DEPARTMENT OF HUMAN SERVICES

Evaluation of Adult Protective Services Standardized Intake Assessment Tool – Findings and Recommendations

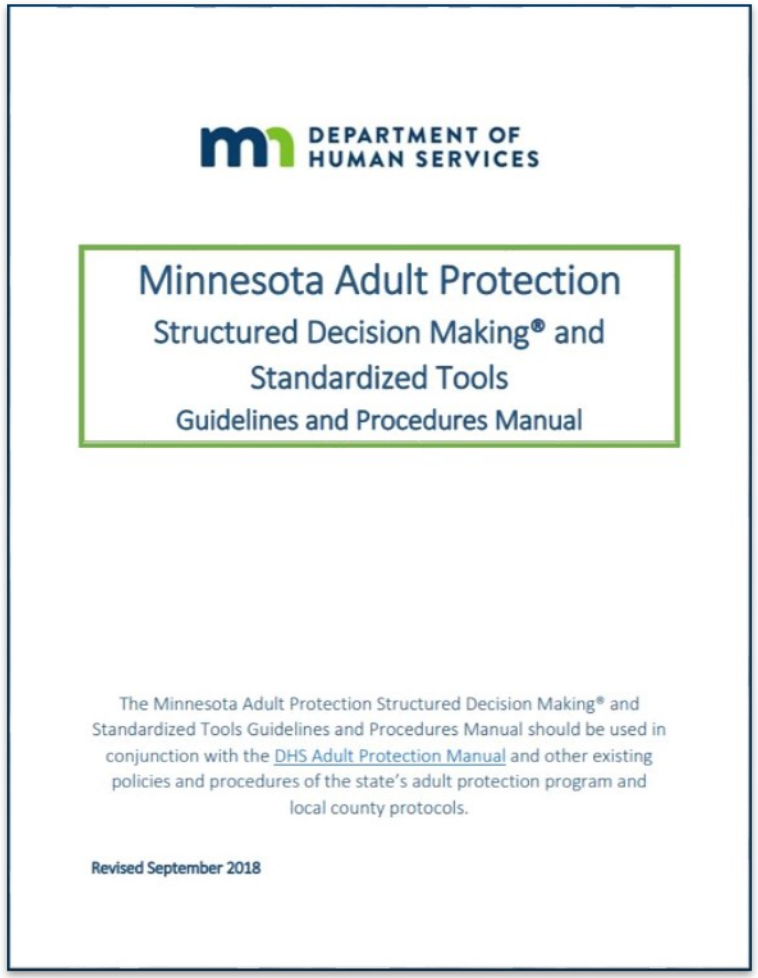
December 2021

Goals of Today's Presentation

- Review the APS Standardized Intake Assessment Tool Background
- Provide an Evaluation Overview
- Discuss Analytical Findings
  - Data Analysis
  - Equity of Outcomes Analysis
  - Systems Analysis
  - Qualitative Analysis
- Review Recommendations and Anticipated Outcomes
- Provide Closing Comments

APS Standardized Intake Assessment Tool – Background

APS Standardized Intake Tool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Minnesota Adult Protection
Structured Decision Making® and
Standardized Tools
Guidelines and Procedures Manual

The Minnesota Adult Protection Structured Decision Making® and Standardized Tools Guidelines and Procedures Manual should be used in conjunction with the DHS Adult Protection Manual and other existing policies and procedures of the state's adult protection program and local county protocols.

Revised September 2018

- APS Standardized Tools: Intake, Safety, Strengths & Needs, and Safety Plan
- 2009 Standard developed by NCCD/Evident Change and a coalition of MN counties
- 2013 Minnesota legislature required use for every report/vulnerable adult
- 2018 DHS Awarded ACL grant to study Intake Tool Validity

Policy Overrides and Discretionary Overrides

- Policy Overrides
- Discretionary Overrides

Evaluation Overview

Evaluation Overview

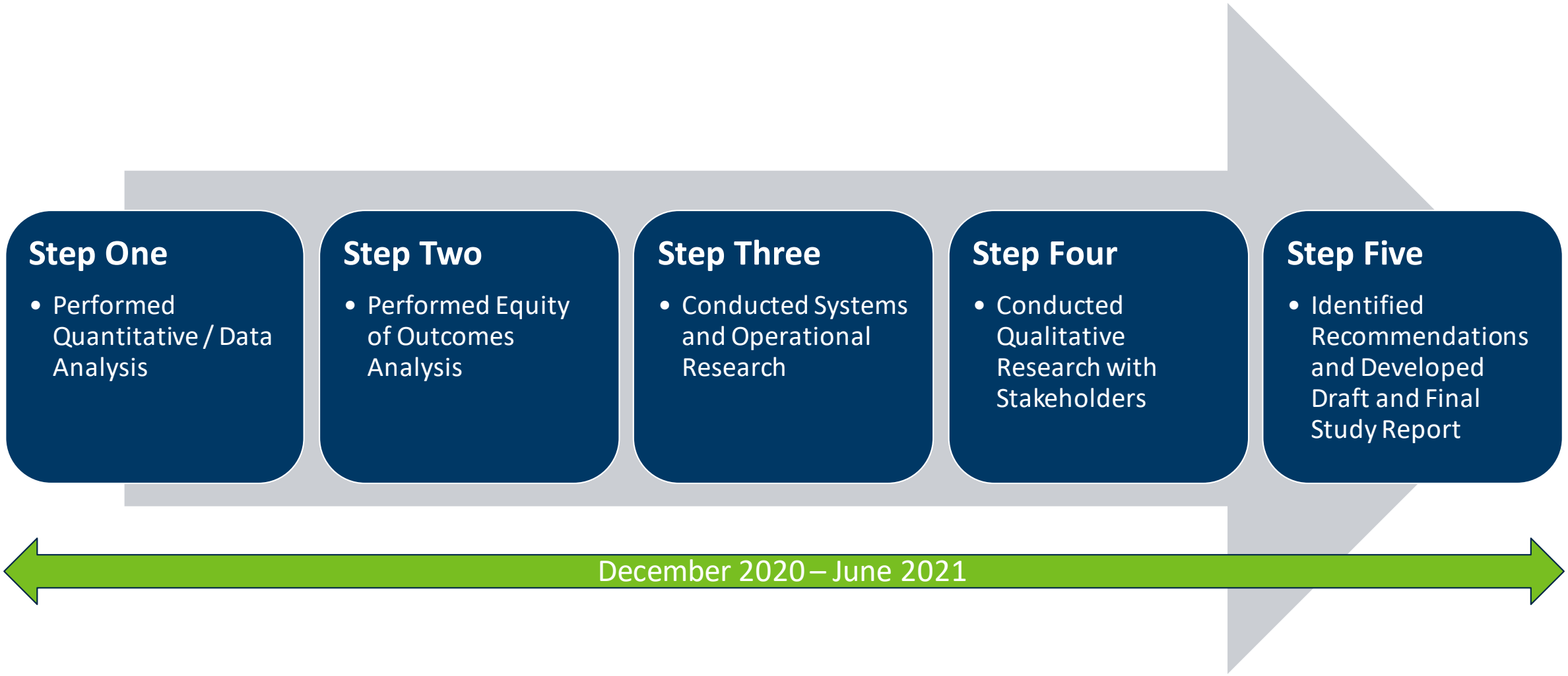
Purpose of the Study

- DHS contracted with Guidehouse Consulting, Inc. to study the validity of the APS – Supported Decision Making® (SDM®) intake tool due to the large variance in case acceptance rates by county (ranging from 0 – 100%), resulting in a need to improve tool validity as suggested through initial data analysis. The establishment of a valid tool should fundamentally result in statewide consistency among case acceptance rates.
- The study team also studied operational factors that could influence how the SDM® Intake Assessment tool is used to promote consistent and reliable use of a valid tool.

Initial Evaluation Goals

- Confirming if the SDM® Intake Assessment tool results in valid and reliable screening decisions that fosters objectivity, equitable access to services and statewide consistency across counties for vulnerable adults reported as suspected of experiencing maltreatment; and
- Confirming if APS systems in Minnesota result in equitable outcomes through the extension of protective services and person-centered linkage to services and supports for all vulnerable adult citizens, no matter their location in Minnesota.

Project Timeline



Discussion: Study Limitations

- The **sample size of screen-ins** was much smaller than anticipated and **did not evidence that the tool is being used as intended**. The tool cannot be fully validated unless decisions are made according to the tool outcome to then measure if those decisions drive intended outcome (confirmed cases of maltreatment).
- Ability to analyze raw data was challenged by a **higher than anticipated use of "other" and free text** entry options
- **Limited intervention data** prevented analysis of the equity of outcomes
- As a relatively new data set, there is **limited historical comparison** that can be drawn to past performance
- There is **limited national data to compare Minnesota's performance** against peer states and APS programs often nuanced policies, definitions and data collection fields vary from state to state – hampering comparative analysis
- There is **limited NAMRS data collection on screening decision rationale**, which is one of the key questions Minnesota seeks to understand/trend

Data Analysis

Demographic Analysis

- **Study Dates**: 9/1/2017 – 9/1/2020
- **Analysis**: Analyzed referral volumes and screen-in / screen-out rates using the following demographic components
  - Allegation type
  - Age
  - County of residence
  - Disability type
  - Ethnicity
  - Gender
  - Medicaid enrollment status
  - Race
- **Purpose**: Identify trends in screening decisions as they relate to demographics to identify any areas where bias may influence the validity of the SDM® Intake Assessment Tool screening guidance

Screening Decision Analysis

Initial Screen-In Results	Count	% of Total Reports
Initial Reports for County	40,510	
Initial Screen-In	23,970	59%
Initial Screen-Out	16,540	41%

Final Screening Decisions	Count	% of Screen-In	% of Total Reports
Override to Screen-Out	14,155	59%	35%
Final Screen-In	9,815	41%	24%

59% of initial APS reports are screened-in using the SDM® Intake Assessment Tool, prior to discretionary override being applied.

After discretionary override is applied, **24% of the initial APS reports** are ultimately screened-in for investigation

Minnesota ultimately screens-out 75.8% of initial
average of 37.7%, based on the National Adult M
Report

Findings by Race Identified for the Person

Process: The study team analyzed reports to determine if the screen in / screen out rate differed across race / ethnicity.

Findings: Study determined existing processes result in a higher percentage of screen out among racial and ethnic minorities compared to the Caucasian population, with highest screen-out rates for Black or African Americans and Pacific Islanders at 80% and 70% respectively.

- **Black or African American**: 80% of initially screened in reports are overridden and the overall representation of the population is lower than the population prevalence in the statewide population mix.
- **Hispanic:** 59% of initially screened in reports are overridden and the prevalence of cases in the APS case mix is lower than the statewide population prevalence**.**
- **Pacific Islander**: 70% of initially screened in reports are overridden with a small total population prevalence and case prevalence.
- **Asian**: 68% of initially screened in reports are overridden, and the prevalence of cases in the APS case mix is lower than the statewide population prevalence.
- **American Indian/Alaska Native**: 61% of initially screened in reports are overridden while the total volume of persons served is slightly higher within the national case mix vs. prevalence within the statewide population mix.
- The **Pacific Islander** population had a notably low volume of reports: 71 total initial reports, 43 initially screened in, 30 overridden to screen out, and 13 ultimately screened in.

Findings by Race Identified for the Person (continued)

Race / Ethnicity	Total Number of Reports	Reports Initially Screened-In via SDM® Tool	Reports Overridden to Screen-Out via Discretionary Override	Final Number of Screen-Ins	% of Initially Accepted Referrals / Overridden to Screen-Out	% of Initial vs. Final Screen-Ins	% of Total Reports That Were Final Screen-Ins	Race as % of Total APS Population Served	% of Race in Statewide Population Mix*
	A	B	C	D	E = C / B	F = D / B	G = D / A	H = D / 9,815	I
Caucasian	31,849	18,469	10,078	8,391	55%	45%	26%	86%	83.8%
Black or African American	4,152	3,069	2,452	617	80%	20%	15%	6%	7.0%
American Indian/Alaskan Native	1,480	839	514	325	61%	39%	22%	3%	1.4%
Hispanic Origin**	909	486	287	199	59%	41%	22%	2%	5.6%
Asian	635	394	266	128	68%	32%	20%	1%	5.2%
Pacific Islander	71	43	30	13	70%	30%	18%	.01%	0.1%
Unknown	2,204	1,076	755	321	70%	30%	15%	3%	N/A
Declined	119	80	60	20	75%	25%	17%	.02%	N/A
Total	40,510	23,970	14,155	9,815	59%	41%	24%		

* Population Mix is derived from Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for Minnesota: As of July 1, 2019 (SC-EST2019-SR11H-27)
Source: U.S. Census Bureau, Population Division
Release Date: June 2020
**The Hispanic Origin indicator reported in an independent data table / source from race, therefore individuals reported as of Hispanic origin are also represented in the Caucasian race category and not included in the total count at the bottom of Figure 16.

Findings by Disability Type Identified for the Person

Process: Guidehouse analyzed reports by disability type, acknowledging that reports may include more than one disability type, to determine variations in screening decisions vs. disability type of the individual referred.

Disability Type	Total Number of Reports	Total Initially Screened-In via SDM® Tool	% of Total Reports Initially Screened In via SDM® Tool	Total Reports Overridden via Discretionary Override	# of Final Reports Screened In	% of Reports Overridden to Screen-Out	% Final Screen-In's
	A	B	C	D	E	F = D / B	G = E / B
Physical	19,110	11,918	62%	6,883	5,035	58%	42%
Mental	17,677	10,521	60%	6,568	3,953	62%	38%
Impaired reasoning or judgment	16,237	10,087	62%	5,705	4,382	57%	43%
Impaired memory	11,571	7,362	64%	3,811	3,551	52%	48%
Frailty of aging	11,809	7,301	62%	3,659	3,642	50%	50%
Chemical	5,408	3,185	59%	2,223	962	70%	30%
Developmentally disabled	4,253	2,659	63%	1,570	1,089	59%	41%
Traumatic brain injury	3,008	1,899	63%	1,196	703	63%	37%
Total Population	89,073	54,932	62%	31,615	23,317	58%	42%

***Types of disabilities are not mutually exclusive. Therefore, a person who is the subject of a single report can have multiple disabilities.**

Findings: Persons referred to APS who are identified as having chemical disability, traumatic brain injury, and mental disability are statistically more likely to be discretionarily screened-out at higher rates than individuals with other disability types.

Discretionary Overrides

Override to Screen Out Breakdown	Count	% of Count
Self-Neglect	3,968	25%
Financial Exploitation	119	1%
VA Deceased	107	1%
VA not in MN	71	0%
VA Incarcerated	32	0%
No Benefit	3,066	19%
Other	8,419	53%
Total	15,782	100%

Discretionary Override - Other	Count	% of Override - Other
Insufficient Evidence	4,762	56.6%
Formal Support	3,190	37.9%
Case Management	1,873	22.2%
Hospital – Facility	1,542	18.3%
Safe	1,284	15.2%
Informal Supports	1,027	12.2%

With over 8,000 records screened-out using the "discretionary override – other" option, the study team reviewed a sampling of free-text comments and categorized the comments into 12 common categorical subjects for further analysis.

Discretionary override – other documentation suggests:

- Investigatory activities are taking place during intake
- Decisions on the vulnerable adult's safety are being made without firsthand knowledge or field visits to confirm the VA's condition

Discretionary Override – "Other" Example SSIS Entries Suggestive of Unsound Decision Making

Category: Insufficient Evidence

- *"There is **insufficient evidence of harm**. The building social worker has been alerted to the concerns in the report putting her in a position to assist VA in obtaining any desired services."*
- *"There is **no indication that VA has been harmed** by alleged caregiver neglect."*
- ***"Unknown whether** VA authorized transactions or not, no harm to VA as she was being cared for."*

***CONCLUSION:** The intake process is done telephonically; thus, Case Workers are documenting potentially premature conclusions without firsthand observation.*

Category: Formal Supports

- ***"No evidence to support allegation** of financial exploitation or any related financial crimes against VA - formal supports in place"*
- ***"Bruising appears to be a result of careless or rough administration of insulin, possibly also helping with transfers**. There are formal supports in place at this time to reduce the risk of maltreatment, and **a new MAARC report will be made if conditions deteriorate."***

***CONCLUSION:** There may be over-assumption by Case Workers that formal supports are sufficient to address reported concerns, without full investigation*

Discretionary Override – "Other" Example SSIS Entries Suggestive of Unsound Decision Making

Category: Hospital – Facility

- *"VA **hospitalized at the time of report**; reportedly was again hospitalized shortly after initial discussion with reporter, but no update."*
- *"VA is **currently safe** and **in the hospital.**"*
- *"VA was taken into the ER and **admitted to the hospital**."*
- *"VA in ICU, and family is working with **Hospital and SW to plan for safe discharge.**"*

***CONCLUSION:** Hospital discharge planners have limited insight on community-based conditions/needs – thus deferring to a hospital discharge planner for follow-up is not sound.*

Category: Safe

- *"**VA is safe** and caregivers, grandson and fiancé taking precautionary measures to keep VA and VA's spouse safe."*
- *"**VA is in safe environment** and is choosing to make poor decisions."*
- *"Family has **safety plan** in place."*
- *"The **injury to the VA was accidental** and a **safety plan** and corrective action has been developed."*

***CONCLUSION:** The entries suggest the Case Worker may be conducting the Initial Safety Assessment concurrently with the Intake Assessment Tool based on references to safety plans.*

Equity of Outcomes Analysis

Equity of Outcomes – Purpose and Approach

- **Purpose**: To analyze referral and SDM® tool-related data related to demographics (age, gender, race, etc.), program referrals and service linkage to establish patterns in equitable outcomes for individuals referred to APS in being effectively linked to services and supports that can help the person.
- APS reports were analyzed using a three-step approach:
  - Analyze reports by county demographics, including age, race, gender, disability, and geographic location;
  - Compare service outcomes between vulnerable adults enrolled in medical assistance programs and services and those who are not to determine the impact of participation in DHS programs and services; and
  - Use case demographic and eligibility information to determine if APS-accepted individuals who are eligible for but not accessing Medicaid are experiencing access gaps

Findings and Limitations

All SDM® Intake Tools		
Determination Code	Count of SDM® Intake Tool	% of Total
No Determination Available	33,536	83%
False	2,780	7%
Inconclusive	1,501	4%
No determination - investigation not possible	790	2%
No determination - not a vulnerable adult	787	2%
Substantiated	1,116	3%
Total	40,510	100%

3% of all SDM tool completions and 11% of the 9,815 ultimately screened in reports result in substantiated allegation(s)

The equity of outcomes could not be fully studied due to:

- Low volume of ultimately screened-in reports containing a determination code
- Only ~22% of the 9,815 reports ultimately screened in included an intervention

Determination Code	Intake Tools	% of Total Ultimate Screen-Ins
No Determination Available	2,936	30%
False	2,743	28%
Inconclusive	1,483	15%
No determination - investigation not possible	773	8%
No determination - not a vulnerable adult	776	8%
Substantiated	1,104	11%
Total	9,815	100%

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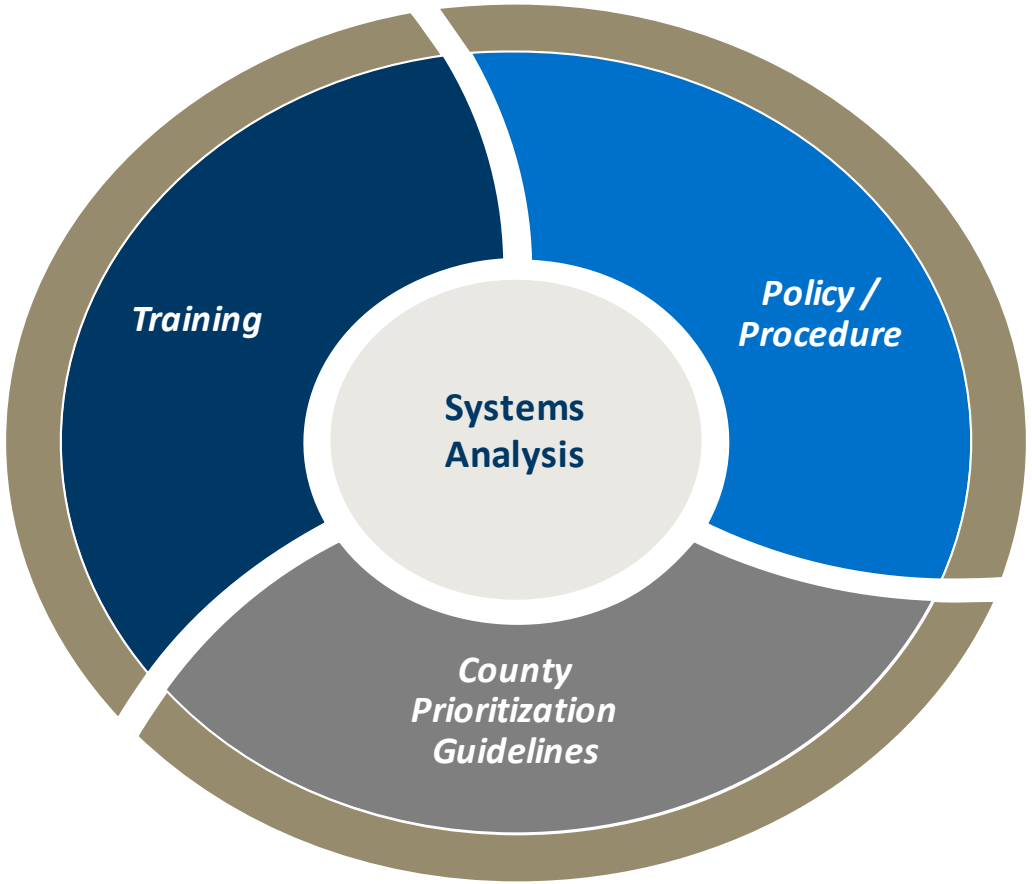
Systems Analysis

Systems Analysis – Purpose



System Analysis – Observations

DHS Policies / Procedures / Trainings

- Policies lack clarity on intended role and purpose of the discretionary override options, including parameters or guidance for entering free-text information
- Policies lack best practice or instruction on how APS workers should work with vulnerable adults that are already working with a case manager
- Policies lack guidance on how a vulnerable adult's relevant history with the agency impacts screening decisions

County Prioritization Guidelines

- Guidelines include multiple interpretations and definitions related to the following topics:
  - Case Management (all allegation types)
  - Death of the vulnerable adult
  - Financial exploitation
  - Formal / informal supports
  - Vulnerable Adult Considerations and Definitions

Minnesota's APS system is a state-supervised, county-administered system. DHS provides oversight and monitoring and has implemented mandatory structured decision-making tools. Current program regulations allow counties to develop county-specific screening policies – termed county prioritization guidelines.

Qualitative Analysis – Stakeholder Engagement

Stakeholder Focus Groups and Interviews

52 APS workers representing 41 counties and 3 collaboratives participated in virtual focus group sessions

12 APS supervisors representing nine counties and one collaborative participated in targeted interviews

Focus Group Goals

- Obtain input from APS workers across all regions of Minnesota
- Promote cross-county interaction to share collective interpretations of the tool and overall APS system performance
- Understand the operational considerations and challenges that may be impeding system performance

Targeted Interview Goals

- Obtain input from APS supervisors with focus on outliers or counties with observed data variances
- Discuss practical and remedial considerations that could drive reductions in variability
- Ask questions specific to supervisory input, such as staffing, training, caseloads, etc.

Focus Group and Interview Themes

Role of APS in the Social Services Continuum

- Provide assessment and promote safety of vulnerable adults
- Honor vulnerable adult's right to self-determination
- Educate the community and other social service agencies

County Intake Screening Methods

- Stakeholders shared multiple approaches to making screening decisions:
  - Team approach
  - Clearly designated intake role versus investigator role
  - One APS worker handles all APS functions, including intake, investigation and service assessment

Role of the SDM Intake Assessment Tool

- Tool is primarily used to document the screening decision, after the decision has already been made
- Source for policy and statutory definitions

Focus Group and Interview Themes (continued)

Discretionary Overrides

- Stakeholders shared multiple perspectives on the role of the discretionary override function. Discretionary override reasons include:
  - Vulnerable adult has an active case manager
  - Vulnerable adult is in the hospital
  - APS connects the vulnerable adult with services during the intake process
  - APS contacts multiple individuals, i.e., reporter, other collateral contacts, to gather information to supplement the adult maltreatment report

DHS Collaboration and Training

- Stakeholders would like to see increased collaboration with DHS, including conversations regarding how statutes and policies apply to unique situations
- Stakeholder would like increased community training, specifically to the medical community and mandated reporters, on the role of APS

Focus Group and Interview Themes (continued)

Chemical Dependency

- Stakeholders discussed multiple challenges in addressing adult maltreatment reports for individuals with chemical dependency. Challenges include:
  - Difficult to determine if the individual meets the definition of vulnerable adult
  - Agencies receive multiple reports relates to chemical dependency, but there are blurred lines regarding the role the agency should take
  - Individuals have a right to self-determination and can choose to use or mis-use alcohol or drugs

Racial and Ethnic Observations

- Stakeholders recognized the need for increased cultural sensitivity, along with more open conversations to address unconscious bias
- Stakeholders acknowledge there are likely cultural considerations to be mindful of and family dynamics in some racial and ethnic groups may also contribute to higher screen-out rates. There was also a perception of APS as higher-risk based on partnering providers needed during investigation (e.g., law enforcement).

Recommendations

Recommendations

#	Recommendation	Anticipated Outcome
1	Reinforce the intended use of the SDM® Intake Assessment Tool as the primary arbiter of screening decisions by taking steps with county APS agencies to reduce use of discretionary override	Guidehouse recommends DHS act in partnership with county APS agencies to reduce the volume of discretionary overrides used to screen out referrals. DHS should leverage the SDM® Intake Assessment Tool Outcome as the "source of truth" on when to proceed to investigation and service assessment. Guidehouse recommends DHS conduct on-going training to reiterate the purpose of the SDM® Intake Assessment Tool and intention of the discretionary override option.
2	Develop guiding principles for APS operation to more specifically define the role of APS in the social services continuum	Guidehouse recommends DHS develop guiding principles for APS operation. DHS should use continued statewide engagement to more specifically define the role of APS in the social services continuum, define a scale of 'least to most protective,' and offer ongoing guidance and case studies to promote consistency in how APS workers balance person-centeredness and self-determination in protective services provisions. This includes when working with other social services agencies.
3	Conduct cross-model workflow mapping	Guidehouse recommends that DHS lead county workgroups to perform end-to-end process workflow mapping. The workflow mapping aims to establish appropriate minimum standards and best practice approaches across three emergent operating models used statewide.

Recommendations (continued)

#	Recommendation	Anticipated Outcome
4	Assess current Department of Human Services (DHS) technical assistance practices	Guidehouse recommends an assessment of current DHS technical assistance practices to improve the provision of targeted and proactive feedback to the statewide network and individual counties. By enhancing technical assistance for the decision-making tool data and other measurements, DHS can promote improved consistency across counties and upstream identification of outliers.
5	Implement standardized sharing of best practices among county APS agencies	Guidehouse recommends that DHS implement a standardized method for performing quarterly statewide calls to share APS-related best practices and share performance findings from recurring data analysis.
6	Modify screening timeframes	Guidehouse recommends DHS modify the mandatory timeframe for making the intake and initial disposition decision from five (5) business days following the date the agency received referral of the adult maltreatment report to 48 hours following referral. The expedited timeframe would reflect the urgency of extending investigation where appropriate and minimize the volume of telephonic investigative activities during the screening process and intake assessment.

Recommendations (continued)

#	Recommendation	Anticipated Outcome
7	Conduct a statewide listening tour to address racial and ethnic inequity in Adult Protective Services	Guidehouse recommends DHS conduct a statewide listening tour that includes APS workforce and external stakeholders, including representatives of racially and ethnically diverse communities. The tour would aim to gather feedback on barriers to equitable APS approaches and inform future DHS recommendations for mitigating the risk of inequitable access to APS and/or inequitable service provision.
8	Clarify the role and responsibility of case managers when collaborating with an active APS case	Guidehouse recommends DHS clarify the role and responsibility of active case managers and Adult Protective Services (APS) workers in the intake process for all allegation types.
9	Establish a multidisciplinary workgroup to develop policy / guidance on applying protective services to individuals with chemical dependency	Guidehouse recommends DHS establish a multidisciplinary workgroup to develop best practice policy or guidance on applying protective services to individuals with chemical disability to promote consistent application of APS for this population.

Recommendations (continued)

#	Recommendation	Anticipated Outcome
10	Define a policy for screening referrals where the vulnerable adult is in a hospital or short-term facility	Guidehouse recommends DHS define a policy for screening referrals where the individual vulnerable adult is in a hospital, short-term / sub-acute, or facility-based setting. Guidehouse recommends developing this policy to decrease the risk to vulnerable adults being discharged back to the community without a safety plan and/or services in place.
11	Limit the ability to use "other" throughout the SDM® Intake Assessment Tool	Guidehouse recommends DHS limit the ability to use "other" as a discretionary override throughout the SDM® Intake Assessment Tool by offering more discrete data options, based on observed trends in the current screening methods, such as adding character limits to free text boxes, adding additional drop-down options, and/or eliminating the free text option where possible.
12	Implement SSIS functionality to view multiple screens	Guidehouse recommends DHS implement SSIS functionality to allow the supervisor or designated reviewer the ability to view multiple screens when working in SSIS. This includes adding functionality that would allow a reviewer to read case notes while simultaneously viewing the SDM® Intake Assessment Tool, along with functionality to view the adult maltreatment report while viewing the SDM® Intake Assessment Tool.

Recommendations (continued)

#	Recommendation	Anticipated Outcome
13	Implement SSIS functionality for information and referral capture at screening	Guidehouse recommends DHS add SSIS functionality accessible during the intake screening process that would allow the APS Worker to record any information and referral provided prior to screen out.
14	Implement SSIS functionality requiring APS workers enter interventions at case closure, regardless of determination	Guidehouse recommends DHS add SSIS functionality that requires the APS Worker to record any targeted interventions and/or direct referral to service providers during the intake screening or investigation process and prior to case closure, regardless of final determination.
15	Conduct future evaluation following implementation of recommendations	Guidehouse recommends DHS monitor the impact of implementing Recommendations #1 through #14 to identify if statewide screening rates increase to within 10% of the national average (or higher) as measured via the NAMRS system. If screening rates do not improve accordingly following operational and policy changes, the State may need to initiate regulatory changes that disallow discretionary overrides of the screening result when using the SDM® Decision Making Tool. Guidehouse also recommends performing a validity study of the tool once there is confidence it is being used as designed.

Closing Comments

DEPARTMENT OF HUMAN SERVICES
ADULT PROTECTION

Thank you!

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