



SDM® INTAKE ASSESSMENT TRAINING FOR WORKERS

MINNESOTA DHS ADULT PROTECTIVE SERVICES

LAND ACKNOWLEDGMENT

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Evident Change partners with systems professionals and communities to get to the root of their biggest challenges, and gives them the tools and knowledge to achieve better outcomes for everyone involved. Because when we join forces with those who work in our systems and the people they serve, we make our systems—and our society—more equitable from the inside out.

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AGENDA

1

Welcome and introductions

2

Structured Decision Making[®] (SDM) system overview

3

SDM[®] intake assessment structure and overview

4

Key concepts

5

Case example practice



Additional practice

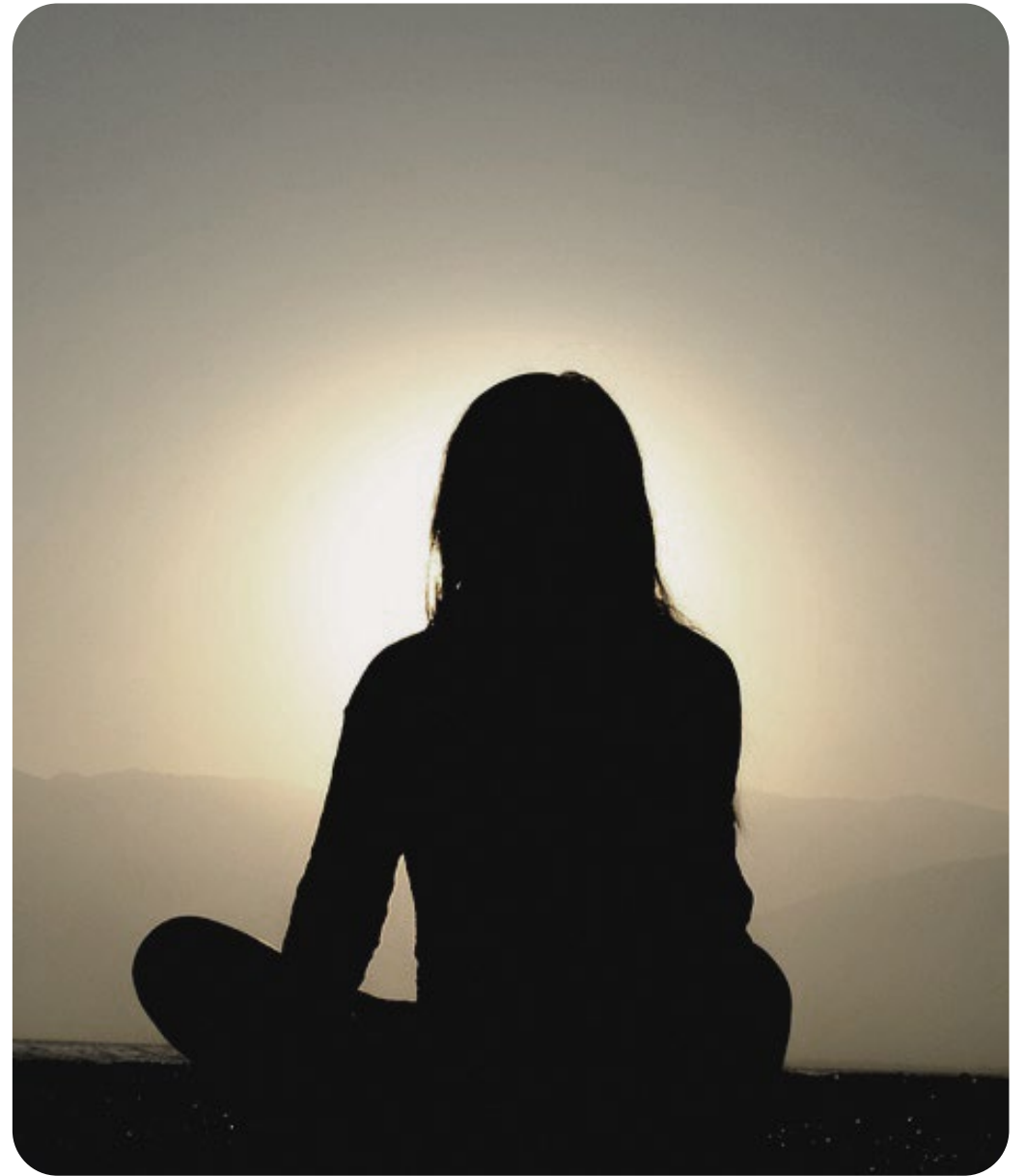
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WELCOME AND INTRODUCTIONS

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INTRODUCTIONS AND WARM-UP

- Rate your knowledge of the SDM system on a scale of 1–5.
- How could this training move you up on this scale?
- Choose one word to describe why you do this work.



TRAINING OBJECTIVES



Describe the
SDM intake
assessment
purpose and
decision point



Understand the
sections and items
of the intake
assessment



Know when
and how to use
the assessment
in practice



GOAL

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

GROUP AGREEMENTS

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



SDM SYSTEM FOR APS IN MINNESOTA

2

SDM SYSTEM OVERVIEW



ADULT PROTECTION AND COGNITIVE ERRORS

WHAT IS THE SDM SYSTEM?

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



MINNESOTA SDM ASSESSMENTS



- Screening criteria
- Response priority



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



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

SDM VALUE STANDARDS



Accuracy



Reliability



Equity



Utility



All information

Information
learned

Information needed
for the decision
at hand

SDM POLICY AND PROCEDURES MANUAL



THE

CONSIDERED

11. **DEFINITION.**—A
thing which induces a
tract. It is the subst
inducing the parties

3

SDM INTAKE ASSESSMENT STRUCTURE AND OVERVIEW

INTAKE POLICY AND PROCEDURES

Which Reports?

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

Who?

The worker designated by the agency to perform intake duties.

When?

Intake activities are initiated as soon as possible, but no later than one business day from receiving the report from MAARC. Following completion of intake activities, the intake tool and county agency report action must be completed no later than 5 business days following receipt of the report from MAARC.

Decision?

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

ASSESSMENT COMPONENTS

STEP
1

Screening



- A. Vulnerable adult status
- B. Allegation screening criteria
- C. Intake screening decision

Should we screen in the report?

STEP
2

Response Priority

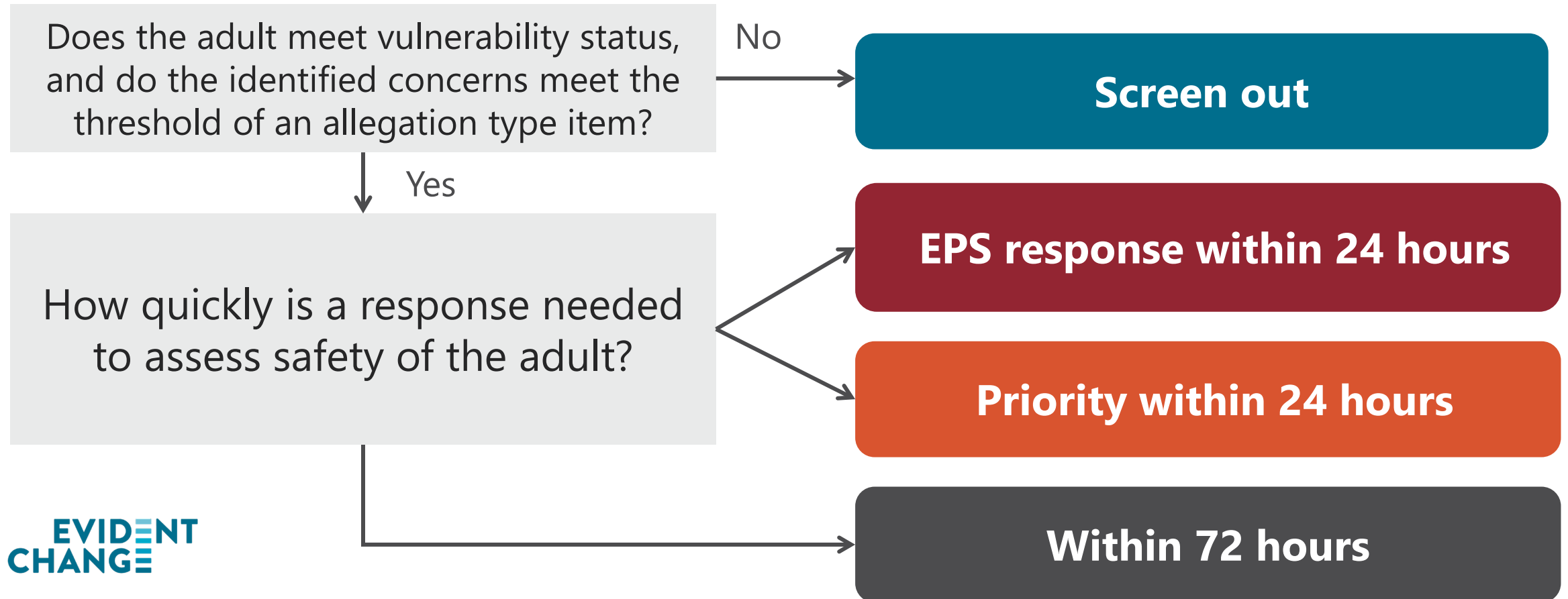


- A. Response priority decision
- B. Response priority assignment

How quickly should we respond?

SCREENING AND RESPONSE PRIORITY DECISION MAP

Does this concern require an APS response?





SCREENING TOOL

- Vulnerable adult status
- Allegations
- Screening decision
- Response priority decision
- Response priority assignment



Read to the period.



Examples are not all-inclusive lists.



Be aware of:

- AND
- OR



When unsure, ask others.



“Unmasked” is different from “unknown.”



Use professional judgment and common sense.



SECTION 1, PART A

Vulnerable Adult Status



SECTION 1, PART B

Allegation Screening Criteria



SECTION 1, PART C

Intake Screening Decision



SECTION 1, PART A
Vulnerable Adult Status



SECTION 1, PART B
Allegation Screening Criteria



SECTION 1, PART C
Intake Screening Decision

CAREGIVER DEFINITION

An individual, facility, licensed provider, or personal care attendant (PCA)/ Community First Services and Supports (CFSS) paid by medical assistance, who has responsibility either voluntarily, by contract, or by agreement for all or a portion of the care of an adult who is vulnerable. A family member or support person providing care is not subject to APS assessment for caregiver neglect unless the maltreatment allegation involved payment, contract, or intentional harm to the adult or the neglect may be criminal. Allegations of neglect under the responsibility of an informal, unpaid caregiver, that did not result in intentional harm to the adult, or may not be criminal, are assessed as self, not caregiver, neglect. (MN Statute 626.5572, Subd. 4). (See definition of Harm and Intentional)

WHO IS A CAREGIVER?

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

WHO MAY NOT BE CAREGIVERS

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

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

IS IT CAREGIVER NEGLIGENCE?

Caregiver neglect =



Paid caregiver

+



Neglect

OR



Unpaid caregiver

+



Intentional neglect resulting in harm

OR



Unpaid caregiver

+

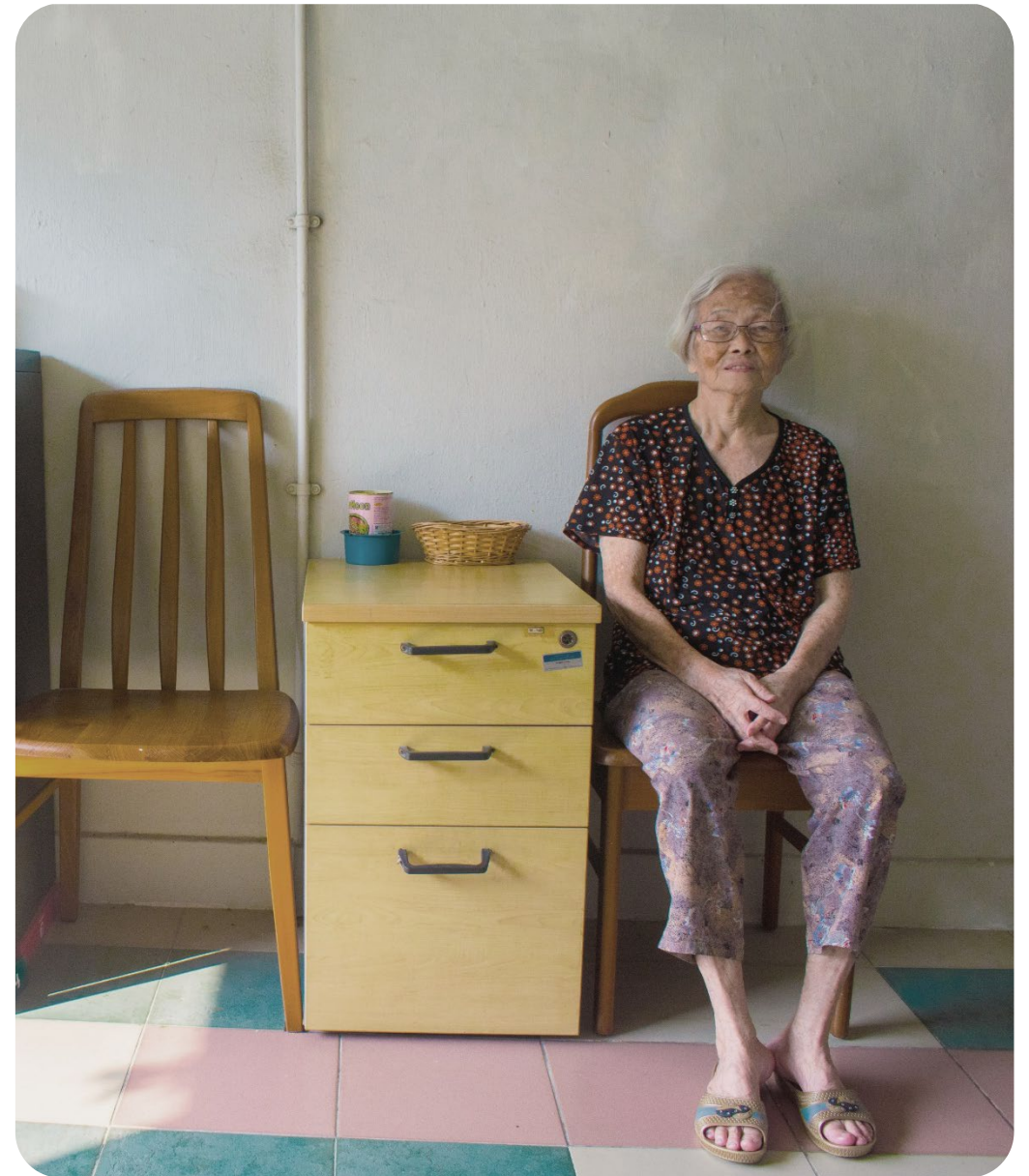


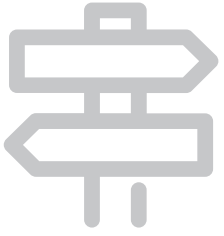
Intentional neglect that
may be criminal

"Considerations for Neglect" policy in the AP Manual

IF NO CAREGIVER?

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





SECTION 1, PART A
Vulnerable Adult Status



SECTION 1, PART B
Allegation Screening Criteria



SECTION 1, PART C
Intake Screening Decision

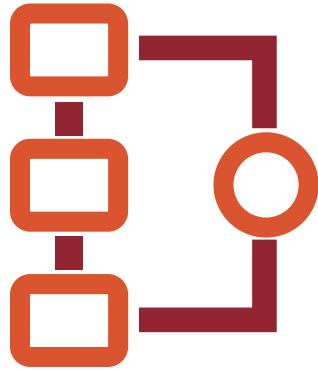
POLICY OVERRIDE



AGENCY PRIORITIZATION

Agency prioritization is the process of applying county authority to screen out a report.

- Agency prioritization reasons are *not* the same thing as Minnesota Department of Human Services (DHS) policy overrides.
- Agency prioritization is a written guideline approved by the agency. When using the intake tool, select the agency prioritization items that most closely reflect the agency's guideline.
- Select the last agency prioritization item in the list only if no other item matches the prioritization reason.



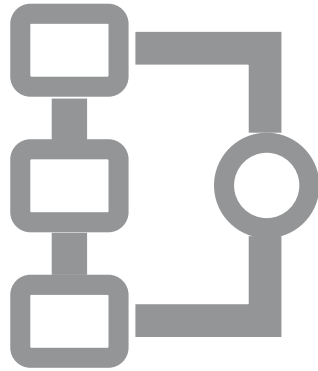
SECTION 2. PART A

Response Priority Decision



SECTION 2. PART B

Response Priority Assignment



SECTION 2. PART A

Response Priority Decision



SECTION 2. PART B

Response Priority Assignment

ASSESSMENT RESPONSE GUIDANCE

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KEY CONCEPTS

FOCUSED INQUIRY



WHAT HAPPENS DURING THE INTAKE PHASE?

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

- Gathering any additional information needed to complete the SDM intake assessment tool;
- Applying state policy along with professional judgment;
- Completing the SDM intake assessment; and
- Completing the agency report action consistent with the final decision of the SDM intake assessment.

INTAKE VERSUS ASSESSMENT

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

Assessment:

- Fact-gathering to confirm vulnerable adult status.
- Understanding factors involved in the incident to inform the assessment, safety planning, and services.
- Engaging the adult, primary supports, and collaterals in assessment, safety planning, and service interventions to stop, prevent, and reduce risk of maltreatment.
- Fact-gathering to determine whether maltreatment occurred.

TOOLS ARE A PROMPT FOR PRACTICE



Tools do not make decisions.



People make decisions.



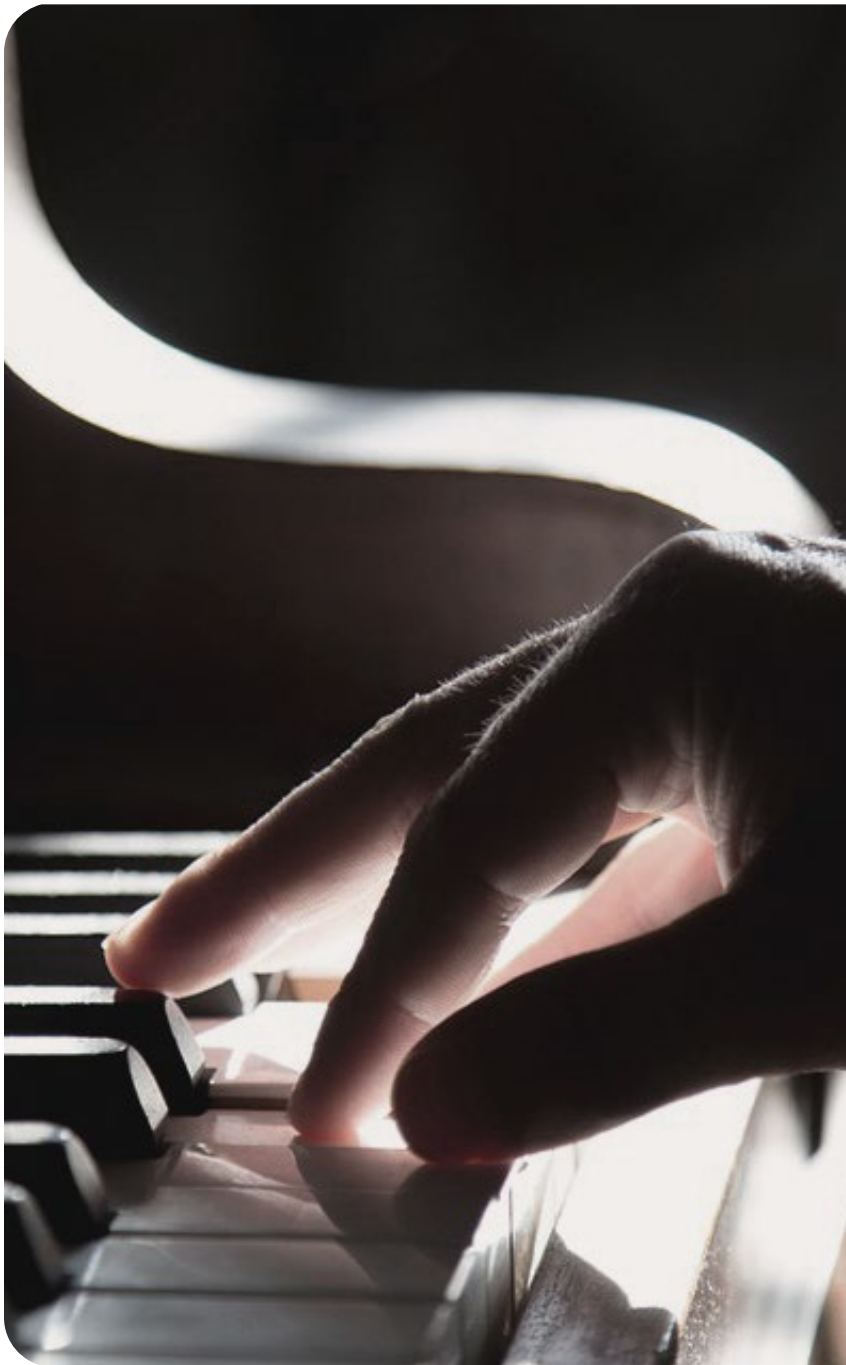
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Tools help people make better decisions.

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CASE EXAMPLE PRACTICE



SECTION 1 PRACTICE

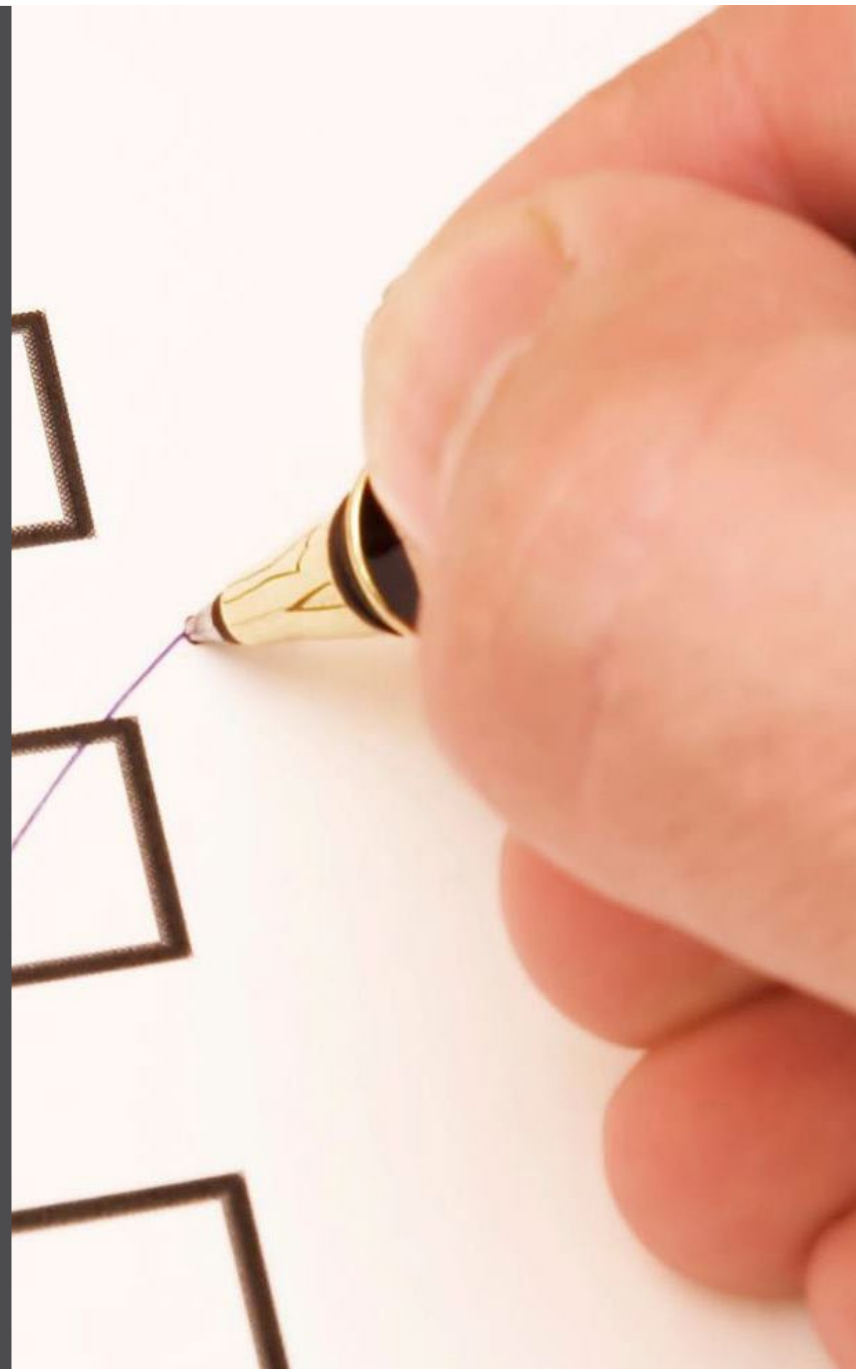
CASE EXAMPLE 1

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

CASE EXAMPLE 2

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

SECTION 2 PRACTICE



CASE EXAMPLE 1: SECTION 2

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CASE EXAMPLE 2: SECTION 2

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ADDITIONAL PRACTICE

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CASE EXAMPLE 3

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

CASE EXAMPLE 4

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

THANK YOU & QUESTIONS

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