STRENGTHS	WORKER IDENTIFIED	ADULT IDENTIFIED	CONSIDER FOR SERVICE PLAN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From General Strengths and Needs in Section 1, enter the item number and description of all needs identified (e.g., item 2c. Adult has physical health/medical needs that severely interfere with the adult’s health, safety, or comfort).

Indicate which needs are priorities to address from the worker’s view. Then indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Finally, indicate which needs will be priorities for the adult protection service plan. Shared areas of need should be the starting priorities for the plan. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the plan.

Note: If an adult has identified a need in item 14, that need should be strongly considered for a priority on the plan.

NEEDS	WORKER PRIORITY	ADULT PRIORITY	PRIORITY FOR SERVICE PLAN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worker comments (optional)

PART B. ADULT PROTECTION SERVICE PLAN STRENGTHS AND NEEDS

The following lists will reflect the “Consider for Service Plan” and “Priority for Service Plan” columns in Part A. These needs will be included in the adult protection service plan, and the strengths will be considered for inclusion. Note: While the worker is free to include any number of need domains on the adult protection service plan, the plan must remain achievable and not overwhelming for the adult.

Strengths to Consider for the Adult Protection Service Plan

1.

2.

3.

Priority Needs for the Adult Protection Service Plan

1.

2.

3.

SECTION 3. ADULT PROTECTION SERVICE PLAN

Name: _____ Date: _____

WHY IS ADULT PROTECTIVE SERVICES (APS) INVOLVED? *(WRITTEN DIRECTLY TO THE ADULT)*

MY STRENGTHS *(WRITTEN FROM THE ADULT’S POINT OF VIEW)*

WHAT’S IMPORTANT TO ME? *(WRITTEN FROM THE ADULT’S POINT OF VIEW)*

NEED AREA	DESCRIPTION	SUPPORTS/SERVICES	START DATE	WHO WILL HELP

MY COMMENTS ON THE PLAN (*WRITTEN FROM THE ADULT'S POINT OF VIEW*)

WORKER'S COMMENTS (*WRITTEN DIRECTLY TO THE ADULT*)

Adult Protection Worker and Agency: _____

Worker Contact Information: _____

☐ Adult/legal surrogate provided a copy. ☐ Support person provided a copy.

Adult Signature (Optional, not required): _____

SDM® STRENGTHS AND NEEDS ASSESSMENT

DEFINITIONS

CULTURAL AND ECONOMIC CONSIDERATIONS

During assessments, recognize that ideals for health, safety, independence, and financial management vary across cultures and individuals. Each factor should be evaluated within the context of the adult's culture, community, and choices.

PRACTICE GUIDANCE

This tool is not intended to serve as a substantiation tool but rather as a guide for gathering information to identify potential areas of need for APS interventions aimed at preventing or reducing the risk of maltreatment. If using this tool has prompted you to believe the adult may have experienced additional allegations or maltreatment, add the allegation(s) to the Social Services Information System (SSIS) assessment workgroup. An allegation not being reported and referred to APS does not mean the adult does not need services planning to reduce risk or to prevent maltreatment in the need area.

SECTION 1. GENERAL STRENGTHS AND NEEDS

PART A. COMMUNICATION

The adult's ability to communicate has a large impact on all aspects of their ability to meet their health, safety, comfort, or financial needs. Communication refers to the process of exchanging information and ideas. There may be many reasons why an adult has a communication need. By completing the assessment domains, you may identify the root cause of the communication barrier (e.g., cognitive functioning, health or medical needs, social aspects). This domain allows the worker to identify specific accommodations that address a particular communication need (e.g., hearing aids, an augmentative and alternative communication (AAC) device, such as a laptop or tablet, or translation services).

PRACTICE GUIDANCE

While this domain centers on meeting the adult's needs for communication, be mindful that your approach with the adult should also be informed by their communication needs. Inquiring about an adult's communication needs, barriers, resources, assistive devices, and preferences is essential for effective engagement.

1. Communication

a. Adult communicates well/effectively, OR communication needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

- Adult communicates well/effectively.
- Adult does not experience communication barriers; or, if present, communication barriers pose no adverse effects to the adult.
- Adult can communicate independently or with communication assistance in place and used effectively, like a communication device and/or hearing aids.
- Adult has some communication or literacy barriers but can function independently.

b. Adult has an unmet need for communication accommodation, which moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult's communication barriers interfere with their ability to complete some activities of daily living/instrumental activities of daily living (ADLs/IADLs). This assessment may be demonstrated by the following.

- Adult has minimal communication or literacy barriers (e.g., language differences, communicates verbally but cannot write or has reading comprehension challenges, medical condition limits ability to speak, dependent on a particular person for translation).
- Adult does not have the information or resources needed to access supportive services or adaptive devices (e.g., an interpreter, hearing aids).

c. Adult has an unmet need for communication accommodation, which severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult experiences communication barriers that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- Adult has significant communication or literacy barriers (e.g., language differences for which translator services are not readily available, unable to read or communicate verbally or through writing with no available assistance).
- Adult does not have the ability or means to access supportive services or adaptive devices (e.g., an interpreter, speech tablet/laptop, hearing aids).

PART B. HEALTH

2. Physical Health/Medical

a. Adult receives recommended medical care and has no unmet physical/medical needs, OR the adult's physical health/medical needs have no adverse effects on their health, safety, or comfort.

Adult receives routine, regular, or recommended healthcare and doesn't have any unmet healthcare needs, or, if needs are present, they do not create adverse effects for the adult.

b. Adult has physical health/medical needs that moderately interfere with meeting the adult's needs for health, safety, or comfort.

Adult has physical health/medical problems that interfere with their ability to complete some ADLs/IADLs. This assessment may be demonstrated by the following.

- Adult does not see a medical professional as needed or does not follow prescribed treatment, including medication regimen, which can lead to loss of health and function.
- Adult may engage in unhealthy behaviors and may exacerbate existing health concerns.
- Adult is unable or unwilling to attend to personal hygiene needs, which can lead to medical or health issues.

c. Adult has physical health/medical needs that severely interfere with meeting the adult's needs for health, safety, or comfort.

Adult has physical health/medical problems that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected.

This assessment may be demonstrated by the adult not receiving necessary medical care or medication or by the adult not following prescribed treatment, and it is resulting in the adult's health being severely affected. Examples include, but are not limited to, the following.

- Untreated or inadequately treated wounds.
- Adult's actions result in a threat to the adult or others.
- Untreated condition(s) that risk health, safety, or comfort.
- Inability to obtain or coordinate care necessary for the adult to maintain their health, safety, or comfort.

3. Physical Mobility

a. Adult has adequate mobility, OR physical mobility limitations have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has adequate mobility, or if concerns are present, they have no adverse effects on the individual.

b. Adult's physical mobility moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult has mobility limitations that interfere with their ability to complete some ADLs/IADLs. This assessment may be demonstrated by the following.

- Alternative provisions (e.g., use of adaptive devices or assistance from others) have not been made.
- Alternative provisions have been made, but they are insufficient (e.g., adult has a walker but is unable to use it to move about the home or community; adult has assistance, but it is not sufficient to meet mobility needs).

c. Adult's physical mobility severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult has mobility limitations that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- Adult is completely dependent on others for movement and is not receiving services.
- Adult lacks access to adaptive devices or mobility assistance from others, OR adaptive devices are not in working order, and this threatens the adult's health, safety or comfort.

4. Cognitive Functioning

a. Adult has adequate cognitive functioning, OR cognitive functioning needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

This assessment may be demonstrated by the following.

- Adult has adequate cognitive functioning.
- Adult does not exhibit impairments with cognitive functioning.
- If concerns are present, they have no adverse effects on the adult.

b. Adult's cognitive functioning moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits impaired cognitive functioning that interferes with their ability to complete some ADLs/IADLs. This assessment may be demonstrated by the following.

- Adult may have moderate memory impairment as demonstrated by forgetting recent events, difficulty comprehending written or verbal information, or struggling with complex tasks.
- Adult demonstrates impaired reasoning and cannot problem solve to the extent that some ADLs/IADLs are affected.
- Adult's hygiene needs are not met; they wear clothing inappropriate for the weather, forget to eat, cannot adjust the temperature in their home, and cannot maintain their home, resulting in unsafe or unhygienic conditions.
- Adult exhibits behaviors, signs, or symptoms of impaired judgment, reasoning, or decisional capacity.

c. Adult's cognitive functioning severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits impaired cognitive functioning that interferes with ADLs/IADLs to the extent that their health, safety, or comfort are severely affected.

This assessment may be demonstrated by the following.

- Adult is disoriented to person or place or has profound cognitive impairment that affects their ability to reason and make informed decisions.
- Adult does not meet their own 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
 - » An inability to obtain, prepare, or consume the nutrition necessary to maintain health.
- Adult lacks insight into potential dangers or the ability to plan actions to maintain health and safety in changing circumstances. Examples include but are not limited to:
 - » Driving unsafely;
 - » Not clothing themselves appropriately for the temperature;
 - » Inability to adjust environmental heat or cooling; or
 - » Not recognizing the need to secure their environment, or not understanding risks to safety from others to the extent that their health and safety are compromised.

- Adult cannot recognize maltreatment or respond to preserve their life in a health, fire, natural disaster, or other emergency.

Include situations where the adult is incapable of providing for their own care due to significant physical or intellectual disability, is without the support and supervision necessary for their needs to be met, and their basic needs are compromised. Examples include, but are not limited to, the following.

- Critical medical treatment, directives, or required assistive devices are not followed by or provided to the adult, resulting in a life-threatening situation (e.g., pattern of missing medical appointments).
- The adult is without essentials for daily living (e.g., food, clothing, needed services, resources, or supervision) or basic needs.
- The adult does not attend to hygiene and/or self-care needs, which results in illness or untreated sores/wounds requiring immediate medical care.
- The adult cannot manage their finances to the extent that they are at imminent risk of having utilities shut off or eviction/loss of housing.

5. Mental/Emotional Health

a. Adult exhibits no mental/emotional health needs, OR mental/emotional health needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult does not exhibit concerns with mental/emotional health or, if present, concerns with mental/emotional health pose no adverse effects for the adult or adult is participating in treatment or services.

b. Adult's mental/emotional health moderately interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

This assessment may be demonstrated by the following.

- Adult may have mental health symptoms that affect some ADLs/IADLs.
- Adult demonstrates episodes of unmanaged frustration, fatigue, or anger.
- Adult expresses periodic depression, fear, or anxiety.

c. Adult's mental/emotional health severely interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

This assessment may be demonstrated by the following.

- Adult demonstrates signs of a chronic or severe mental health condition AND has no mental health services.

- Adult has a diagnosed chronic or severe mental health condition AND is noncompliant with prescribed treatment.
- Adult demonstrates an inability to perform most ADLs/IADLs due to their mental health condition.
- Adult expresses chronic depression, fear, or anxiety impacting their ability to meet their needs for health, safety, or comfort throughout the course of their condition.
- Adult's mental/emotional health has a severe impact on their ability to meet needs such as nutrition, housing, social support, and financial management of resources.
- Major health or potential safety concerns due to adult's mental/emotional health are evident, such as frequent blackouts, hospitalizations, suicidality, inability to regulate mood or behavior, violence toward self or others, or encounters with law enforcement due to substance use.

6. Substance use

Includes alcohol, prescriptions (including over-the-counter), or illicit or recreational drugs.

a. Adult exhibits healthy behaviors pertaining to substance use, OR substance use has no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult exhibits healthy behaviors pertaining to substance use or no needs are present pertaining to substance use; OR if needs are present, concerns with substance pose no adverse effects on the adult. This assessment may be demonstrated by the following.

- There is no indication of current substance misuse.
- Adult's use of recreational substances is not problematic.
- The adult takes medications only as prescribed.

b. Adult's substance use moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult's substance use adversely affects some ADLs/IADLs.

c. Adult's substance use severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits concerns with substance use that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- The adult actively misuses substances to the extent that it has a severe impact on their ability to meet needs such as nutrition, housing, social support, and financial management of resources.
- Major health or potential safety concerns due to adult's substance use are evident, such as frequent blackouts, hospitalizations, sexual abuse, or encounters with law enforcement due to substance use.

Examples include but are not limited to:

- Inability/failure to manage income, assets, property, or housing due to substance use;
- Combining use with contraindicated medications;
- Substance use to the point of losing consciousness;
- Falling due to impaired coordination that results in injury or harm; or
- Permanent health impacts, such as brain or organ damage.

PART C. RESOURCES

7. Housing

Housing includes consideration of all living situations, including physical and natural barriers to accessing a home (like weather and natural environment), as well as situations where a person is without housing or is homeless.

In Minnesota, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. This definition encompasses individuals who are residing in emergency shelters; transitional housing; or places not meant for human habitation, such as streets, parks, abandoned buildings, or vehicles. It also includes individuals who are at imminent risk of losing their housing and those fleeing domestic violence or other dangerous situations. The definition aims to identify and address the various forms of homelessness experienced by individuals and families throughout the state.

a. Adult has or maintains a healthy living environment that meets their needs for health, safety, or comfort; OR housing has no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has or maintains a healthy living environment or adequate living environment; or, if concerns with housing have arisen, they pose no adverse effect on the adult. This assessment may be demonstrated by the following.

- Housing conditions (such as heat, electrical service, and plumbing) are adequate for safe and healthy living. Exclude off-grid lifestyle choices that do not have an adverse effect on the adult meeting their health, safety, or comfort needs.
- Furnishings and housekeeping are adequate for safe and healthy living.

b. Adult's housing moderately interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that aspects of housing interfere with the adult's ability to complete some ADLs/IADLs. Effects on the adult may include, but are not limited to, the following.

- Adult will be discharged from a medical, mental health, or substance use disorder treatment center; lacks sufficient resources to pay for housing; and does not have a permanent place to live.

- Housing conditions require repair or replacement but are not of immediate health or safety concern. Examples include: a need for utilities, minor structural repairs or cleaning, or appliance repair or replacement.
- Some hoarding behavior is noted (e.g., of newspapers, food, too many pets for the living space), but **not** to the level of causing a fire hazard or impeding adult's ability to move about or safely live in the home.

c. Adult's housing severely interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that an adult is unhoused or likely to be unhoused. This assessment may be demonstrated by the following.

- Adult is currently unhoused, lacking a fixed, adequate nighttime residence; OR adult is currently transitioning or has recently transitioned from an institution, a licensed or registered setting, or correctional facility without adequate supports to maintain housing.
- Adult is in doubled-up living arrangements where the adult's name is not on a lease.
- Adult's housing has been condemned (or risks imminent condemnation), and the adult has no long-term alternative safe living environment.
- Adult is behind on rent or utility payments, has received an eviction notice without a place to move, or is living in temporary or transitional housing that carries time limits.

OR

Aspects of housing or physical environment interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- Housing conditions result in threats to health and safety, such as lack of access to utilities, severely exacerbated asthma due to smoke exposure, bites from pest infestation, presence of mold to the extent the home is uninhabitable, or exposed wiring causing a fire hazard.
- Severe hoarding behavior (e.g., of animals, newspapers, food) is present, causing a fire hazard or impeding the adult's ability to move about the home.
- Adult's current home or shelter does not meet their needs for health, safety, or comfort.

Examples include but are not limited to:

- Structural issues, electrical or plumbing issues, lack of water, gas leaks, exposed wires, mold, severely exacerbated asthma due to smoke exposure, pest infestations, urine and feces creating health hazards;
- Inability to regulate the temperature in the environment, resulting in risk of hyper- or hypothermia;
- Situations where the living environment has an unmanageable number of animals/pets in the residence that has caused health or safety concerns;
- Situations where the living environment has accumulated objects (e.g., newspapers, garbage, clothing) to the extent that the ability to move around the residence is impaired; or

- Situations where the living environment has accumulated objects that could potentially cause a fire or other health and safety hazards (e.g., garbage, animal feces, no clear path to exit in an emergency).

8. Financial Resources

a. Adult's financial resources are sufficient to meet their needs, OR financial resources have no adverse effects on meeting the adult's needs for health, safety, comfort or financial security.

Adult's financial resources are sufficient to meet their needs; or, if financial resource concerns are present, they have no adverse effects on the adult. This assessment may be demonstrated by an adult having resources for necessities, care for services, or that the adult having access to benefits that are sufficient to provide for the adult's health, safety, comfort, or financial security.

b. Adult's financial resources or ineligibility for economic assistance moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.

Concerns exist that the adult's lack of financial resources or benefits interferes with their ability to meet needs for necessities, care, or services necessities or services. Concerns may derive from the adult's ineligibility for economic assistance due to factors such as age, immigration/citizenship status, income, assets, or improper asset transfers. This assessment may be demonstrated by the following.

- Available financial resources or benefits are inadequate to consistently provide for necessities such as housing, food/nutritional needs, utilities, health care, medication, clothing, or needed services to meet ADLs or IADLs.
- Adult is financially semi-dependent on others, which presents barriers to the adult accessing needed financial resources or makes them vulnerable to exploitation or further potential maltreatment.

c. Adult's financial resources or ineligibility for economic assistance severely interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that adult's lack of access to financial resources interferes with their ability to meet needs for necessities, care, or services to the extent that health, safety, or comfort are severely affected. Concerns may derive from suspected financial exploitation or the adult's ineligibility for economic assistance due to factors such as age, immigration/citizenship status, income, or asset transfers. This assessment may be demonstrated by the following.

- Lack of resources affects adult's ability to attend to medical needs or appointments.
- Adult does not have resources to access necessary services and supports.
- Lack of financial resources has a severe impact on their ability to meet housing, water, heat, electricity, health care, or food/nutritional needs.
- Suspected loss of assets, property, or resources due to fraud, coercion, undue influence, or scam.

Examples include, but are not limited to, the following.

- » Another person is unlawfully taking, using, or withholding assets, property, or resources from the adult.
- » ID theft, fraud, scams (e.g., telemarketing, lottery, IRS, romance scams, or scams by any service provider).
- » The person alleged responsible is using excessive persuasion; exploiting the adult's impairment; or using deceit, coercion, affection, or intimidation to gain influence and access to the adult's assets.

9. Financial Management

a. Adult manages finances effectively, or another person effectively manages them, OR financial management has no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.

Adult manages finances well/effectively, or their current financial management system is working; or, if financial management concerns are present, they have no adverse effects on the adult. Adult may exhibit this behavior by being able to manage or rely on others to manage finances without any problems or discord.

b. Adult's financial management, or the management by another, moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.

Financial management challenges interfere with the adult's ability to meet necessities or services related to ADLs/IADLs now, or a pattern is developing that may result in needing services related to ADLs/IADLs. This assessment may be demonstrated by the following.

- Poor resource management results in occasional problems with meeting necessities adequately (e.g., shelter, food, medications, utilities, clothing).
- Adult or another person who manages adult's financial resources is not able or willing to manage resources that would otherwise be sufficient for necessities (e.g. occasional unpaid bills or taxes, income not deposited, or lack of knowledge of income, assets, or debts).

c. Adult's financial management, or the management by another, severely interferes with meeting the adult's needs for health, safety, comfort, or financial security.

Concerns exist about financial management challenges that interfere with ADLs/IADLs to the extent that the adult's health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- Adult is unable or unwilling to provide for necessities to the extent that shelter, food, clothing, medications, utilities, insurance, or other necessities are inadequate.

- Adult has experienced financial exploitation that has impacted the adult's current or future financial security, such as ID theft, fraud, or scams (e.g., telemarketing, lottery, IRS, romance scams, or scams by any service provider).
- Adult has been subject to excessive persuasion or attempts to gain influence and access to the adult's assets through deceit, coercion, affection, or intimidation, which has impacted the adult's current or future financial security.
- A person has made the adult provide services for them or others without compensating the adult.

Examples include, but are not limited to, the following.

- » A person alleged responsible influences an adult to sell their medications and/or personal property and give the proceeds to the person alleged responsible.
- » Parents leave their children with the adult every day for free childcare even though the adult has refused to babysit.
- Adult is completely dependent on others for financial resource management, and that management is severely inadequate. (e.g., unpaid bills or taxes, loss of income or assets, or acquiring unnecessary debt).
- The adult's resources have been or are being wrongfully used, stolen, or withheld. Funds, property, or assets have been taken; or attempts have been made to take, hide, or use the adult's money or property wrongfully or with intent to defraud; or the adult's property or assets are not made available to the adult or their representative.

Examples include but are not limited to:

- » Cashing the adult's checks or using the adult's debit card without authorization;
- » Forging the adult's signature;
- » Misusing or stealing the adult's money or possessions, changing ownership of accounts or other assets, or making withdrawals;
- » Improperly executing the duties of conservatorship, fiduciary, or power of attorney;
- » Involuntary tenancy/occupation; or
- » Retitling ownership of real estate.

PART D. SOCIAL

10. Support System

Consider the adult's support system, which can include formal and informal supports. Formal support includes professional services provided by licensed and unlicensed providers, case managers, and supportive decision makers, including homemaker services, home health, adult day care, etc. Informal support includes assistance from friends; neighbors; and cultural, religious, and community agencies and can include providing meals, assisting with appointment transportation, performing other supportive tasks, etc.

When there are concerns regarding intimate partner violence, family violence, domestic violence, or household violence, refer to item 11.

a. Adult has an adequate support system, OR support system has no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.

Adult has an adequate support system, or no support system concerns exist. This assessment may be demonstrated by the following.

- Adult's family; friends; or cultural, religious, and community agencies or resources provide appropriate support or services such as transportation, emotional support, help with minor household repairs, etc.
- Adult has awareness and insight into when support is needed and is willing to ask for assistance.

b. Adult's support system moderately interferes with meeting the adult's needs for health, safety, comfort, or financial security.

Concerns exist that support system may interfere with adult's or primary support's ability to complete some ADLs/IADLs. This assessment may be demonstrated by the following.

- Adult's formal support system does not meet adult's needs consistently or reliably.
- Adult may be physically or socially isolated and support systems are unreliable or inconsistent.
- The support system exerts undue influence on the adult for the benefit of the support person(s).

c. Adult's support system, or absence of a support system, severely interferes with meeting the adult's needs for health, safety, comfort, or financial security.

Concerns exist that the support system may interfere with ADLs/IADLs to the extent that health, safety, comfort, or finances are severely affected. This assessment may be demonstrated by the following.

- Adult is physically or socially isolated to the extent that their health and safety are affected.
- Adult is being exploited (e.g., labor, emotional, financial, or sexual exploitation) by their support system.
- Adult has exhausted available support systems.
- Adult needs primary support(s), and no primary support is available.
- The adult declines appropriate services.

11. Interpersonal Relationships

Include all persons with whom the adult has a relationship. If there are any persons with whom the adult's relationship is harmful to the extent that they are affecting adult's needs for health, safety, comfort, or financial security, consider selecting "b" or "c." This domain pertains to the behaviors of both the adult and those with whom they have a relationship.

a. Adult has positive relationships, OR relationships have no adverse effects on meeting the adult's needs for health, safety, comfort, or financial security.

Adult has positive relationships, or there are no concerns with the adult's relationships. This assessment may be demonstrated by the following.

- Adult's relationships are stable and supportive.
- There is minor discord, and it is nonviolent and nonthreatening.
- Adult does not have any relationships, and lack of these relationships does not affect adult's ability to meet their health, safety, comfort, or financial needs.

b. Adult has relationships that moderately interfere with meeting the adult's needs for health, safety, comfort, or financial security.

Aspects of the adult's relationships interfere with their ability to complete some ADLs/IADLs. This assessment may be demonstrated by the following.

- Nonviolent, non-physical outbursts by the adult or others.
- Adult has consistent, disruptive negative interactions. There is occasional harassing, threatening, intimidating, or disrespectful behavior by the adult or others. (If there is a threat of violence, refer to "c.")
- Adult is subject to undue influence for the benefit of another.

c. Adult has relationships that severely interfere with meeting the adult's needs for health, safety, comfort, or financial security.

Aspects of the adult's relationships interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This assessment may be demonstrated by the following.

- Violence or threat of violence (e.g., intimate partner violence, sexual abuse, family violence, domestic violence, or household violence) by the adult or others is occurring.
- Emotional distress affects the adult's health, safety, or comfort.
- Adult is being financially exploited.
- Harassment, threats, intimidation, or disrespectful behavior intended to evoke or instill fear or otherwise manipulate or demean the adult are occurring.

Examples include but are not limited to:

- » Tormenting or threatening the adult verbally;
- » Humiliating or demeaning the adult through verbal or written communication or irritation OR coercing the adult to perform actions that are degrading or humiliating;
- » Differential treatment of an adult intended to cause emotional distress;

- » Giving menacing looks;
- » Throwing objects in a violent manner to threaten the adult;
- » Yelling angrily, including remarks, language, or gestures expressing intent to cause bodily harm;
- » Threats or damage to property, to loved ones/pets, or about lifestyle changes; or
- » Providing non-physical punishment.

12. Primary Supports

Consider this domain only if the adult is unable to provide and manage their ongoing care alone and they have existing primary support(s). The primary support(s) (PSs) are one or more individuals who understand the circumstances of the adult who is vulnerable and will support the adult in meeting their health, safety, comfort, ADL, or IADL needs or in making personal and/or financial decisions. The PS coordinates with the agency in safety planning to safeguard the adult's welfare and prevent maltreatment. The PS can be a legal representative, a person identified by the adult, or another individual identified by the agency who can collaborate with the agency for protection. The PS may offer social connection, emotional support, guidance, or supported decision making; monitor well-being; or aid with ADLs/IADLs. The PS may be different from a caregiver defined under Minnesota Statute 626.5572 Subd. 4. This PS can include one or more unlicensed persons who contribute to the adult's care.

Note: When considering a primary support's (or supports') ability, include knowledge regarding the adult's needs as well as their ability to complete the required tasks or arrange for those tasks to be completed through other means (e.g., the ability to lift an adult who is unable to transfer, or to arrange for a home health aide).

PRACTICE GUIDANCE

If you are considering multiple primary supports when completing this domain, identify/name the specific individuals. When considering whether a need exists for one or more primary supports, select the person who requires the most assistance as your guide to complete this section. For example, if there are three primary supports but only one has a severe need ("c" response following), select "c" regardless of whether the other primary supports have needs or present as strengths for the adult. This domain's goal is to identify whether specific primary supports should be connected with additional resources or supports so that they can best provide for the adult.

a. Primary support is willing and able to meet the adult's needs for health, safety, comfort, or financial security.

Primary support(s) can and will provide assistance to the adult and has no existing barriers that would prevent this from happening. This assessment may be demonstrated by the following.

- Primary support is willing and able to provide adult with necessary assistance in performing ADLs/IADLs or is willing and able to engage outside assistance to help the adult (e.g., family member, home health aide, or other community resources).

- As additional adult needs emerge, primary support is willing and able to problem solve or seek additional assistance.

b. Primary support is willing but unable to meet the adult's needs for health, safety, comfort, or financial security due to existing barriers, AND barriers can be addressed through external supports or additional education.

Primary support(s) cannot provide assistance to the adult due to barriers of any kind, which can be resolved in a reasonable timeframe. This assessment may be demonstrated by the following.

- Primary support has a barrier to engaging additional resources to meet the adult's health, safety, or comfort needs, resulting in some of these needs being unmet.
- Primary support has a barrier to meeting their own needs, which results in lower-quality care being available to adult.
- Primary support lacks insight into the adult's needs or has limited understanding of the resources needed and/or available to support the adult.
- Primary support's role needs to change to provide improved support relative to the adult's diagnoses or vulnerability.
- Primary support has a limited understanding of fiducial responsibilities.
- Primary support is alleged to be responsible for maltreatment of the adult.

c. Primary support is not able to meet the adult's needs for health, safety, comfort, or financial security.

The primary support(s), due to factors within or outside of their control, will not engage in support for the adult. This inability or refusal to meet the adult's needs could be for a variety of reasons, such as a disability or vulnerability of their own, physical or emotional fatigue, boundary setting for their own emotional/psychological health, a feeling of complete apathy toward the adult, or other condition preventing care provision (e.g., substance use disorder).

The primary support not meeting the adult's needs could be demonstrated by the following.

- Primary support is unresponsive to most or all of the adult's health, safety, or comfort needs (e.g., primary support ignores adult's requests for assistance with basic care).
- Primary support does not use adult's resources to meet adult's health, safety, or comfort needs.
- Primary support demonstrates physical or emotional fatigue and is unwilling or unable to address this fatigue, resulting in negative consequences for the adult.

PART E. OTHER

13. Other worker-identified strength/need not addressed in 1 through 12

Indicate whether, from the worker's perspective, any adult strength/need is present and not identified in 1 through 12.

Note: If all other items in Section 1 are answered "a" and the worker still wishes to create a service plan, select "b" or "c" for this item and indicate that service plan creation will benefit the adult. Then, create the service plan.

14. Other adult-identified strength/need not addressed in 1 through 12

Indicate whether, from the adult's perspective, any adult strength/need is present and not identified in 1 through 12.

SDM® STRENGTHS AND NEEDS ASSESSMENT

POLICY AND PROCEDURES

The strengths and needs assessment (SNA) consists of Section 1: General Strengths and Needs; Section 2: The Adult's Strengths and Needs; and Section 3: Adult Protection Service Plan. The SNA is used to systematically identify critical adult and primary support service needs and to help guide service planning for APS interventions, using a strengths-based approach that includes the voice of the adult. The SNA serves several purposes:

- It ensures that the strengths and needs of the adult (and the primary support, if applicable) are consistently considered by all workers in an objective format when assessing need for services to safeguard the adult through assessment for service planning, where the goal is to reduce risk of and prevent maltreatment.
- It supports the worker in considering the adult's culture, community, and choices.
- It provides an important service-planning reference for workers and supervisors.
- It serves as a mechanism for service referrals made to address identified needs.
- It ensures statewide consistency in APS practice, regardless of an adult's location within the state.

WHICH REFERRALS

Referrals pertain to all adults who are the subject of a Minnesota Adult Abuse Reporting Center (MAARC) report accepted for APS assessment. Exclude referrals accepted for EPS. Exclude referrals where a finding of "No determination – not a vulnerable adult" is made at the first face-to-face contact or a finding of "No determination – investigation not possible" when the adult is deceased or the adult is unable to be located following diligent efforts.

WHO

While this designation applies to the assigned APS worker, an APS supervisor review of the completed assessment is encouraged. The review would include: the timeliness of the assessment; engagement of the adult, support system, and other appropriate collaterals; identifying that the assessed needs were planned for; and that the service plan supports interventions to stop or reduce risk, and prevent maltreatment reoccurrence.

WHEN

The initial assessment is completed no sooner than the first face-to-face contact with the adult, in combination with collateral contacts necessary to complete the assessment tool, AND prior to the

creation of the service plan. The SNA is used after the initial safety assessment and following immediate safety threats being addressed. It serves as the basis for service planning. The SNA is completed prior to development of the adult protection service plan for interventions to stop or reduce risk of future APS involvement and help prevent potential maltreatment reoccurrence.

A reassessment and subsequent modification to the service plan must be completed (1) if a major change in the adult's status negatively impacts the adult's health, safety, comfort, or well-being following the completion of the initial assessment and service plan, or (2) if additional facts are discovered in conflict with the strengths and needs selected in the initial assessment.

DECISION

The SNA is used to identify adult and/or primary support needs that should be addressed through service planning, referrals, worker action, and recommendations to the adult, primary support(s), and/or case manager (if applicable). Assessment information should guide any needed changes to services and help determine whether sufficient needs reduction has occurred to support closure.

Note: APS should consider the needs identified within the SNA that were not included in the service plan to determine if additional serving planning is needed prior to case closure.

APPROPRIATE COMPLETION

The SNA should be completed based on the adult's current situation, including all the information that APS has about the adult. Because the assessment is used to inform service planning, safety threats or previous risks for maltreatment that have already been resolved should not be considered as current needs.

Each strength/need item has three possible responses.

- a. Potential area of strength and not need.** Adult is functioning very well in this area. They may experience a typical degree of stress or struggle but are generally managing well.
- b. Moderate need.** Adult is experiencing a definite but not severe need in this area and would likely benefit from some additional support and services.
- c. Severe need.** Adult is experiencing extraordinary need in this area and requires additional support and services.

Consider the adult's areas of strength (scored "a") from this assessment. Include strengths that can be used to inform or influence how the adult could meet their needs on the adult protection service plan, drawing from areas of agreement between the worker and the adult. Ensure that any adult-identified strengths are leveraged as best as possible in the plan. If the adult identified a strength in item 14, that strength should be considered for incorporation into the plan. If no strengths are identified or no strengths can be leveraged for the adult protection service plan, leave the "consider for adult protection service plan" column blank.

Then, for needs, begin by drawing from the areas of agreement between the worker and the adult when considering what needs should be priorities on the adult protection service plan. Domains scored “c” should be strongly considered; the adult’s moderate needs (scored “b”) can be priorities as well.

Shared areas of need should be considered next. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the adult protection service plan. If an adult has identified a need in item 14, that need should be considered for a priority on the plan.

Note: For item 13, if all other items in Section 1 are answered “a” and the worker still wishes to create a service plan, select “b” or “c” for this item and indicate that service plan creation will benefit the adult. Then, create the service plan.

SECTION 1. GENERAL STRENGTHS AND NEEDS

Review each item with the adult. Based on all information gathered, select the items that best reflect the adult’s current status/functioning. Use the item definitions to increase consistency and reliability when determining the most appropriate selection.

SECTION 2. THE ADULT’S STRENGTHS AND NEEDS

Indicate which strengths are selected that could inform or influence how the adult could meet their needs on the adult protection service plan from the worker’s view. Then, indicate whether the adult also shares those priorities identified by the worker or if the adult has identified different priorities from the pre-populated full list. Shared areas of strength should be the starting place for inclusion when building the adult protection service plan. If no shared areas of strength exist or the adult does not identify any strengths, ensure that their input is still incorporated into the plan. If no strengths are identified, these columns can be left blank.

For needs, indicate which needs are priorities to address from the worker’s view. Then, indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Finally, indicate which needs will be priorities for the adult protection service plan. Shared areas of need should be the starting place for the plan. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the plan.

Focusing on shared needs ensures the adult’s voice and buy-in into the plan, respecting the adult’s agency and right to self-determination. Having the most critical needs as priorities ensures that service recommendations are focused and achievable. Attempting to focus on too many needs at one time may increase the likelihood that the adult will perceive participation in services as overwhelming, which might affect the adult’s willingness to participate. Note: The SNA helps identify top need areas for the adult protection service plan, and while the worker is free to include any number of need domains, the plan still needs to remain achievable and not overwhelming for the adult.

When worker and adult priorities do not match, use it as an opportunity to understand the adult's perspective and engage the adult about where they would like to focus. When the worker and the adult share no priority needs, ensure that the adult's input is still incorporated into the plan.

The Worker's Comments box is optional. Examples of what to put in it include but are not limited to: location where assessment was conducted, who was in attendance, description of engagement by the adult (and supports if applicable), and worker rationale for assessment selections. Consult with supervisors for agency-specific expectations for content in this text field.

SECTION 3. ADULT PROTECTION SERVICE PLAN

This section represents the adult protection service plan and is meant to be created with and shared with the adult and a primary support when appropriate. The service plan should not be shared with the adult if the written service plan would endanger the adult's well-being; however, a modified service plan that would not endanger the adult's well-being can be created and shared in those circumstances. The worker should complete this section of the assessment using adult-friendly language and avoid common APS jargon that would not be understood by the adult.

Where indicated, complete portions using first-person voice directly from the adult's point of view, e.g., "I," "my," and "mine," where the adult is the subject.

Where indicated, complete portions with the worker directly addressing the adult either by name or using second-person voice, e.g., "you" and "your."

APS needs to work with the adult and primary supports to identify and address resistance and barriers to service planning or interventions using person-centered approaches.

Why is adult protective services (APS) Involved? (Written directly to the adult)

Use the established/assumed facts of the assessment, expressing them in a non-blaming, matter-of-fact manner. Write this directly to the adult, using the second-person voice. Do not include the reporter's identity.

One approach is to use a basic formula for writing the pertinent facts of the assessment:

"It was reported that [you (the adult)] + [behavior causing impact] + [potential maltreatment impact on you (adult)]."

For example, "It was reported that you experience dizziness and fainting spells at home when you do not take your prescribed medication, which resulted in you injuring yourself in a recent fall. This situation may be neglect of what is needed to maintain your health and safety," or "You have unmet needs for assistance in managing finances, which has resulted in your utility bills being unpaid."

My Strengths (Written from the adult's point of view)

Directly reference Section 2 of the SNA, where strengths for consideration for the adult protection service plan were identified.

Write the responses here using first-person voice directly from the adult's perspective, directly quoting the adult when possible. For example, "My positive relationships with my friends and neighbors are a strength. My financial income and ability to pay all of my bills is a strength."

What's important to me? (Written from the adult's point of view)

Complete this prompt by asking about and documenting the adult's views and goals for the APS assessment. Documentation should be related to the adult's health, safety, and comfort as it pertains to APS involvement for reported maltreatment, not the adult's generalized views and goals for their life in a broader sense.

Provide specific information as it pertains to the adult. Individual considerations for an adult can include things such as personal preferences; important cultural practices; considerations on race, ethnicity, or gender identity; spiritual or religious practices; socioeconomic considerations; or preferences with specific service providers/primary supports. Other considerations are to identify barriers to APS engagement with the adult in service planning and interventions.

Examples of questions workers can ask adults include the following:

- Who are you comfortable with? What communities are you comfortable with? What providers are you comfortable with? Who do you trust?
- What cultural practices or traditions are important to you and how can we incorporate them into your service plan?
- How can we reflect who you are, your history/experiences, and your wishes into this service plan?
- What specific aspects of your life or personal situation should we consider when developing your service plan?

Write the responses here using first-person voice directly from the adult's perspective, directly quoting the adult when possible. For example, "Maintaining connection with my church and friends is important to me. Making sure all of my bills are paid for and I can continue to live in my home is also important to me."

Need Area

Complete the table in this section, starting with the "Need Area" column by filling in the priority needs identified for the service plan from Section 2. Enter text into the rest of the table, using priority needs identified for the service plan entered by the worker in SSIS for the SNA.

Using the priority needs identified for the service plan from Section 2 ensures the adult's voice and buy-in into the plan, respecting the adult's agency and right to self-determination. Having the most critical needs as priorities ensures that service recommendations are focused and achievable. Attempting to focus on too many needs at one time may increase the likelihood that the adult will perceive participation in services as overwhelming, which might affect the adult's willingness to participate.

Note: The SNA helps identify top need areas for the adult protection service plan, and while the worker is free to include any number of need domains, the plan still needs to remain achievable and not overwhelming for the adult. APS should consider the needs identified within the SNA that were not included in the service plan to determine whether additional planning is needed prior to case closure.

Description

Describe what the need areas look like for this adult in the "Description" column. Directly address the adult using second-person voice, e.g., "you" and "your." For example, "You have rashes on your arms that need to be treated by a doctor and need to check in with a doctor about your blood pressure medication."

Remember, the adult protection service plan should be achievable and not overwhelming to the adult. Consider the number of items selected as priorities for the plan and ensure that the plan remains comprehensive but not superfluous.

Supports/Services

Document what interventions will address the specific need in the "Supports/Services" column, along with any other services and supports associated with meeting that need.

Be sure to write the documentation so that it is adult-centered, with text focused on doing things *with* the adult rather than people/providers doing things *to* the adult. Directly address the adult using second-person voice, e.g., "you" and "your."

For example, "I assisted you in scheduling a doctor's appointment three days from now. Your niece Emily has agreed to help transport you and from to the appointment."

Start Date

Indicate the date the intervention will be implemented. If action has already occurred to implement the intervention, insert today's date as the start date.

Who Will Help?

Document who or what support/service will be responsible for executing that intervention (e.g., the adult, primary support, service provider) in the “Who Will Help” column of the table.

My Comments on the Plan (Written from the adult’s point of view)

Indicate whether the adult states they are committed to the plan or not, acknowledging the adult’s stated feelings about the service plan. Indicate whether the adult agrees to move forward with the plan or refuses to engage in services. Also, note anything else the adult expresses relevant to the service plan that has not already been stated. For example, indicate whether the adult reports they are engaged and motivated to participate in service planning, apprehensive about engaging in service planning, or unwilling to service plan with APS.

Write the responses here using first-person voice directly from the adult’s perspective, directly quoting the adult when possible. For example, “I feel that this plan will help me remain in my own home with the support I need.”

Worker’s Comments (Written directly to the adult)

Include any other remarks from the worker’s perspective here. Additionally, highlight areas that the worker perceives as strengths that the adult may not see as strengths, such as a supportive network of people or resilience in the face of adversity.

Complete the final part of the plan by filling in the pertinent information (Adult Protection Worker and Agency; Worker Contact Information), indicating whether the adult/primary support received a copy of the plan, and offering the adult the option to sign the completed plan. Note: This signature is optional.