



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.

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GLOSSARY OF TERMS AND ACRONYMS

Terms

Adult protective services: Adult protective services (APS) are offered by county or tribal agencies to safeguard the vulnerable adult and prevent further harm from maltreatment. APS includes offering and arranging health care, supervision and social services including food, shelter, or clothing necessary to maintain or attain the vulnerable adult's health, safety or comfort. The goal of APS is dignity and justice for the vulnerable adult victim. APS safety planning prevents further maltreatment, serious injury, loss of health, or death. APS may include involuntary interventions when necessary to prevent serious harm including seeking authority to remove a vulnerable adult, seeking a restraining order, or arranging for the appointment or replacement of a guardian or conservator. APS are also offered to vulnerable adults alleged to have been sexually assaulted and who have not received a sexual assault examination. MN Statute 626.557 Subd 10.

EPS: County is responsible to assess need for emergency APS for MAARC EPS notifications.

LIA: County is responsible for APS when County is the LIA for a MAARC report.

Another LIA requests APS: LIA (another county, DHS, MDH) responsible for a MAARC report investigation requests APS related to a MAARC report.

APS may also refer to the lead investigative agency responsible for civil investigation when investigation for the alleged maltreatment is under the jurisdiction of a county or tribal agency.

Assess: To initiate intake using information in the MAARC report, other information from the reporter, and information known to the county or available within SSIS to prioritize county EPS or LIA intake response. The EPS standardized intake tool guides county decisions to screen EPS notifications in or out for county EPS response. The SDM ® Intake assessment guides LIA intake decisions and decisions for referrals for APS by another LIA.

Activities of daily living (ADLs): Activities associated with personal care, including personal hygiene, bathing, eating, dressing, toilet use, walking, transferring from one surface to another, moving between locations, and bed mobility.

Capacity: The ability, capability, or fitness to do something; a legal right, power, or competency to perform some act. An ability to comprehend both the nature and consequences of one's acts (<http://legal-dictionary.thefreedictionary.com/capacity>).

Caregiver:

A facility, licensed provider, or personal care assistant who has responsibility for the care of a vulnerable adult based on license or payment, or an individual or other provider who has assumed responsibility for all or a portion of the care of a vulnerable adult by contract, or by agreement (MN Statute 626.5572, Subd. 4).

Categorically vulnerable adult: An adult who is a resident or inpatient of a facility, or who receives home and community based services licensed by the Minnesota Department of Health or the Minnesota Department of Human Services, or who receives personal care assistance from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program (MN Statute 626.5572, Subd. 21[a][1–3]). Excludes outpatient services for treatment of chemical dependency or mental illness, and inpatient services provided through the Minnesota sex offender program on a court

hold order for commitment, or to persons committed as sexual psychopathic personalities or as sexually dangerous persons under chapter 253B.

Client: The vulnerable adult for whom an investigative or service case has been opened for adult protection services (APS).

Common entry point: “Common entry point” means the entity responsible for receiving reports of alleged or suspected maltreatment of a vulnerable adult under section 626.557. Minnesota Statutes 626.5572 Subd. 5. The Minnesota Adult Abuse Reporting Center (MAARC) is the common entry point designated by the Commissioner of Human Services. 626.557 Subd. 9.

Consent:

Informed Consent: or Informed Decision Making: Ability to make a decision which includes: understanding the issue, options for decision, and consequences of the option selected, choosing an option, evaluating the outcome and ability to modify decision based on the person’s evaluation. Definition of consent for criminal sexual conduct is different. People who may not be able to exercise informed consent, may be able to make an informed decision to select a surrogate or supporter for decision making.

Criminal sexual abuse: A person who is mentally incapacitated or physically helpless may be the victim of criminal sexual conduct (MN Statute 609.341, Subd. 4a-b) regardless of ability to consent.

Current danger: The circumstances of a vulnerable adult, as described in an adult maltreatment report, suggesting that injury or death could occur within the short term (within a week).

Emergency Adult Protective Services (EPS): Emergency adult protective services are adult protective services (APS) offered and arranged by the county responsible for the MAARC EPS notification (MN Statute 626.557 Subd 10.) Emergency adult protective services (EPS) notifications are made by the Minnesota Adult Abuse Reporting Center (MAARC) to the county where the vulnerable adult is located when there is an immediate need to safeguard the life and health of a VA is assessed at MAARC. Minnesota Statutes 626.557 Subd. 9a. EPS is a notification of an assessed need for emergency social services and is different than need for law enforcement or emergency medical responders. APS may request 911 emergency medical response or law enforcement assistance and cooperation in the provision of EPS.

Emotional abuse: Conduct which is not an accident or therapeutic conduct, which produces or could reasonably be expected to produce emotional distress including, but not limited to, use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening; use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825 (MN Statute 626.5572, Subd. 2).

Fiduciary obligation: A fiduciary obligation may be considered to exist whenever there is a relationship of trust in which one person is superior to the other (Black’s Law Dictionary)(STATE

of Minnesota v. CAMPBELL; 2008). Non-exhaustive examples of fiduciary relationship: trustee, power of attorney, conservator, Representative Payee.

Financial exploitation:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) Engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) Fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct, or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) Willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) Obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) Acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

(4) Forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law (MN Statute 626.5572 Subd. 9).

Functionally vulnerable adult: An adult who has impaired ability (mental, physical, emotional) to provide adequately for his/her own necessary food, shelter, health care or supervision without assistance AND because of this condition has an impaired ability to protect self from maltreatment (MN Statute 626.5572 Subd. 21[a][4]).

Imminent harm: When circumstances of the vulnerable adult, as described in the MAARC report, suggest that loss of health, serious injury or death could occur within a short time (within a week).

Immediate/Immediately: As soon as possible but no longer than 24 hours. MN Statute 626.5572 Subd. 10.

Incapacitated person: Legal determination by the court. An individual who, for reasons other than being a minor, is impaired to the extent of lacking sufficient understanding or capacity to make or communicate responsible personal decisions, and who has demonstrated deficits in behavior which evidence an inability to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological assistance (MN Statute 524.5-102, Subd. 6). Is not a legal determination when used by medical or other professional as a functional description of a person's capacity.

Instrumental activities of daily living (IADLs): Activities associated with daily living including home management, washing dishes, making beds, cleaning, laundry, grocery shopping, meal preparation, transportation, telephone use, managing finances or medical care

Lead Investigative Agency (LIA): Primary administrative agency responsible for investigating reports made under section 626.557.

- The Department of Health is the lead agency for facilities which are licensed or are required to be licensed as hospitals, home care providers, nursing homes, residential care homes, boarding care homes, or residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities.

- The Department of Human Services is the lead agency for the programs licensed or required to be licensed for home and community based services including adult day care, adult foster care, programs for people with developmental disabilities, mental health programs, or chemical health problems.

- The county social service agency or its designee is the lead agency for all other reports, including reports involving vulnerable adults receiving services from an unlicensed personal care provider organization under section 256B.0659 (MN Statute 626.5572 Subd. 13). The county agency responsible is determined using guidelines from the commissioner. MN Statute 626.557 Subd. 9a.(5).

Loss of Health:

The VA's current health status will be unable to be maintained due to suspected maltreatment and the VA will more likely than not to immediately experience serious injury or decreased functional ability, organ damage or a health condition that will require immediate medical care by a physician. Examples: infection, illness, pressure sore or ulceration, hyperthermia; malnutrition; dehydration; toxic substance or gas; environmental hazard such as exposed electrical wires.

Maltreatment: Abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9 (MN Statute 626.5572 Subd. 15).

Medication diversion: Taking medication from its intended legal recipient and using it for illicit purposes, e.g., personal use or sale.

Medication misuse: Using medications in ways other than those prescribed or recommended by a health professional. This includes overuse, underuse, or erratic use, e.g., using at irregular intervals, using medicine prescribed for someone else, using drugs in combinations that cause problems, or drinking alcohol in combination with drugs for which alcohol is contraindicated. This term includes prescription drugs, over-the-counter drugs, and herbal and dietary supplements.

Minnesota Adult Abuse Reporting Center (MAARC): The common entry point (CEP) for accepting reports of suspected maltreatment of vulnerable adults.

Neglect by a caregiver:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to food, clothing, shelter, health care, or supervision which is: (1) Reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) Which is not the result of an accident or therapeutic conduct. (b) The absence or likelihood of absence of care or services, including but not limited to food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which

a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult (MN Statute 626.5572 Subd. 17).

Physical abuse:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) Assault in the first through fifth degrees as defined in sections 609.221 to 609.224 (great bodily harm, assault with a dangerous weapon, substantial bodily harm, bias crimes, and assaults intended to cause fear of immediate bodily harm or death);

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult (MN Statute 626.5572 Subd. 2).

Primary support person (PSP): The individual, in addition to the vulnerable adult, best able to coordinate with the agency in safety planning to safeguard the welfare and prevent further maltreatment of the vulnerable adult. The PSP may be the legal representative, person authorized by the vulnerable adult, or another person identified by the agency who is best able to coordinate with the agency for protection. The primary support person may be the person who completes the fundamental tasks of caregiving (e.g., assistance with ADLs/IADLs). The primary support person can be different than a caregiver defined under MN Statute 626.5572 Subd. 4.

Recent Sexual Assault: "Recent" can describe a time period of up to several weeks after the vulnerable adult is alleged to have experienced a sexual assault with penetration, or with a potential injury, for which the VA has not received medical attention.

Self-neglect: An act or omission by a vulnerable adult that results or could result in the deprivation of essential services or supports necessary to maintain his/her minimum mental, emotional, or physical health, safety or comfort. (MN Statute 626.5572 Subd. 17).

Serious Harm: The VA is more likely than not to immediately experience any of the following due to suspected maltreatment: bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician.

Serious Injury: May be any of the following: bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician.

Sexual abuse: Contact or interaction of a sexual nature by a licensed provider, or contact or interaction of a sexual nature involving a vulnerable adult without his/her informed consent (MN Statute 626.5572 Subd. 2[a][4] and Subd. 2[c]). If the vulnerable adult is mentally incapacitated

or physically helpless, the allegation may be criminal regardless of ability to consent. Consent requires a freely given present agreement. Consent does not mean the existence of a prior or current social relationship or that the vulnerable adult failed to resist (MN Statute 609.341 Subd. 4a-b). Allegations may not be civil sexual abuse when the vulnerable adult has the ability to give informed consent and is not unduly influenced, or if the alleged perpetrator is a caregiver and the vulnerable adult, who is not unduly influenced, gives informed consent for a sexual relationship that existed prior to the caregiving relationship.

- Physical contact of a sexual nature. This includes rape, fondling, or caressing of the VA by another person, directly or through clothing. Include any penetration or attempted penetration with a body part, including intercourse, cunnilingus, fellatio, or anal intercourse.
- Physical contact of a sexual nature involving an object. This includes penetration or touching of the VA with an object, including bodily fluids.
- Sexual utilization of vulnerable adult for gratification of others. This includes use of the VA for the purposes of prostitution and other forms of sexual gratification, such as posting explicit photos/videos of the VA on the Internet or electronic devices; or allowing the VA adult to be viewed by others for sexual gratification (e.g., dancing/stripping)

Sexual abuse (criminal): (a) Criminal sexual conduct defined in 609.342 includes sexual penetration, regardless of consent, when the victim has: cause to have reasonable fear of bodily harm, a weapon or accomplice is involved, injury results, force or coercion is used, or the victim is cognitively impaired or physical helpless.

(b) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (a) to (f), and 609.345, subdivision 1, clauses (a) to (e) and (h) to (o), includes any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, and committed with sexual or aggressive intent:

- (i) The intentional touching by the actor of the complainant's intimate parts; or
- (ii) The touching by the complainant of the actor's, the complainant's, or another's intimate parts effected by a person in a position of authority, or by coercion, or by inducement if the complainant is under 13 years of age or mentally impaired; or
- (iii) The touching by another of the complainant's intimate parts effected by coercion or by a person in a position of authority; or
- (iv) In any of the cases above, the touching of the clothing covering the immediate area of the intimate parts; or
- (v) The intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

(c) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (g) and (h), and 609.345, subdivision 1, clauses (f) and (g), includes any of the following acts committed with sexual or aggressive intent:

- (i) The intentional touching by the actor of the complainant's intimate parts;
- (ii) The touching by the complainant of the actor's, the complainant's, or another's intimate parts;
- (iii) The touching by another of the complainant's intimate parts;
- (iv) In any of the cases listed above, touching of the clothing covering the immediate area of the intimate parts; or
- (v) The intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

Sexual penetration: Means any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, whether or not emission of semen occurs:

- (1) Sexual intercourse, cunnilingus, fellatio, or anal intercourse; or
- (2) Any intrusion, however slight, into the genital or anal openings:
 - (i) Of the complainant's body by any part of the actor's body or any object used by the actor for this purpose;
 - (ii) Of the complainant's body by any part of the body of the complainant, by any part of the body of another person, or by any object used by the complainant or another person for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired; or
 - (iii) Of the body of the actor or another person by any part of the body of the complainant or by any object used by the complainant for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired.

SSIS: The State of Minnesota's electronic records system; Social Services Information System.

Structured Decision Making® (SDM) system: Assessment system comprised of research-based and structured assessments designed to provide workers with a simple, objective, and reliable framework to assess individuals involved in APS at critical decision points in the life of a case and to provide managers with information for improved planning, evaluation, and resource allocation. SDM® support decisions and do not replace professional judgement.

Standardized Decision Tool: Tools made available by the commissioner for required use by county agencies for supporting APS decisions. Tools include: EPS Intake, Intake, Initial and Final Safety; Strengths and Needs assessment. Standardized tools include the SDM® system. Tools support decisions and do not replace professional judgement.

Substance abuse/dependency: The maladaptive pattern of alcohol and/or other drug use that leads to impairment, distress, or negative consequences. The term includes substance abuse and addiction.

Vulnerable adult: Any person 18 years of age or older who:

1. Is a resident or inpatient of a facility;
2. Receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause 4;
3. Receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or
4. Regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

- That impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
- Because of the dysfunction or infirmity and the needs for care or services, the individual has an impaired ability to protect the individual's self from maltreatment (MN Statute 626.5572 Subd. 21).

Acronyms

ADLs Activities of daily living

AMR Adult Maltreatment Report

AP Alleged perpetrator

APS Adult protection services

CEP Common entry point, MAARC is the designated CEP

DOB Date of birth

EPS Emergency Adult Protective Services

IADLs Instrumental activities of daily living

LE Law enforcement

MAARC Minnesota Adult Abuse Reporting Center

PSP Primary Support Person

SDM® Structured Decision Making®

SSIS Social Services Information System

VA Vulnerable adult

ADULT PROTECTION PROGRAM DESCRIPTION

Minnesota Adult Protection County Collaborative Adult Protection Program

The SDM® System for Adult Protection Guidelines and Procedures Manual includes assessments, definitions, and policies and procedures to assist staff in performing adult protection intake, investigations, and service planning by providing a consistent approach to obtaining and evaluating information. Based on a national model of best practices, the SDM model is intended to, among other goals, promote the safety of incapacitated adults, identify and address their needs, decrease the incidence of self-neglect and maltreatment, enhance service delivery, and provide data needed for program administration.

The Minnesota Adult Protection County Collaborative formed in late 2009 as an organization of counties working towards greater consistency in adult protection services (APS). The participants included the following agencies:

- Dakota County Social Services
- Hennepin County Human Services and Public Health Department Adult Protection Services
- Olmsted County Social Services
- Ramsey County Community Human Services Department
- Steele County Human Services
- Washington County Community Social Services, Adult Family Services Unit

The collaborative worked with NCCD to customize and implement the three SDM assessments for APS included in this manual: intake, safety, and family strengths and needs.

GUIDELINES AND PROCEDURES OVERVIEW

Decisions	Standardized Tool	Which Reports/Cases	Who	When
Does Minnesota Adult Abuse Reporting Center (MAARC) notification meet criteria for Emergency Protective Services (EPS)?	EPS Standardized Intake tool	All MAARC reports referred: <ul style="list-style-type: none"> • EPS 	The worker designated by the agency to perform intake duties. The APS supervisor reviews and approves the assessment.	Initiate intake as soon as possible, but no later than 24 hours from receiving the MAARC notification. The EPS intake decision is completed no later than 24 hours from notification/request.
Does the MAARC report meet criteria for investigation? If so, how quickly does a response need to be initiated? Or, does request from another LIA meet criteria for Adult Protective Services (APS)?	SDM® Intake assessment	All MAARC reports referred: <ul style="list-style-type: none"> • LIA Or <ul style="list-style-type: none"> • Another LIA requests APS for the VA. 	The worker designated by the agency to perform intake duties. The APS supervisor reviews and approves the assessment.	Initiate intake as soon as possible when the information is received, but no later than one business day from receiving the report from MAARC or request from another LIA. The intake decision is completed no later than 5 business days from receiving the report from MAARC or request for APS from another LIA.
Is the vulnerable adult (VA) in immediate danger of serious harm?	SDM® Initial Safety assessment	All VA's who are the subject of a MAARC report opened in an assessment workgroup when: <ul style="list-style-type: none"> • LIA • Providing EPS • Providing APS when another agency is LIA 	The assigned APS investigator or worker.	The safety assessment <i>process</i> is completed before leaving the VA's living environment. The assessment should be completed within two working days of the first face-to-face contact by the APS investigator in the SDM SSIS application.

Decisions	Standardized Tool	Which Reports/Cases	Who	When
Focus of service planning and delivery.	SDM® Strengths and needs assessment	All VA's who are the subject of a MAARC report opened in an assessment workgroup when: <ul style="list-style-type: none"> • LIA • Providing EPS • Providing APS when another agency is LIA 	The assigned APS investigator or worker.	The initial assessment is completed at the first face-to-face contact with the VA. The SNA is completed at this time to inform service referrals during the remainder of the case/investigation and to establish a baseline for measuring the impact of those services. An optional closing assessment may be completed just prior to case closure (i.e., no more than one week prior to closing the case) for cases opened more than 30 day or when more than one face-to-face was completed with the client to determine which needs initially identified have been addressed.
Safety planning to address current danger factors.	Safety Plan	Completed for all VAs which are identified in the safety assessment as conditionally safe or unsafe. The plan should incorporate the recommended safety interventions from the safety assessment and the priority needs identified in the strengths and needs assessment.	The assigned APS investigator or worker, VA, and support person if applicable. The APS supervisor reviews and approves the plan.	The safety plan is completed following the completion of the initial safety assessment and initial strengths and needs assessment prior to case closure.
Is case closure appropriate based on the current danger factors impacting the VA's current safety level?	Final Safety assessment	All VA's who are subject of a MAARC report opened in an assessment workgroup for either EPS/LIA/APS.	The assigned APS investigator or worker. The APS supervisor reviews and approves case closure when the VA is conditionally safe or unsafe.	The final safety assessment is completed just prior to case closure.

SECTION I. EMERGENCY PROTECTIVE SERVICES (EPS) STANDARDIZED INTAKE TOOL

Emergency Adult Protective Services (EPS)

Notifications for Emergency adult protective services (EPS) are made by the Minnesota Adult Abuse Reporting Center (MAARC) to a county or tribal agency when there is an immediate need to safeguard the life and health of a VA. Minnesota Statutes 626.557 Subd. 9a. EPS is different than actions taken by law enforcement or emergency medical responders. A county may request 911 emergency medical response or law enforcement assistance and cooperation in the provision of EPS.

County/tribal agencies respond to EPS notifications by offering adult protective services (APS) to safeguard the vulnerable adult. APS includes offering and arranging health care, supervision and social services to prevent further maltreatment, serious injury, loss of health, or death of a vulnerable adult. APS may also include seeking authority to remove a vulnerable adult, seeking a restraining order, or arranging for the appointment or replacement of a guardian or conservator. APS are also offered to vulnerable adults alleged to have been sexually assaulted and who have not received a sexual assault examination. Minnesota Statutes 626.557 Subd 10.

MAARC's determination to make EPS notification is based on the reporter's responses to an assessment for serious harm, or current danger to the life or health of the VA. The MAARC EPS assessment is found in the AMR "Safety tab". EPS notification is made through SSIS to the county/tribal adult protection agency associated with the current location of the VA. EPS phone notification, in addition to the SSIS notification, is made during designated hours, depending on the LIA responsible for the allegation. EPS Notifications are located in the county's SSIS unassigned intakes.

EPS STANDARDIZED INTAKE TOOL DEFINITIONS

This section defines terms used in EPS intake not defined in *SDM Intake Assessment Definitions Part A. Determination of Vulnerable Adult Status by APS and Part B. Screening Criteria*.

Death: The VA is more likely than not to die immediately as a result of alleged maltreatment.

Immediately: As soon as possible, but no longer than 24 hours from the time of initial knowledge that the incident has occurred has been received. [Minnesota Statutes 626.5572 Subd. 10](#).

Loss of health may be any of the following when the VA's current health status will be unable to be maintained and the VA will more likely than not suffer from decreased function, organ damage or a health condition that will require immediate medical care by a physician. Examples: hypothermia, hyperthermia, malnutrition, dehydration, toxic substance or gas, environmental hazard.

Serious harm: The VA is more likely than not to immediately experience any of the following due to suspected maltreatment: sexual assault, bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician. OR The VA has been the victim of a recent sexual assault and has not received a sexual assault examination.

Recent Sexual Assault: "Recent" can describe a time period of up to several weeks after the vulnerable adult is alleged to have experienced a sexual assault with

penetration, or with a potential injury, for which the VA has not received medical attention.

Serious injury may be any of the following: bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician.

EPS STANDARDIZED INTAKE TOOL GUIDELINES AND PROCEDURES

The purpose of the EPS standardized intake tool is to determine whether reports received, which indicate possible need for EPS, meet agency criteria for EPS response by the county.

Emergency Adult Protective Services notifications are made by the Minnesota Adult Abuse Reporting Center (MAARC). MAARC EPS notifications are made based on MAARC screening. EPS notifications are required to safeguard the life and health of VA's. EPS notification is made by MAARC through SSIS. Notifications appear in the county unassigned intake log. EPS notifications are also made by telephone during designated hours, in addition to SSIS, to ensure county agencies meet the requirement to immediately assess EPS under Minnesota Statutes [Minnesota Statutes 626.557](#) Subd. 10. Immediately means as soon as possible, but no longer than 24 hours from the referral [Minnesota Statutes 626.5572](#) Subd. 10.

The county responsible for EPS is the county where the vulnerable adult is located at the time of the referral [Minnesota Statutes 626.557](#) Subd. 9a. (5).

EPS includes offering and arranging health care, supervision and social services for a vulnerable adult to prevent repeat maltreatment, serious injury, loss of health, or death. EPS may also include seeking authority to remove the vulnerable adult, seeking a restraining order, or arranging for the appointment or replacement of a guardian or conservator. [Minnesota Statutes 626.557](#) Subd 10.

The provision of EPS by a county agency is different than actions taken by law enforcement or emergency medical responders. A county may request 911 emergency medical response or law enforcement assistance and cooperation in the provision of EPS.

The purpose of EPS is to prevent repeat maltreatment and safeguard the life and health of vulnerable adult (VA) believed to be in *current danger* and at *immediate* risk of *serious injury*, *loss of health*, or death as a result of suspected maltreatment based on MAARC safety screening. EPS are also offered to vulnerable adults alleged to have been sexually assaulted and who have not received a sexual assault examination. [Minnesota Statutes 626.557](#) Subd. 10.

EPS referrals may also be made by a lead investigative agency (LIA) responsible for investigation of a MAARC report requesting APS after the MAARC LIA referral has been completed and it is discovered by the LIA that APS may be necessary. [Minnesota Statutes 626.557](#) Subd. 9b. EPS referrals for adult protective services (APS) are made outside of SSIS by the LIA responsible for the MAARC report to the county/tribal agency associated with current location of a vulnerable adult who is the subject of a MAARC report. County/tribal agencies receiving a request for EPS/APS from another LIA initiate an APS intake workgroup and enter the referral as an adult service intake using the date of the LIA request. The MAARC report number is obtained from the LIA and entered into case notes.

Which Reports: All EPS reports referred to the county agency by MAARC.

Who: The worker designated by the agency to perform intake duties. The APS supervisor reviews and approves the EPS standardized intake tool.

When: Initiate intake as soon as possible, but no later than 24 hours from receiving the MAARC notification. The EPS intake decision is completed no later than 24 hours from notification/request.

Decisions: Whether the information meets the criteria for an EPS response from the county agency.

Appropriate Completion

One EPS standardized tool is completed per EPS report.

SECTION 1. SCREENING

Part A. Vulnerable Adult Status. Complete this section to establish eligibility for EPS. Use SDM Intake Assessment Definitions Part A. for determination of VA status.

Part B. Allegation Screening Criteria. Complete this section to identify if the report meets allegation screening criteria. Use SDM Intake Assessment Definitions Part B. to screen MAARC EPS notifications.

Part C. Imminent Harm. Complete this section to identify if conditions exist that could result in serious injury, serious harm, loss of health, or death to the VA. Use EPS standardized intake tool definitions for determination of imminent harm.

SECTION 2. SCREENING OVERRIDES

Part A. Policy override to screen out for EPS

No policy override

No policy override applies to the screening decision determined by the tool.

Duplicate to referral already screened in. Duplicate to EPS referral from MAARC, or request from another lead investigative agency, for which EPS is being, or have already been, provided to the VA. The current referral has no new information not previously known to APS regarding the incident.

Duplicate to referral already screened out.

Duplicate to EPS referral from MAARC, or request from another lead investigative agency, that has already been screened out for EPS. The current referral describes an incident previously screened. The duplicate referral has no new information regarding the incident.

Part B. County prioritization discretionary overrides to screen out for EPS

Formal or informal supports are in place for the immediate protection of the VA.

The VA has agreed to accept services or supports which meet their necessary needs for protection from imminent harm and this plan is more likely than not to be effective in meeting the VA's immediate safety need. Or, a non-offending support person or service provider who has awareness of the imminent harm has agreed to accept responsibility to meet the VA's necessary needs for protection and has the ability to effectively meet the VA's immediate safety need. Or, the alleged perpetrator who is the cause of imminent harm agreed to have no contact with the VA or no longer has ability to have contact with the VA and this plan is more likely than not to be effective in meeting the VA's immediate safety need.

Report also received by county/agency as LIA and is open in an assessment workgroup with a Level I response.

The agency's Level I response will provide protection for the vulnerable adult equal to protection the agency providing Emergency Adult Protective Services would provide to the vulnerable adult.

Report does not meet county /agency written prioritization guidelines for EPS (Describe below):
Select "Yes" if report does not meet county written prioritization guidelines for EPS.

SECTION II. SDM ® INTAKE ASSESSMENT

INTAKE ASSESSMENT DEFINITIONS

This section defines items and key terms in user-friendly language. Statutory language is included in the *Glossary of Terms and Acronyms*

SECTION 1: SCREENING

Part A. Determination of Vulnerable Adult Status by APS

Functionally vulnerable adult: A functionally vulnerable adult must meet three criteria:

- The adult must exhibit behaviors, signs, or symptoms of impaired ability (mental, physical, or emotional). This criterion may be met through a diagnosed condition (e.g., Alzheimer’s disease, developmental disability, post-polio syndrome, mental illness) or symptoms or behaviors that indicate impaired ability although no diagnosis has been made (e.g., chronic and/or escalating forgetfulness, inability to regulate mood, violence towards self or others, observed difficulty ambulating).
- This impairment must have a significantly negative impact on the adult’s ability to care for him/herself or to direct his/her own care. This criterion may be met through information/observations indicating that the adult is unable to perform activities of daily living (ADLs) (personal hygiene, bathing, eating, dressing, toilet use, walking, transferring from one surface to another, moving between locations, and bed mobility) or instrumental activities of daily living (IADLs) (e.g., grocery shopping, meal preparation, telephone use, managing finances, and routine housework such as washing dishes, making beds, dusting, and laundry) AND is unable to make provisions to have these needs met through other means (e.g., home health aide, use of wheelchair, walker, transfer board, or other assistive devices).
- This impairment and related needs for assistance must also render the adult unable to protect him/herself from maltreatment. This criterion may be met through information that the adult is unable to report or escape maltreatment (e.g., unable to seek assistance from others, unable to remove self from situation).

Categorically vulnerable adult: An adult who is a resident or inpatient of a facility or who receives licensed services or services from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program (MN Statute 626.5572 Subd. 21 [a][1–3]). Exclude outpatient services for treatment of chemical dependency or mental illness, and inpatient services provided through the Minnesota sex offender program on a court-hold order for commitment, or to persons committed as sexual psychopathic personalities or as sexually dangerous persons under chapter 253B.

Part B. Screening Criteria

Self-neglect: An act or omission by a vulnerable adult that **results or could result in** the deprivation of essential services or supports necessary to obtain or maintain his/her **health, safety, or comfort** (MN Statute 626.5572 Subd. 17).

- Alcohol and/or other drug misuse leading to health or safety concerns. The VA misuses alcohol and/or other drugs to the extent that his/her health or safety is a concern. Examples include but are not limited to combining alcohol with medications, use of substances to the point of losing consciousness, and falling due to impaired coordination.
- Clothing or lack thereof that creates a health hazard. The VA does not clothe him/herself appropriately, to the extent that health and safety are compromised. Examples include

but are not limited to exposure to extremely cold temperatures without adequate protection or refusal to remove layers of clothing in extremely hot temperatures.

- Dangerous behaviors. The VA engages in behaviors that are detrimental to his/her health and safety. Examples include but are not limited to leaving a stove unattended, smoking while using oxygen, and driving when lacking mental capacity.
- Dehydration or malnutrition. The VA does not meet his/her own minimal nutritional needs, resulting in danger to the VA's health or safety.
- Poor hygiene resulting in health hazards. The VA does not attend to his/her basic hygiene to the extent that illness or injury has occurred or is likely. Examples include but are not limited to tooth decay, skin infections, etc.
- Hoarding behavior that results in a health or safety hazard. The VA reportedly has an unmanageable number of animals/pets in the residence or has accumulated objects to the extent that ability to move around the residence is impaired, or has accumulated objects that could potentially cause a fire or other health and safety hazard (e.g., newspapers, garbage, clothing, etc.).
- Inability/failure to take medications as prescribed or to seek treatment for a physical illness that significantly threatens health or safety. The VA refuses to take, or accept assistance from others to take, medications as prescribed by a health care provider or refuses to seek medical care/attention for an illness or condition that results in significant threats to health or safety. Examples include but are not limited to wounds that will not heal, unconsciousness, extremely high blood sugar levels, etc. as a result of not taking necessary medications. (*Note: Address failure or inability to take psychotropic medications according to the behaviors/conditions resulting from lack of medication.*)
- Inability/failure to manage funds that results in utility shut-off, loss of shelter, or other negative consequences. The VA is unable to manage his/her finances to the extent that he/she experiences negative consequences, such as forgetting to pay utility bills, resulting in shut-off, or forgetting to pay rent/mortgage, resulting in potential eviction.
- Unsafe/unhealthy living conditions. Housing conditions result in threats to safety, such as severely exacerbated asthma due to smoke exposure, multiple bites from pest infestations, etc.; or housing is so unsafe that it is an acute fire hazard or has been condemned and eviction is likely or imminent.

Neglect by a Caregiver: A failure or omission by a caregiver that **results** in the deprivation of essential services or supports necessary to maintain the **mental, emotional, or physical health, comfort or safety** of a vulnerable adult (MN Statute 626.5572 Subd. 17). Use this category if there is a responsibility under a MDH or DHS license or as a PCA or PCPO, payment, or contract or agreement between the vulnerable adult and alleged perpetrator. If this does not exist, review self-neglect report type. (*Note: The following allegations do not include situations in which the vulnerable adult refuses assistance.*)

- Refusal, failure, or omission by caregiver to provide adequate supervision or physical care. The VA is not supervised, to the extent that he/she has been injured or could have been injured; is left in a motor vehicle during extreme temperatures and has no means of leaving the vehicle; or it appears that the caregiver has left with no intentions of returning and has not made arrangements for supervision or physical care.
- Refusal, failure, or omission to provide or allow access to clothing, food, or shelter/utilities. The caregiver has not provided adequate clothing, food, or shelter/utilities to the extent that the VA has suffered or is likely to suffer illness or injury. Examples include but are not limited to the following:

- » Clothing. Clothing is inappropriate for weather conditions and the VA has suffered or is likely to suffer hypothermia or frostbite;
- » Food. Minimal nutritional needs of the VA are not met; the VA states that he/she is denied basic sustenance; the VA appears malnourished;
- » Shelter/utilities. Housing conditions result in threats to safety, such as severely exacerbated asthma due to smoke exposure, multiple bites from pest infestations, etc.; or housing is so unsafe that it is an acute fire hazard or has been condemned.
- Refusal, failure, or omission to assist in *basic personal cares.* The caregiver fails to meet the basic personal hygiene needs of the VA or fails to assist the VA in performing minimum basic hygiene cares, including but not limited to assistance with bathing/showering, toileting needs, tooth brushing and/or denture care, etc.
- Refusal, failure, or omission to arrange or provide access to *prescribed medical treatment or prescribed medications.* The caregiver fails or refuses to provide the VA with specific goods or services required to maintain his/her minimal:
 - » Mental health needs. Examples include but are not limited to provision of prescribed medications for serious mental health conditions, recommended therapy, and other mental health treatments.
 - » Physical health needs. Examples include but are not limited to provision of hearing aid batteries; prescribed medications for serious medical needs, such as insulin for diabetes; or regular physical therapy.

Emotional Abuse: The misuse of power, authority, or both; verbal harassment; unreasonable confinement; or behavior that is not accidental or therapeutic which produces or could reasonably be expected to produce mental anguish or emotional distress of a vulnerable adult (MN Statute 626.5572 Subd. 2).

- Harassing/demeaning/malicious remark(s) or action(s). Tormenting or irritating a person verbally; verbal remarks intended to humiliate or degrade; forcing or coercing the VA to perform actions that are degrading or humiliating; differential treatment of a VA intended to cause emotional distress.
- Threatening/intimidating oral, written, and/or gestured remarks or actions. Behavior used to instill fear or to otherwise manipulate the behavior of another person under duress, including but not limited to menacing looks, throwing objects in a violent manner, yelling angrily, etc., including remarks/language/ gestures expressing intent to cause bodily harm or property destruction, threats to harm loved ones/pets, and threats about lifestyle changes.
- Unreasonable confinement, forced separation, involuntary seclusion, or deprivation. The act of controlling or restraining someone's liberty, including but not limited to interception of mail; physical or environmental restraint; isolating the VA from contact with friends, other family members, or others, etc. Include involuntary seclusion or the forced separation of the VA from other persons against the will of the VA or the legal representative of the VA.

Physical Abuse: Use of physical force that is non-accidental or non-therapeutic which produces or could reasonably be expected to produce physical pain or injury to the vulnerable adult (MN Statute 626.5572 Subd. 2). Include also assault in the first through fifth degrees as defined in sections 609.221 to 609.224.

- Attack with object. Striking with an object, such as a weapon or other instrument, or using an object to shock (e.g., Taser, cattle prod, shock collar).

- Bite. Gripping or piercing the skin with the teeth.
- Burn. Damage to the body caused by extreme heat, flame, electricity, contact with heated objects, or chemicals.
- Kick. Inflicting violent or forceful contact with the foot.
- Pinch/grab/choke. Squeezing a part of the body between the thumb and a finger; grasping suddenly and forcefully; using body parts, objects, or substances such as ropes, cords, liquids, gags, hands, legs, etc., to interfere with respiration.
- Push/pull/shove. Exerting force against the VA, or tugging or jerking away from or toward something or someone.
- Strike. Hitting sharply or inflicting violent or forceful contact with the hand or fist.

Sexual Abuse: Contact or interaction of a sexual nature involving a vulnerable adult and a licensed provider or contact or interaction of a sexual nature involving a vulnerable adult **without his/her informed consent** (MN Statute 626.5572 Subd. 2[a][4] and Subd. 2[c]). If the vulnerable adult is mentally incapacitated or physically helpless, he/she cannot give informed consent. Consent requires a freely given present agreement. Consent does not mean the existence of a prior or current social relationship or that the vulnerable adult failed to resist (MN Statute 609.341 Subd. 4a-b). Situations where a sexual relationship existed prior to the caregiving relationship, and where the vulnerable adult is not cognitively impaired and is not unduly influenced, may not be sexual abuse.

- Physical contact of a sexual nature. This includes rape, fondling, or caressing of the VA by another person, directly or through clothing. Include any penetration or attempted penetration with a body part, including intercourse, cunnilingus, fellatio, or anal intercourse.
- Physical contact of a sexual nature involving an object. This includes penetration or touching of the VA with an object, including bodily fluids.
- Sexual utilization of vulnerable adult for gratification of others. This includes use of the VA for the purposes of prostitution and other forms of sexual gratification, such as posting explicit photos/videos of the VA on the Internet or electronic devices; or allowing the VA adult to be viewed by others for sexual gratification (e.g., dancing/stripping).

Financial Exploitation: The use of a vulnerable adult's person or property for another person's profit or advantage, or the breach of a fiduciary relationship through the use of a person or person's property for any purpose not in the proper and lawful execution of a trust, including but not limited to situations where a person obtains money, property, or services from a vulnerable adult **through the use of undue influence, harassment, duress, deception, or fraud** (MN Statute 626.5572 Subd. 9).

- Exploitation by a person with a fiduciary obligation to the vulnerable adult. To indicate that a VA has been subject to financial exploitation within a fiduciary relationship, three conditions must be met:
 - » Relationship: The alleged perpetrator (AP) must have undertaken to act for and on behalf of the VA in a particular matter in circumstances that give rise to a relationship of trust and confidence. This may be as a guardian, an individual with power of attorney, or a caregiver, but does not require a legal relationship.
 - » Action: The AP may have appropriated, taken, hidden, or used the VA's money, property, or other assets. Examples include but are not limited to a single substantial withdrawal from a financial account, changing the title on a home, changing the beneficiary or trustee of an account, or making several cash

withdrawals. The AP may have also have used, withheld, or disposed of funds, property, or income (e.g., disability payments, social security payments, retirement funds).

- » Impact: This action must have resulted in or be likely to result in detriment to the VA, e.g., inability to make basic household purchases, inability to pay for necessary health care, or inability to pay for nursing home care.
- Exploitation by a person with no fiduciary obligation to the vulnerable adult. To indicate that a VA has been subject to financial exploitation without a fiduciary relationship, three conditions must be met:
 - » Relationship: The AP may not have undertaken to act for and on behalf of the VA. The AP may be a family member, caregiver, or acquaintance of the VA;
 - » Action: The AP may have appropriated, taken, hidden, or used the VA's money, property, or other assets. Examples include but are not limited to a single substantial withdrawal from a financial account, changing the title on a home, changing the beneficiary or trustee of an account, or making several cash withdrawals. The AP may have also acquired possession of, control of, or interest in funds or property of the VA.
 - » Means: The AP has acquired this control over the VA's assets through undue influence, harassment, duress, deception, or fraud (e.g., person or family member tells the VA to write out a check for something but uses it for own benefit, contractor tells the VA that a home repair will cost more than actual costs, etc.).
- Any person has forced, compelled, coerced, or enticed a vulnerable adult to perform services for the profit or benefit of another. A person has made the VA provide services for him/her or others without compensating the VA. Examples include but are not limited to the following:
 - » An AP coerces a developmentally disabled individual into serving as a lookout for a robbery;
 - » An AP influences a VA with a mental illness to sell his/her medications and give the proceeds to the AP;
 - » Parents leave their children with a disabled elderly neighbor every day for free child care even though the neighbor has refused to babysit.

Part C. Intake Screening Decision

Policy Override Definitions

No policy override: No policy override applies to the screening decision by the tool.

Duplicate of report already screened: Duplicate report that has already been screened. The report from MAARC describes an incident already reported to and previously screened by APS using the SDM. The duplicate report includes no new information that was previously known to APS regarding this incident at the time the previous report was screened.

Duplicate of report already investigated: Duplicate report that has already been investigated. The report received from MAARC describes an incident already reported to and investigated by APS. The report includes no new information that was not previously known to APS regarding this incident.

Discretionary Overrides Definitions

Self Neglect can be resolved through case management or current services: Select 'Yes' if self neglect can be resolved through case management or current services. This override must be identified in county's written prioritization guidelines.

Financial exploitation loss less than county guidelines: Select 'Yes' if financial exploitation loss is less than the amount identified in county's written prioritization guidelines.

VA deceased at time of report: Select 'Yes' if VA deceased at the time of the report. This override must be identified in county's written prioritization guidelines.

VA incarcerated at time of report: Select 'Yes' if VA incarcerated. This override must be identified in county's written prioritization guidelines.

No benefit to VA from adult protective services or investigation: Select 'Yes' if no benefit to VA from adult protective services or investigation because maltreatment has been resolved with minimal risk of repeat maltreatment and/or no protection to this VA or other VA's from investigation or alleged perpetrator. This override must be identified in county's written prioritization guidelines.

Other: (examples which county provides in text box)

SECTION 2: RESPONSE PRIORITY FOR REPORTS SCREENED IN FOR INVESTIGATION

Initiate investigation: Taking action in response to a protective report, including but not limited to one or more of the following:

- Calling 911 if the VA is suspected to be in a life-threatening situation;
- Talking with an alternate care provider to secure immediate temporary placement of the VA;
- Talking with collateral contacts knowledgeable about the situation;
- Face-to-face contact with the VA to begin the investigation and assessment of alleged harm;
- Calling law enforcement to conduct a health and welfare check.

Immediate danger: The circumstances of the VA, as described in a protective report, suggest that injury or death could occur within the next 24 hours.

Part A. Response Priority Decision

SELF-NEGLECT

Is there immediate danger of harm to self; OR is immediate medical or mental health care required?

- The VA is exhibiting self-harming behavior or is engaging in behaviors that pose significant danger of harm to self, including but not limited to the following:
 - » Pattern of driving when eyesight is impaired, resulting in accident(s);
 - » Pattern of forgetting to turn off stove/oven and/or heating elements;
 - » Pattern of driving while impaired, resulting in negative consequence(s), e.g., accident(s) or property damage(s);
 - » Disoriented and wandering on busy roads/thoroughfares or in remote areas;

- » Loss of consciousness due to combining medication with alcohol/drugs; or
- » Actively expressing suicidal ideations/plans.
- The VA is not seeking or following critical medical treatment or directives, or is not using required assistive devices, which results in a life-threatening situation for the VA (e.g., pattern of skipping dialysis appointments).
- The VA is not eating or drinking, resulting in significant weight loss or dehydration necessitating immediate intervention.
- The VA does not wear clothing that adequately protects him/her from environmental conditions, resulting in exposure to extreme heat or cold that is likely to result in immediate injury or illness, or is without clothing or shelter necessary in current environmental conditions.
- The VA does not attend to hygiene and/or self-care needs, which results in illness or untreated sores/wounds requiring immediate medical care.
- The VA is unable to manage his/her finances to the extent that he/she is at imminent risk of having utilities shut off or eviction/loss of housing.
- The physical living conditions are hazardous and immediately threatening to the VA's health and/or safety. A "hazardous living situation" means a physical environment that jeopardizes the minimum health and safety of the VA.
 - » Lack of water or utilities. For example:
 - Nonexistent or inoperable heating source that leaves the VA at risk for hypothermia, and no other safe provisions have been made;
 - No electric fans or other cooling system that minimally meets the VA's health and safety needs;
 - Nonexistent or inoperable plumbing system that makes it impossible to dispose of human waste; and/or
 - Lack of electricity that makes it impossible to operate oxygen equipment or other assistive devices, or to operate heating/cooling systems.
 - » Damage to the home that poses an imminent threat to safety, and the VA is unable to address this or remove self from the home. For example:
 - Broken or missing windows or doors or other structural damage that leaves the VA exposed to the elements and/or unprotected from intruders or from the AP;
 - Blocked doorways that prevent access to and from the home;
 - Collapsed roof or flooring that could collapse;
 - Exposed electrical wires that pose a risk of fire or electrocution.
 - » Environmental conditions that threaten health and/or safety, and the VA is unable to remove himself/herself from the environment. For example:
 - The presence of dangerous objects or substances; for example, methamphetamine (meth) labs;
 - Downed power lines on or near the VA's property;
 - Debris that blocks access or egress to or from the VA's home;

- Flooding or extreme weather conditions;
 - Gas/oil leak(s) or toxic fumes;
 - Excessive garbage, spoiled food, human or animal waste, or the infestation of vermin/insects in the home that has already affected or could affect the health of the VA, and he/she is unable to address this or remove him/herself from the environment.
- » Animals in the home that are known or suspected to affect the VA's health or safety, such as diseased animals or animals known to have violent tendencies and/or a history of injuring the VA, and the VA is unable to address this or remove him/herself from the environment.

NEGLECT BY A CAREGIVER

Have the caregiver's actions or inaction resulted or are likely to result in a dangerous or immediately unsafe living situation for the VA (e.g., is immediate medical care required; OR is the VA currently left unsupervised or abandoned when supervision is needed for the VA's safety)?

- The caregiver is not providing access to medications as prescribed, medical treatment, or assistive devices that, if not provided, create a life- or health-threatening situation for the VA.
- The caregiver is withholding nourishment or starving the VA, resulting in dehydration or emaciation.
- The VA's clothing and/or hygiene is neglected to the extent that immediate harm is likely (e.g., clothing does not protect from extreme temperatures, or clothing is soiled, resulting in skin condition or infection).
- The VA is in need of immediate medical attention due to bedsores, malnutrition, or other conditions resulting from inadequate care.
- Dangerous housing conditions are likely to result in injury or illness (e.g., vermin infestation, animal hoarding, no source of water or heat, broken glass, feces or rotting garbage in the home, etc.).
- The VA is left without necessary supervision or is abandoned by his/her caregiver without provisions for care.

EMOTIONAL ABUSE

Does the VA's response to alleged maltreatment require immediate medical or psychiatric care; OR is the VA unreasonably confined with no means of ensuring his/her own safety?

- The VA requires immediate medical or psychiatric evaluation or treatment or is currently receiving emergency medical or psychiatric evaluation or treatment as a result of suspected abuse.
- The VA is left alone in a confined space for a long period without the ability to appropriately take care of his/her needs (such as toileting) or to escape a dangerous situation, such as fire.

Is the VA's fear of the AP seriously interfering with his/her ability to function? The VA fears the AP and this fear affects the alleged VA's ability to maintain a reasonable level of functioning (e.g., no appetite, cannot sleep, cannot perform typical daily activities that he/she normally could if he/she were not afraid).

PHYSICAL ABUSE

Are injuries evident or suspected?

- There are visible signs of abuse apparent, such as bruises, welts, abrasions, lacerations, or old scars/marks, including healing wounds.
- There are possible internal injuries/broken bones/fractures.
- Presence of multiple bruises, contusions, or burns; swelling; or injuries to the torso, lower back, head, or other parts of the body not commonly prone to injuries of an accidental nature.
- Physical evidence suggests the VA has been hit with an object or instrument (e.g., hammers, boards, telephones, metal pipes, etc.), has been placed in restraints, has had chemicals put in the eyes, etc.
- The VA is experiencing physical pain or serious discomfort due to suspected injuries.

Is the VA fearful; OR does the AP have access; OR are there threats of immediate violence?

- The AP lives in the home or has regular, unmonitored access to the VA in the home.
- The AP has threatened to physically contact the VA away from the home.
- The AP has threatened to harm the VA, which may include use of a weapon.
- The VA expresses fear of going home or of being in the home, and this fear affects the VA's ability to maintain a reasonable level of functioning (e.g., no appetite, cannot sleep, cannot perform typical daily activities that he/she normally could if he/she were not afraid).
- Other credible sources of information have witnessed behaviors that indicate that the VA is fearful of the AP.

SEXUAL ABUSE

Do the reported allegations suggest that physical evidence needs to be obtained; OR does the report suggest that medical treatment needs to be arranged; OR does the AP have access to the VA; OR does the VA need immediate medical care?

- There is evidence of physical trauma as a result of alleged sexual abuse (e.g., bruising, bleeding, lacerations, etc.).
- The AP lives in the home or has access to the VA.
- The VA is severely psychologically traumatized and needs an immediate mental health evaluation.

FINANCIAL EXPLOITATION

Are the VA's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are not being met?

- The VA's assets, property, and/or financial resources have been taken (e.g., a single, substantial withdrawal; change in home title; change in beneficiary or trustee; or several recent cash withdrawals from bank accounts).
- The VA's income (retirement, social security, disability, etc.) is being inappropriately used, denying him/her provisions to meet basic needs related to health and safety (e.g.,

no food, lack of repairs to dangerous housing conditions, utilities shut off, no provision of medications or payment for necessary health services, etc.).

Is there an immediate concern for preserving assets that are necessary for the VA's current living arrangement?

There is evidence that, without prompt intervention, the VA's assets will be taken or misappropriated to the extent that he/she will not have the means to meet basic needs

Part B: Response Priority Assignment

County Prioritization Override Definitions

County agency decision to override a decision originally assigned by the tool. For intake decisions this is based on county prioritization guidelines. For response level priority this is determined through county intake activity.

The VA is in a safe environment and is expected to remain there (Level 2): The VA is determined not to be in immediate danger of serious harm requiring Level 1 response and will receive Level 2 response. Determination is a county prioritization override based on gathering and documenting sufficient information on current danger factors for each allegation and whether adult protective services/investigation should be initiated as Level 1 immediately within 24 hours, or Level 2 within 72 hours. Holiday and weekend response delays must be considered in override use. If unable to determine, respond in the most protective way; Level 1.

Up or down one level: Situations the county agency has determined warrant use of a county prioritization override from the Level of response priority originally assigned by the tool.

No priority override: The response priority decision determined by the tool is used without county agency prioritization override.

INTAKE ASSESSMENT GUIDELINES AND PROCEDURES

The purpose of the SDM intake assessment is to determine whether reports meet agency criteria for an adult protection investigation and if so, how quickly to initiate an investigation.

- Which Reports:** All reports of maltreatment of a VA received through MAARC for which the county is the lead agency and requests for APS received from another LIA.
- Who:** The worker designated by the agency to perform intake duties. The APS supervisor reviews and approves the SDM intake assessment.
- When:** Initiate intake as soon as possible when the information is received, but no later than one business day from receiving the report from MAARC or request from another LIA. The intake decision is completed no later than 5 business days from receiving the report from MAARC or request for APS from another LIA.
- Decisions:** Whether the information meets the criteria for an APS investigation, and if so, whether the investigation should be initiated within 24 or 72 hours from assignment for investigation, not including holidays and weekends. Best practice suggests that all reports would be addressed in as timely a manner as possible.

To “initiate investigation” means taking action in response to a VA maltreatment report, including but not limited to one or more of the following:

- Calling 911 if the VA is suspected to be in a life-threatening situation;
- Talking with an alternate care provider to secure immediate services and/or temporary placement of the VA;
- Talking to other collaterals who are knowledgeable about the situation;
- Face-to-face contact with the VA to begin the investigation and assessment of alleged harm;
- Calling law enforcement to conduct a health and welfare check.

Appropriate Completion

One intake assessment is completed per report.

SECTION 1. SCREENING

Part A. Determination of Vulnerable Adult Status by APS. Complete this section to establish eligibility for APS (i.e., whether the report is alleging maltreatment, risk of maltreatment, or self-neglect of a VA). For reports where the adult is not determined to be categorically or functionally vulnerable, provide the caller with information and referral and indicate where the caller will be referred (e.g., senior and disability linkage line).

Part B. Screening Criteria. Mark the applicable maltreatment type and the specific allegations that meet the definition threshold. Use item definitions to increase consistency and reliability in assessment completion.

Part C. Intake Screening Decision. Complete the intake referral assessment until a recommended intake referral decision is reached. The possible intake referral decisions are as follows:

- Screen in for APS investigation;
- Screen out for APS investigation.

Override: There is an option for the intake worker to recommend a discretionary override to change the recommended screening decision based on local protocol or unique circumstances. The worker should indicate the applicable override from the list or describe an override not on the list using the “other” option. *The discretionary override options may be limited to only some counties. For that reason, use of any discretionary override requires supervisory approval.* If county prioritization guidelines suggest that a report recommended for screening out should be screened in and assigned for investigation, a discretionary override may be used. The reason or protocol should be specified and must be approved by a supervisor.

Part D. Final Intake Screening Decision. Indicate the final intake screening decision, taking into account whether a discretionary override was exercised.

SECTION 2. RESPONSE PRIORITY FOR SCREENED-IN REPORTS

Part A. Response Priority Decision. When gathering intake information, the APS intake worker should document sufficient information to answer the response priority questions. **If unable to determine the response to a question, respond in the most protective way.**

Complete the applicable response priority questions for each allegation/maltreatment type by selecting “yes” or “no” as appropriate. Use the item definitions to increase consistency and reliability of assessment completion.

Part B. Response Priority Assignment. The response priority will be determined by worker selections in the tool.

Consider whether any of the listed county prioritization override conditions apply. County prioritization overrides reflect situations that the agency has determined will warrant a Level 2 response priority assignment even when the decision tree(s) has led to a Level recommended response. County prioritization overrides are as follows:

The VA is in a safe environment and is expected to remain there (Level 2): The VA is determined not to be in immediate danger of serious harm requiring Level 1 response and will receive Level 2 response. Determination is a county prioritization override based on gathering and documenting sufficient information on current danger factors for each allegation and whether adult protective services/investigation should be initiated as Level 1 immediately within 24 hours, or Level 2 within 72 hours. Holiday and weekend response delays must be considered in override use. If unable to determine, respond in the most protective way; Level 1.

Up or down one level: Situations the county agency has determined warrant use of a county prioritization override from the Level of response priority originally assigned by the tool.

No priority override: The response priority decision determined by the tool is used without county agency prioritization override.

The county prioritization override reason must be documented and requires supervisory approval.

Part C. Final Assigned Response Priority. Indicate the final response priority level after consideration of any overrides.

SECTION III. SDM® INITIAL SAFETY ASSESSMENT

INITIAL SAFETY ASSESSMENT DEFINITIONS

Current danger: The circumstances of a vulnerable adult, as observed in an APS investigation, suggest that injury or death could occur within the short term (generally within a week's time).

Factors influencing vulnerability to maltreatment:

- The vulnerable adult has a limited formal/informal support network. The vulnerable adult may have no friends or immediate family members. Also mark this item if the vulnerable adult is geographically isolated from a community or family/friends whom he/she can rely on for assistance, or if his/her family members and/or friends are unwilling to provide social support.
- Diminished cognitive functioning (e.g., dementia, intellectual challenge, delirium, brain injury). The vulnerable adult demonstrates or displays symptoms or behaviors that might suggest problems or concerns with cognitive functioning. This may be indicated by vulnerable adult behavior or by additional assessment or screening, such as the Mini-Cog or Short Portable Mental Status Questionnaire (SPMSQ; see Appendix B).
- Significant, untreated, suspected or diagnosed medical or mental health disorder or alcohol or drug dependency. The vulnerable adult exhibits symptoms and/or behaviors that suggest the presence of a medical or mental health issue or concern, or substance dependency. Examples may include but are not limited to sensory hallucinations or delusions; extreme apathy, hopelessness, or loss of interest in normal daily activities; self-injurious behavior; aggressive behavior toward others; or past, present, or suspected substance use/substance use disorder (includes alcohol, prescription and/or over-the-counter drug or other drug misuse) that interferes or interfered with daily functioning.
- Diminished physical functioning (e.g., non-ambulatory, limited use of limbs, sensory disability). The vulnerable adult has difficulty with use of limbs and requires a walker, wheelchair, or hands-on assistance in order to be ambulatory, and/or vulnerable adult requires assistance with daily functioning (ADLs and IADLs). Vulnerable adult may also experience diminished ability to see and/or hear.

SECTION 1: CURRENT DANGER FACTORS

Vulnerable Adult

1. The vulnerable adult experienced serious bodily injury or a plausible threat of serious bodily injury in the current investigation, as indicated by the following:

- Injury or abuse to the vulnerable adult other than accidental. The VA sustained a non-accidental physical injury by another person. Injury includes but is not limited to bone fractures, bruises, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts.
- Threat to cause harm or retaliate against the vulnerable adult. A threat of action exists that would result in serious harm, or there is a threat to retaliate against the VA.
- Use of unauthorized restraint. Unauthorized restraints were used on the VA, medications not prescribed for the VA were provided to the VA, or the VA was administered prescribed or over-the-counter medications inappropriately.
- A support person(s) who voices concern that he/she will maltreat the vulnerable adult. A support person(s) expresses frustration about his/her ability to handle the VA without

losing his/her temper and maltreating the VA, and/or he/she expresses the need for immediate relief from taking care of the VA.

2. There is a history of maltreatment or self-neglect that suggests that the vulnerable adult's safety is of current concern.

- The vulnerable adult has a history of self-neglect that suggests safety is of current concern.
 - » Prior injury and/or medical conditions resulting from self-neglect.
 - » Prior APS investigations for self-neglect. Factors to be considered include seriousness, chronicity, and/or patterns of self-neglect allegations.
- The vulnerable adult's safety is of current concern because the support person(s) has a history of maltreatment as a perpetrator.
 - » Prior death of a person as a result of maltreatment by the AP.
 - » Prior injury to this VA due to abuse or neglect by the AP, and/or medical conditions resulting from neglect.
 - » Prior separation of a VA from the care of the AP by APS or another responsible agency or concerned party was necessary for the safety of the VA.
 - » Prior APS investigations. Factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect/exploitation allegations.
 - » Prior threat of serious harm to the VA exists, e.g., previous maltreatment that could have caused severe injury, retaliation, or threatened retaliation against the VA for previous incidents; or prior domestic violence resulted in serious harm or threatened harm.

3. Sexual abuse is suspected, and circumstances suggest that the vulnerable adult's safety is of current concern.

Suspicion of sexual abuse may be based on indicators such as the following:

- The VA discloses sexual abuse either verbally or behaviorally (e.g., unexplained withdrawal from normal activities, sudden change in affect, unusual depression, sexualized behavior, fearfulness, or indirect disclosures).
- Medical findings consistent with sexual contact or sexually transmitted disease, or physical evidence or injury indicating possible sexual abuse.
- The AP or others in the household have been convicted, investigated, or accused of sexual abuse (including rape or sodomy), and are suspected to have had unwanted sexual contact with the VA.
- Sexual utilization of the VA for gratification of others. This includes use of the VA for the purposes of prostitution and other forms of sexual gratification, such as posting explicit photos of the VA on the Internet or allowing the VA to be viewed by others for sexual gratification. Consent by the VA to the act is not a defense.
- The AP has unsupervised access to the VA and the VA does not have the ability to consent to sexual activities or resist unwanted sexual activity.
- The AP is in a position of authority or power over the VA.

4. The vulnerable adult's explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of concern.

- Medical evaluation indicates that the injury is not consistent with the explanation. The VA denies the injury or attributes it to accidental causes.
- The VA's explanation for the injury is inconsistent with the type of injury (e.g., the VA has a mark on the face consistent with the shape of a hand, but the vulnerable adult claims that he/she fell).
- The VA's description of the injury or cause of the injury minimizes the extent of harm to the VA.
- Factors to consider include the VA's ability to protect him/herself, location of injury, special needs of the VA, or chronicity of injuries.

5. The vulnerable adult chooses to deny access.

- The VA cannot/will not provide his/her location.
- The VA removed him/herself from a hospital or other institution against medical advice.
- The VA is isolated from friends, neighbors, other family members, or other people.
- The VA is in current danger of being abducted, imprisoned, or isolated.
- The VA has been coached or coerced in an effort to hinder the investigation.

6. The vulnerable adult does not or cannot meet his/her current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.

- Minimal nutritional needs of the VA are not met, resulting in danger to the VA's health and/or safety, or the VA appears malnourished.
- The VA is without clothing and/or shelter that is appropriate for weather conditions.
- The VA is either unable or unwilling to seek treatment for his/her immediate, chronic, and/or dangerous medical condition(s) or to follow prescribed treatment for such conditions.
- The VA is suicidal and no protective action has been taken.
- The VA does not attend to his/her own needs to the extent that the need for care goes unnoticed or unmet. Examples include situations where the VA wanders outdoors alone; engages in dangerous activities, such as lighting the stove or smoking while using oxygen; or is exposed to other serious hazards.
- The VA is alone for inappropriate periods of time based on the VA's ability to provide minimal care for him/herself.

Note: In cases of financial exploitation, consider whether the VA's assets have been depleted to the extent that the VA is unable to maintain housing/necessary utilities or purchase food/services to the extent that the VA is currently in danger of serious harm or death.

7. The physical living conditions are hazardous and currently threatening to the health and/or safety of the vulnerable adult.

A hazardous living situation or physical environment jeopardizes the minimum health and safety of a VA. Examples include but are not limited to the following.

- Lack of water or utilities. For example:
 - » Nonexistent or inoperable heating source that leaves the VA at risk for hypothermia, and no other safe provisions have been made;

- » No electric fans or other cooling system that minimally meets the VA's health and safety needs;
- » Nonexistent or inoperable plumbing system that makes it impossible to dispose of human waste; or
- » Lack of electricity that makes it impossible to operate oxygen equipment or other assistive devices, or to operate heating/cooling systems.
- Damage to the home that poses a current threat to safety or health, and the VA is unable to address this or remove self from the home. For example:
 - » Broken or missing windows or doors or other structural damage that leaves the VA exposed to the elements and/or unprotected from intruders or from the AP;
 - » Blocked doorways that prevent access or egress to, from, or within the home;
 - » Collapsed roof or flooring;
 - » Exposed electrical wires that pose a risk of fire or electrocution.
- Environmental conditions that threaten health and/or safety, and the VA is unable to remove himself/herself from the environment. For example:
 - » The presence of dangerous objects or substances (e.g., methamphetamine [meth] labs);
 - » Downed power lines on or near the VA's property;
 - » Debris that blocks access or egress to or from the home or movement within the home;
 - » Flooding or extreme weather conditions;
 - » Gas/oil leak(s) or toxic fumes;
 - » Excessive garbage, spoiled food, animal waste, or the infestation of vermin/insects in the home that has already affected or could affect the health of the VA, and he/she is unable to address this or remove him/herself from the environment.
- Animals in the home that are known or suspected to affect the VA's health or safety, such as diseased animals or animals known to have violent tendencies and/or a history of injuring the VA, and the VA is unable to address this or remove him/herself from the environment.

8. The vulnerable adult's current substance use seriously impairs the vulnerable adult's ability to care for or protect him/herself.

The VA is using alcohol and/or other drugs to the extent that control of his/her actions is significantly impaired and threatens his/her current safety. Serious impairment may be indicated by situations such as the following:

- Substance use interferes with necessary medical treatment/services or exacerbates a medical condition to the extent that health and safety are currently threatened;
- Experiences blackouts;
- Has difficulty performing ADLs;
- Experiences falls or other accidents in the home while under the influence;
- Drives while intoxicated.

9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the vulnerable adult.

There is evidence of violence in the home AND this creates a safety concern for the VA. Examples may include the following.

- The VA was previously injured in a violent incident involving the AP or other person who has access to the VA.
- The VA is being denied access to emergency services (e.g., is not being allowed to access a telephone or to leave the home).
- The VA exhibits severe emotional distress (e.g., fear, agitation, confusion, severe depression, insomnia) related to situations associated with violence in the home.
- The VA's behavior increases risk of injury (e.g., attempting to intervene during violent dispute or participating in the violent dispute in spite of physical frailty).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from violence.
- Previous police reports involving violence at the residence.

10. The vulnerable adult demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others.

Indicators of significant mental/emotional distress or disorientation may include the following:

- Extreme fear, agitation, or delusions;
- Confusion, indicated by acts such as wandering the neighborhood, getting lost in a store, or dangerous use of the oven, stove, or other household appliances;
- Known or suspected mental health disorder or condition that is untreated.

Actions that may indicate a danger to self or others include the following:

- Acts of aggression, which can include physical assault of others in the home, throwing and breaking objects, and verbal threats that the VA could possibly carry out;
- Assuming the VA has the ability to interact, severe withdrawal as indicated by prolonged lack of interest in communicating with others; lack of participation in normal activities involving others; lack of interest in meals, etc.;
- Suicidal acts and/or ideation, which can include ceasing to take life-sustaining medications, medication overdose, refusal to eat, physical injury to self, etc.

11. Other current danger factor related to the vulnerable adult.

This includes any condition that poses a current threat of serious harm not covered in items 1–10.

Support Person(s)

1. The support person(s) fails or is unable to protect the vulnerable adult from serious harm or threatened serious harm due to abuse by others.

- The support person(s) fails to protect the VA from serious or threatened physical abuse, sexual abuse, or emotional abuse by other family members, other household members, or others having regular access to the VA; or the support person(s) does not provide supervision necessary to protect the VA from potentially serious harm by others considering the VA's lack of protective ability.
- An individual with known violent criminal behavior/history resides in the home, or the support person(s) allows access to the VA.
- A support person(s) repeatedly exposes the VA to potentially dangerous or harmful people who frequent the home, such as drug dealers; or a support person(s) is aware that the VA is being harmed by another adult in the home.

2. The support person(s)'s explanation for an observed injury to the vulnerable adult is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of current concern.

- Medical evaluation indicates that the injury is not consistent with the explanation. The support person(s) or another adult denies the injury or attributes it to accidental causes.
- The support person(s)'s explanation for the injury is inconsistent with the type of injury (e.g., the VA has a mark on the face consistent with the shape of a hand, but support person(s) claims the VA fell).
- The support person(s)'s description of the injury or cause of the injury minimizes the extent of harm to the VA.
- Factors to consider include the VA's ability to protect him/herself, location of injury, special needs of the VA, or chronicity of injuries.

3. Access to the vulnerable adult is being denied by the support person(s).

- Support person(s) refuses access to the VA or cannot/will not provide the VA's location.
- Support person(s) keeps the VA isolated from friends, neighbors, other family members, or other people.
- The VA is in current danger of being abducted, imprisoned, or isolated.
- Support person(s) coaches or coerces the VA or allows others to coach or coerce the VA in an effort to hinder the investigation.

4. The support person(s) does not or cannot meet the vulnerable adult's current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.

- Minimal nutritional needs of the VA are not met, resulting in danger to the VA's health and/or safety, or the VA appears malnourished.
- The VA is without clothing and/or shelter that are appropriate for the weather conditions.
- The support person(s) is either unable or unwilling to seek treatment for the VA's immediate, chronic, and/or dangerous medical condition(s) or to follow prescribed treatment for such conditions.
- Support person(s) has removed the VA from a hospital or other institution against medical advice.
- The VA is suicidal and no protective action has been taken.
- Support person(s) cannot attend to the VA's care because he/she cannot meet his/her own needs.

- The VA is alone for inappropriate periods of time based on the VA's inability to provide minimal care for him/herself.
- Support person(s) does not provide adequate supervision. For example, support person(s) does not prevent the VA from wandering outdoors alone; engaging in dangerous activities, such as lighting the stove or smoking while using oxygen; or being exposed to other serious hazards.
- Support person(s) makes inadequate and/or inappropriate care arrangements or demonstrates poor planning for the VA's care when the support person(s) will be away.

5. The support person(s)'s current substance use seriously impairs his/her ability to provide care.

The support person(s) is using alcohol and/or other drugs to the extent that control of his/her actions is significantly impaired and his/her current safety or the safety of the VA is threatened. Serious impairment may be indicated by situations such as the following:

- Experiences blackouts;
- Has difficulty performing ADLs for self and/or VA;
- Experiences falls or other accidents in the home while under the influence;
- Transports the VA while intoxicated.

6. Other current danger factor related to the support person(s).

This includes any condition that poses a current threat of serious harm not covered in items 1–5.

SECTION 2: RECOMMENDED IMMEDIATE SAFETY INTERVENTIONS

Safety interventions are actions recommended specifically to mitigate any identified current danger factors. They should address current considerations for safety rather than long-term changes. Safety interventions should be implemented in accordance with state and local policies and procedures. Mark all interventions recommended by the worker to mitigate identified current danger factors, then indicate whether the VA accepts the intervention(s).

- 1. Direct provision of services by the worker** (do not include the investigation itself). This refers to actions taken or planned by the investigating worker or other APS staff that specifically address one or more current danger factors. Examples include emergency services, housecleaning, transporting the VA to access emergency services, helping the VA pack if temporary alternative shelter is required, etc., that address current safety during the investigation. **THIS DOES NOT INCLUDE** the investigation itself or services provided to respond to needs that do not directly affect safety.
- 2. Use of the vulnerable adult's family members, neighbors, and/or friends as safety resources.** This refers to applying the family's own strengths as resources, as well as using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include family's agreement to use nonviolent means of resolving disputes, engaging a family member to assist with caregiving, neighbor agreement to serve as a safety net for the VA, or a decision to have someone else take care of the VA for a night or have the VA spend a few days with a friend or relative.
- 3. Use of community agencies or services as safety resources.** This includes involving a community-based organization, a faith-related organization, or another agency in activities to address safety concerns (e.g., crisis foster care; immediate onsite psychological or medical evaluation; immediate emergency home health care services; onsite emergency home health services; access to emergency food, shelter, and

medication; energy assistance; major clean-up and repair services; 911; public health authority; housing inspectors; animal control). Include also tribes who will provide services to members living outside reservations. THIS DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. **Agreement by support person(s) to protect the vulnerable adult from the alleged perpetrator.** A non-offending support person has acknowledged the safety concerns and is able and willing to protect the VA from the AP. Examples include agreement that the VA will not be left alone with the AP or agreement that the support person will prevent the AP from physically interacting with the VA.
5. **The alleged perpetrator will leave the home, either voluntarily or in response to legal action.** This involves temporary or permanent removal of the AP. Examples include restraining orders, arrest of AP, non-perpetrating support person(s) “kicking out” AP who has no legal right to the residence, or AP agreeing to leave.
6. **The vulnerable adult voluntarily leaves the home.** The VA agrees to stay with a friend or relative or enter another residential setting, such as a friend’s home or a respite care facility.
7. **Other safety intervention.** The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1–6. Include emergency guardianships, commitments, conservatorships, and protective orders.

SECTION 3: SAFETY DECISION

The safety decision is determined based on whether current danger factors were identified and whether the VA accepts recommended interventions and agrees to participate in a safety plan to mitigate identified danger. There are three possible safety decisions:

- **Safe—No current danger factors were identified at this time:** Based on currently available information, the VA is not likely to be in danger of serious harm. *Safety plan not required.*
- **Conditionally safe—Vulnerable adult accepts sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended and the VA accepts necessary services to mitigate danger. *Documentation of safety planning is required.*
- **Unsafe—Vulnerable adult chooses not to accept sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended, but the VA does not accept necessary services to mitigate danger or cannot indicate a preference to accept services or not. This VA will likely be in danger of serious harm. Note: Consider an emergency intervention such as calling law enforcement/911, emergency behavioral health services, etc. *Documentation of safety planning is required.*

INITIAL SAFETY ASSESSMENT GUIDELINES AND PROCEDURES

The purpose of the SDM safety assessment is 1) to help assess whether the VA is likely to be in danger of serious harm, 2) to determine what interventions should be initiated or maintained to provide appropriate protection, 3) identification of the VA's values and what is important to the VA regarding their general safety and current danger factors identified in the assessed domains, and 4) development of a safety plan with the VA and/PSP that addresses what is important to the VA and for the VA's safety.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the VA's current danger and the interventions immediately needed to protect the VA. In contrast, risk assessment looks at the likelihood of future maltreatment.

Which Cases: All VA's, who are the subject of a MAARC report, opened in an assessment workgroup for EPS, LIA, or APS (when another agency is LIA). Exclude cases 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 VA is deceased or VA is unable to be located following diligent efforts.

Who: The assigned APS investigator or worker.

When: The initial safety assessment *process* is completed before leaving the VA's living environment. Circumstances may warrant postponing the completion of the initial safety assessment *tool*. The tool should be completed within two working days of the first face-to-face contact by the APS investigator in SSIS. If the safety finding was conditionally safe, the safety plan should be documented in the case record (e.g., in SSIS).

For a VA who has already moved to an alternate environment and for whom no initial safety assessment has been completed, the APS investigator will complete an initial safety assessment as soon as is practical given factors such as access to the VA and his/her living environment.

For a VA who is hospitalized or in an alternative setting at the time of the initial face-to-face contact, the initial safety assessment should be completed during the initial face-to-face contact (and documented in SSIS within two working days) based on the VA's current circumstances, which includes consideration of the conditions that resulted in hospitalization, access by the AP while in the hospital, etc.

Decisions: The safety assessment provides structured information concerning the current threat of injury or death to a VA. This information guides the decision about whether the VA is **safe** in his/her current environment, **conditionally safe** with a safety plan in place, or **unsafe** because the VA does not accept recommended interventions.

Safety assessment, in combination with Strengths and Needs assessment and with consideration to what is important to the vulnerable adult about their safety and what APS identifies is important for the vulnerable adult's safety, informs the Safety Plan.

Appropriate Completion:

Consistent use of the initial safety assessment ensures that the critical factors impacting the current safety of a VA are assessed during the initial contact. It is important to become familiar

with the items on the initial safety assessment and the accompanying definitions. Once familiar with the assessment items, conduct initial contact(s) with the VA and relevant others using good social work practices (e.g., engagement skills, interviewing techniques, strength-based approaches, etc.) to collect information about the VA's situation and the circumstances related to the alleged maltreatment. Make reasonable efforts to elicit information pertinent to the assessment of all current danger factors and the VA's values and goals about what is important to the VA regarding their safety and safety planning interventions.

Indicate whether any factors influencing the VA's vulnerability are present. Consider these vulnerabilities when reviewing imminent danger factors. Vulnerability issues provide a context for safety assessment. The presence of vulnerabilities does not automatically mean that the VA is unsafe.

The initial safety assessment consists of four sections.

SECTION 1. VULNERABILITY FACTORS

This section covers factors influencing vulnerability. At this point in the process, the VA has already been determined to be eligible for APS services. The vulnerabilities are those additional factors that may affect the VA's ability to protect him/herself. The vulnerabilities are also important when considering appropriate interventions. For example, if limited informal/formal support network is marked, use of family members or friends would not be an appropriate intervention. Use this section to frame both the effect of the danger as well as for determining appropriate interventions.

SECTION 2. DANGER FACTORS – VULNERABLE ADULT

This is a list of critical factors that must be assessed in every investigation. These factors describe conditions that, if present, place the vulnerable adult in danger of injury or death.

Based on reasonable efforts to obtain information necessary to assess each item, review each of the 10 vulnerable adult current danger factors and the five support person danger factors. Select any that are present.

If there are circumstances that pose current danger to the VA and these circumstances are not described by one of the existing items, mark either item 11, "Other current danger factor related to the vulnerable adult (describe)". A brief description must be provided.

Use the item definitions to increase consistency and reliability of assessment completion.

SECTION 3. DANGER FACTORS – SUPPORT PERSON

If a caregiver is involved, complete this section on items specific to mistreatment of the VA by the caregiver.

SECTION 4. SAFETY INTERVENTIONS

This section contains a list of possible interventions that may be recommended to the VA to address current danger factors. Mark all interventions recommended by the APS investigator/worker.

For each recommended intervention, indicate whether the VA accepts the intervention. Acceptance of the intervention implies a willingness to participate in developing and implementing a safety plan to address current danger factors.

If the VA does not accept or is unable to give consent (because the VA is unconscious, under the legal guardianship of a caregiver, or for any other reason), mark the box for "The vulnerable adult does not accept or is unable to indicate a preference to accept any of the safety intervention recommendations checked below".

After the worker has recorded the interventions recommended and accepted, he/she should indicate if the interventions accepted (or those which may be implemented if the VA is unable to

consent and no one able to give consent is present) are sufficient to ensure the VA's safety or insufficient.

The worker should begin the process of recommending interventions with those that are least restrictive of the VA while remaining effective in containing the current threats to the VA's safety. It is also important be mindful of the VA's right to self-determination when recording acceptance and making the sufficiency determination.

SAFETY DECISION

The safety decision is determined based on whether current danger factors were identified and whether the VA accepts recommended interventions and agrees to participate in a safety plan to mitigate current danger.

- **Safe—No current danger factors were identified at this time:** Based on currently available information, the VA is not likely to be in danger of serious harm. *Safety plan not required.*
- **Conditionally safe—Vulnerable adult accepts sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended and the VA accepts necessary services to mitigate danger. *Documentation of safety planning is required.*
- **Unsafe—Vulnerable adult chooses not to accept sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended, but the VA does not accept necessary services to mitigate danger or cannot indicate a preference to accept services or not. This VA will likely be in danger of serious harm. Note: Consider an emergency intervention such as calling law enforcement/911, emergency behavioral health services, etc. *Documentation of safety planning is required.*

SAFETY PLAN

Appropriate Completion:

This form is available only through eDocs 6762-ENG B. This form is printable.

Safety planning is required for all cases in which a danger factor has been identified, i.e., when the safety assessment results in a decision of "conditionally safe" or "unsafe." Safety planning for the VA should be based on the results of the safety assessment, including identification of specific current danger factors and available interventions. In some situations, safety planning may proceed quite rapidly to address an emergency situation. In such cases, the process described below may be abbreviated, or steps may be skipped. If time allows, a more collaborative discussion may help to build trust between the VA and worker.

Safety planning begins with a discussion with the VA of assessed danger factors, what is important to the VA and person's values in regard to their safety and protection from maltreatment. While the VA may not agree with the worker's assessment of a danger factor, the conditions causing concern should be clear to the VA.

The VA and worker should then discuss interventions that are available immediately to manage the safety concerns important to the VA and identified by the worker. This discussion should focus on short-term solutions that can begin immediately. Although the goal is to address all of the identified current danger factors as much as possible, this should be done through exploration of the least restrictive interventions first, moving to more serious interventions when less intrusive ones are determined to be insufficient.

The VA may accept or refuse interventions as he/she chooses. The worker uses professional judgment to determine if all safety concerns are adequately addressed. If they are not, the VA

retains the right to refuse unwanted interventions, but should do so with full knowledge that it is the worker's assessment that he/she is unsafe.

When possible, the worker should document the safety plan so that it is clear what each person (worker, VA, support person) will do and when tasks should be accomplished. This ensures that all parties have a clear and common understanding of the agreement. If the safety plan cannot be documented during the visit, the worker should describe the safety planning process and outcome in case notes, making sure to describe who agreed to do what and when, as well as any plans for follow-up and further assessment.

A safety plan template is included in Appendix A of this manual. While this document is not required, workers may find it useful in organizing their safety planning discussions with VAs.

Practice Considerations

- The first face-to-face contact may be limited to assessing safety if there are significant safety issues. The manner of engaging the vulnerable adult will depend upon social work clinical skills. Whenever possible, use a person-centered, strength-based approach to initiate the contact, while remaining alert to the presence of current danger factors.
- While most current danger factors are apparent and can be discerned without invasive questioning, there are times when these factors can only be discerned through a candid, albeit respectful, discussion with the vulnerable adult. Ensure the VA has the information needed to make informed choice about safety planning interventions. Identify how interventions support the VA's own goals and what is important to the VA. When what is important to the VA and what is important for the VA's protection from maltreatment conflict, identify the conflict and discuss how the current danger impacts the VA's goals, wants or desires.
- If the first face-to-face contact does not reveal any significant safety issues, the worker can begin to gather information regarding strengths and needs items, as well as additional assessment information.

The worker should be mindful of VAs' autonomy. It is important to differentiate between a VA's right to make choices that may compromise safety and a VA's capacity to understand safety threats and make decisions on his/her own behalf. The VA's capacity to make decisions should be documented, as well as the decisions made by VAs with the capacity to consent.

SECTION IV. SDM® STENGTHS AND NEEDS ASSESSMENT/REASSESSMENT

STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT DEFINITIONS

Activities of daily living (ADLs): Activities associated with personal care, including personal hygiene, bathing, eating, dressing, toilet use, walking, transferring from one surface to another, moving between locations, and bed mobility.

Instrumental activities of daily living (IADLs): Activities associated with home management, including grocery shopping, meal preparation, telephone use, managing finances, and routine housework such as washing dishes, making beds, dusting, and laundry.

Medication diversion: Taking medication from its intended legal recipient and using it for illicit purposes, e.g., personal use or sale.

Medication misuse: Using medications in ways other than those prescribed or recommended by a health professional. This includes overuse, underuse, or erratic use, e.g., using at irregular intervals, using medicine prescribed for someone else, using drugs in combinations that cause problems, or drinking alcohol in combination with drugs for which alcohol is contraindicated. This term includes prescription drugs, over-the-counter drugs, and herbal and dietary supplements.

Substance abuse/dependency: The maladaptive pattern of alcohol and/or other drug use that leads to impairment, distress, or negative consequences. The term includes substance abuse and addiction.

Vulnerable Adult: The adult for whom an investigation or services case has been opened for APS.

SECTION 1. VULNERABLE ADULT

For any domain not assessed, mark the box to indicate “not assessed” on the form.

VA1. Physical Health

- 1 No physical health concerns.
- Willing to seek and participate in preventive and/or regular health care, i.e. has a regular primary care physician and sees a medical provider on a regular or as-needed basis.
 - Complies with prescribed medication requirements.
 - May have a physical condition (e.g., expressive speech or language problems, poor muscular functioning, high blood pressure, diabetes) or sensory disability (deaf or hard of hearing, blind or visually impaired), but there are no concerns related to physical health.
 - May engage in unhealthy behaviors (e.g., smoking, unhealthy diet or exercise habits), but these behaviors have not affected the client’s health to the extent that functioning is limited.
- 1 Some physical health concerns.
- Moderate health/disability problems that require medical attention AND has no primary care physician; OR has a physician and does not see a medical professional as needed; OR does not routinely comply with medical

recommendations. Client may engage in unhealthy behaviors (e.g., smoking, unhealthy diet or exercise habits), and these behaviors exacerbate existing health concerns or diagnoses (e.g., asthma, diabetes).

Include in this category willing to comply with medical recommendations but are unable to do so due to functional limitations and/or interference by another person.

-2 Significant physical health concerns.

Severe health/disability problems and not receiving necessary medical care and/or medication. The situation may have become critical and/or serious harm imminent.

VA2. Health Care Coverage

1 Coverage to meets health care needs.

- Has health insurance coverage adequate to meet current health needs; or
- Is self-insured (has own means to cover health care expenses).

-1 Coverage inadequate to meet health care needs.

- Level of coverage does not meet health needs.
- Needs assistance to access appropriate level of healthcare/benefits. Examples: Medical Assistance.

-2 No health care coverage.

- Does not have or is not eligible for health insurance; and
- Lacks means to cover health care expenses.

VA3. Cognitive Functioning/Orientation

1 No cognitive function concern.

- Mild cognitive impairment, is oriented, able to compensate and demonstrates ability to reason and problem-solve.

-1 Some cognitive function concern

• Moderate cognitive disability, memory or judgment impairment, ability to reason and problem solve is impaired to the extent some ADLs/IADLs affected.

-2 Significant cognitive function concern

- Significant cognitive disability, confusion, memory or judgment impairment affecting reasoning and problem solving. Unable to compensate to the extent most ADLs/IADLs are affected.

VA4. Mental Health/Coping Skills

1 Ability to cope with mental health symptoms.

- History of mental health symptoms by is compliant with medication and/or counseling.
- Ability to problem-solve and make informed decisions is not impaired by mental health or coping concerns.

- 1 Moderate symptoms impact performance of some ADLs/IADLs.
 - Moderate mental health symptoms and is not compliant with medication and/or counseling.
 - Mental health affect one or two ADLs/IADLs.
- 2 Severe symptoms impact performance of most ADLs/IADLs.
 - Demonstrates symptoms of a severe mental/emotional condition and has no relationship with a mental health provider.
 - Is non-compliant with prescribed medication and/or counseling, or treatment is not effective in managing symptoms.
 - Demonstrates an inability to preform most ADLs/IADLs due to mental/emotional symptoms.

VA5. Housing/Physical Environment

- 1 Adequate housing that meets basic needs for health and safety.
 - Housing conditions such as heat, electrical service, and plumbing are adequate for safe and healthy living.
 - Furnishings and housekeeping are adequate for safe and healthy living.
- 1 Minor concerns related to housing health and safety.
 - Housing conditions are present that require repair or replacement but are not of immediate health or safety concern. Examples include the need for minor structural repairs, cleaning, or repair or replacement of an appliance.
 - Some hoarding behavior is noted (for example, animal hoarding, newspapers, food), but not to the level of impeding ability to move about or enter/exit the home or creating fire hazard.
- 2 Significant concerns related to housing health and safety.
 - Housing conditions result in threats to health and safety, such as, severe structural damage, exacerbated asthma due to smoke exposure, bites from pest infestation, inoperable heat, no method to dispose of human waste, etc.
 - Severe hoarding behavior, impedes to move about or enter/exit the home or creating fire hazard.
 - Housing has been condemned and/or eviction is likely or imminent.

VA6. Physical Mobility

- 1 Able to move about home and community.
 - No physical mobility problems.

- Some mobility problems due to physical/sensory disability, but is able to move about the home and community independently with or without assistive devices and adaptive equipment, or transportation services.

-1 Minimal assistance to move about home and community.

- Mobility problems due to physical/sensory disability and lacks information needed to access assistive/adaptive devices or services to allow for independent mobility (e.g., walker or wheelchair, specialized services for vision or hearing impairment, adaptive equipment, or transportation services).
- Client is in need of referrals, information or training to access transportation, etc.

-2 Extensive assistance to move about home and community.

- Client is bedridden.
- Client is completely dependent on others for movement throughout the home or community and is not receiving necessary transportation.
- Client requires assistive/adaptive devices, services, or training to allow the client to move about the home or community, but is not able to access these services.

VA7. Relationships

1 Generally supportive relationships.

- Minor discord, which is nonviolent and non-threatening.
- Internal/external stressors are present and the client is coping.

-1 Disruptive relationships.

- Nonviolent or rare violent outbursts, but no physical injuries or law enforcement involvement.
- Consistently experiencing increasingly disruptive negative interactions and/or emotional abuse, coupled with a lack of cooperation.
- Threatening or intimidating behavior is occasionally exhibited and this behavior has some negative impact on the client's emotional well-being and sense of physical safety.

-2 Extremely problematic relationships.

- Physical or sexual violence, or violence that has resulted in physical injury or law enforcement involvement.
- Emotional distress/abuse that impacts health and/or safety.

VA8. Social/Community Support System

1 Adequate support system.

- As needs arise, extended family; friends; or cultural, religious, and community resources provide support and/or services such as transportation to medical appointments, emotional support, help with minor household repairs, etc.
 - Willing to ask for, or accept support when needed.
- 1. Limited support system.
- Limited support system.
 - Limited knowledge of available resources.
 - Support system is unreliable/erratic in quantity and/or frequency. Willing to ask for, or accept, support when needed.
- 2 No support system.
- No support system, or support is not available in the geographical area.
 - No knowledge of community resources.
 - Does not accept or is not willing to use extended family, friends or community resources.
 - Exhausted available support systems.

VA9. Substance Use/Substance Abuse/Dependency

(Includes alcohol, prescription and/or over-the-counter drug, or other drug misuse/abuse.)

- 1 No substance use, or substance use has no noticeable adverse effects on health, safety, or ADLs/IADLs.
- No indication of current substance use; uses alcohol or drugs occasionally, but use is not problematic; takes medications as prescribed.
 - History of treated substance abuse/dependency; in recovery.
- 1 Substance use/abuse/dependency impedes some ADLs/IADLs and may affect health and/or safety.
- Periodic abuse of alcohol, drugs, or medications to the extent that some ADLs/IADLs are affected.
 - Continues to use despite negative consequences in some areas, such as family, social, health, legal, or financial; some ADLs/IADLs are negatively affected. Examples include smoking in the presence of oxygen or difficulty functioning while under the influence.
 - Needs help to address issues related to substance use.
- 2 Substance use/abuse/dependency impedes most ADLs/IADLs and affects health and/or safety.
- Active substance abuse/dependency.
 - Abuse of alcohol or other drugs results in behaviors that impede ability to meet basic needs; most or all ADLs/IADLs are negatively affected.

- Major health and/or safety concerns due to substance use disorder, such as frequent blackouts, smoking while using oxygen, or driving while under the influence.
- Needs extensive help to address issues related to substance abuse/dependency.
- Lack of insight into substance abuse/dependency due to extreme denial or cognitive impairment.
- Frequent use of detoxification centers or intensive care units (ICUs).

VA10. Financial Resources

- 1 Financial resources are sufficient to meet basic needs.
- Client has access to finances sufficient to provide for basic needs related to shelter, food, and clothing.
- 1 Financial resources are insufficient.
- Available resources barely provide for basic needs or services.
 - Financially dependent on others to meet basic needs.
- 2 No financial resources, or resources are severely limited.
- Financial resources are severely limited or nonexistent. Basic needs or services are unmet or unsustainable.
 - Completely dependent on others for financial support and their support is inadequate.

VA11. Resource Management

- 1 Financial resources are adequately managed.
- Has ability, or relies on others, to manage finances. No problems or discord.
- 1 Financial resources are not well managed.
- Occasional problems meeting basic needs because of inadequate management of resources by the client or another person. Client or another person does not understand income, assets or expenses.
- 2 Financial resources are severely mismanaged.
- The client is unable or unwilling to provide for his/her own necessities to the extent that basic needs are inadequately met. Income or assets are missing, dissipated, lost or mismanaged.

VA12. Functional Communication and Literacy

According to the American Speech-Language-Hearing Association, functional communication refers to “the ability to receive or convey a message, regardless of the mode, to communicate effectively and independently in a given environment.” When assessing this domain, consider the client’s ability to convey and receive messages, not ability to organize information. Client

conditions that limit ability to communicate due to loss of memory or orientation (e.g., dementia, mental or physical health concerns resulting in disorientation) should be assessed in those domains (e.g., cognitive function, physical health, mental health).

1 Able to communicate.

- Has the ability and knowledge (e.g., vocabulary, literacy skills) to communicate.
- Known communication or literacy barriers but is able to function independently. For example, a deaf or hearing impaired client may use teletype or an interpreter to communicate with a worker who does not know sign language; a client who is unable to speak clearly after a stroke may be able to offer written responses to spoken questions.

-1 Able to communicate with minimal assistance.

- Known communication or literacy barriers (for example, language differences, able to communicate verbally but cannot write, etc.) and does not have the information needed to access supportive or adaptive services (e.g., an interpreter).

-2 Significant communication or literacy barriers.

- Significant known communication or literacy barriers (for example, language differences, able to communicate verbally but cannot write, etc.) and does not have the ability or means to access supportive services/adaptive devices (e.g., an interpreter).

VA13. Other Identified VA Strength/Need

- Not applicable—no strength/need other than what is identified
- 1 Client has a strength not addressed above
- 1 Client has a minor need not addressed above
- 2 Client has a significant need not addressed above

SECTION 2. PRIMARY SUPPORT PERSON

Consider the **primary support person** (PSP) to be the individual who is providing or managing the majority of ongoing care for the vulnerable adult. Assess the strengths and needs of only one person in this section. If there is more than one support person, the primary support person may self-identify or be identified by the client. The primary support person should be the person who completes the fundamental tasks of caregiving (e.g., assistance with ADLs/IADLs).

PSP1. Quality of Care

1 Able and willing to meet client's needs and can obtain resources.

- PSP is able and willing to meet client's basic needs for safe shelter, adequate nutrition, hygiene, and access to health care.
- PSP is able and willing to provide client with necessary assistance in performing ADLs/IADLs or is able to engage outside assistance from formal or informal resources to help the client (e.g., family member or home health aide).
- PSP can problem-solve if additional client needs emerge.

- PSP is aware of and will utilize family, friends, and/or community resources in meeting the client's needs when necessary.
- There is evidence of a supportive relationship between the PSP and the client. PSP is not financially dependent on client.

-1 Willing to meet the client's needs but requires assistance to obtain resources.

- PSP requires additional assistance to identify and meet client's basic needs for safe shelter, adequate nutrition, hygiene and access to health care and is unable to independently engage formal or informal resources without support, but would assistance in doing so.
- The PSP demonstrates poor knowledge of the client's needs and abilities, as evidenced by lack of knowledge regarding client's illness, disability, and/or degree of care required and needs support and assistance to do so.
- PSP is unaware of family, friends, and/or community resources to help meet client's needs.
- PSP is not able to meet own care of financial needs (e.g., financially dependent on client).

-2 Unable and unwilling to meet the client's needs.

- PSP is unresponsive to the client's needs (e.g., PSP ignores the client's expressed wishes or needs).
- The PSP demonstrates poor knowledge of the client's needs and abilities, as evidenced by lack of knowledge regarding client's illness, disability, and/or degree of care required, and PSP is not willing to gain the knowledge required to provide the care required by the client.
- PSP uses client's resources for his/her own benefit.
- PSP demonstrates physical or emotional fatigue, resulting in negative consequences for the client. The PSP may appear easily frustrated, irritated, or angered by the client or may be fearful of the client. The PSP may also experience changes in appetite, persistent fatigue, sleep disturbance, or feeling too exhausted or overwhelmed to meet the client's needs.

PSP2. Physical Health

1 Physical health does not interfere with ability to provide care.

- PSP does not have any physical health conditions or concerns that impact his/her ability to meet the client's needs.
- PSP demonstrates the ability to care for his/her own physical health needs, such as medication or routine medical care.

-1 Physical health occasionally interferes with ability to provide care.

- PSP has some physical health problems that occasionally cause difficulty with his/her ability to provide necessary care.

- PSP has a chronic physical condition that occasionally causes difficulty with his/her ability to provide necessary care.
- PSP has episodic physical health issues that occasionally interfere with his/her ability to provide necessary care.

-2 Physical health interferes with ability to provide care.

- PSP has an uncontrollable or poorly controlled chronic illness that interferes with his/her ability to provide necessary care.
- PSP demonstrates a recent deterioration in his/her physical health to the point that he/she is having significant difficulty providing necessary care.

PSP3. Mental Health/Coping Skills/Cognition

1 Mental health/cognitive impairment does not interfere with ability to provide care.

- PSP may have a history of mental health problems, a current mental health condition, or cognitive impairment, but is able to adapt and this does not interfere with ability to provide care.
- PSP has sufficient supportive relationship(s).
- PSP's willingness to accept the assistance of others is not impeded by the PSP's mental health or cognitive condition.
- PSP's understanding and acceptance of the client's capabilities is not limited due to PSP's mental health or cognitive condition.

-1 Mental health/cognitive impairment occasionally interferes with ability to provide care.

- PSP has a mental health condition or concern or cognitive impairment that is beginning to affect his/her ability to provide necessary care and/or has periodically interfered with ability to provide necessary care.
- PSP has insufficient supportive relationship(s).
- PSP demonstrates lack of understanding or acceptance of the client's capabilities due to PSP's mental health or cognitive condition.
- PSP demonstrates episodes of frustration, fatigue, or anger related to the client's changing needs due to PSP's mental health or cognitive condition.
- PSP expresses periodic fear/anxiety related to his/her ability to manage the client's behavior and/or meet the client's needs throughout the course of the client's condition.
- PSP accepts limited assistance.

-2 Mental health/cognitive impairment interferes with ability to provide care; is unable to adapt to chronic or changing needs of the client.

- PSP has a mental health condition or concerns or cognitive impairment that significantly interferes with his/her ability to provide necessary care.
- PSP has no supportive relationship(s).

- PSP demonstrates no understanding or does not accept the client's capabilities due to PSP's mental health or cognitive condition.
- PSP demonstrates consistent frustration, fatigue, or anger related to the client's changing needs due to PSP's mental health or cognitive condition.
- PSP expresses chronic fear/anxiety related to his/her ability to manage the client's behavior and/or meet the client's needs throughout the course of the client's condition.
- PSP completely denies the need for assistance and maintains that he/she is able to care for the client without help despite evidence to the contrary due to PSP's mental health or cognitive condition.

PSP4. Substance Use/Substance Abuse/Dependency

(Includes alcohol, prescription and/or over-the-counter drug, or other drug misuse/abuse.)

- 1 No substance use, or substance use does not interfere with ability to provide care.
- PSP does not demonstrate any indication of current substance use; uses alcohol occasionally, but use is not problematic; takes medications as prescribed.
 - PSP has a history of treated substance use disorder; active in recovery.
- 1 Substance use/abuse/dependency somewhat impedes ability to provide care.
- PSP demonstrates periodic abuse of alcohol, other drugs, or medications to the extent that there is some concern about the PSP being able to meet the client's needs.
 - The PSP continues to use despite negative consequences in his/her ability to provide quality care, to maintain good physical and mental health, and to maintain his/her coping skills. Examples include smoking in the presence of oxygen or difficulty functioning while under the influence.
 - The PSP demonstrates a need for help to address issues related to substance use.
- 2 Substance use/abuse/dependency impedes ability to provide care.
- The PSP demonstrates that he/she has a substance use disorder.
 - The PSP demonstrates that his/her substance abuse/dependency results in behaviors that impede his/her ability to meet the client's needs as well as his/her own needs.
 - The PSP demonstrates major health and/or safety concerns due to his/her substance abuse/dependency, such as frequent blackouts, smoking while using oxygen, or driving while under the influence.
 - The PSP exhibits medication diversion, i.e., using the client's medication for the PSP's personal use or selling it.
 - The primary support person needs extensive help to address issues related to his/her substance abuse/dependency.

PSP5. Other Identified Primary Support Person Strength/Need (not addressed in PSP1–PSP4)

- Not applicable—no strength/need other than what is identified above
- 1. PSP has a strength not addressed above
- 1. PSP has a minor need not addressed above
- 2. PSP has a significant need not addressed above

SDM® STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT GUIDELINES AND PROCEDURES

The strengths and needs assessment/reassessment is used to systematically identify critical client and primary support person service needs and help guide service planning. The strengths and needs assessment/reassessment serves several purposes:

- It ensures that all workers consistently consider each strength and need of the client (and the primary support person, if applicable) in an objective format when assessing need for services;
- It provides an important service planning reference for workers and supervisors;
- It serves as a mechanism for monitoring service referrals made to address identified problems

Which Cases: All VA's, who are the subject of a MAARC report, opened in an assessment workgroup for EPS, LIA, or APS (when another agency is LIA). Exclude cases 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 VA is deceased or VA is unable to be located following diligent efforts.

Who: The assigned APS investigator or APS worker.

When: **The initial assessment** is completed at the first face-to-face contact with the vulnerable adult. The SNA is completed at this time to inform service referrals during the remainder of the case/investigation and to establish a baseline for measuring the impact of those services.

An optional closing assessment may be completed just prior to case closure (i.e., no more than one week prior to closing the case) for cases opened more than 30 day or when more than one face-to-face was completed with the client to determine which needs initially identified have been addressed.

Decisions: The strengths and needs assessment is used to identify client and/or primary support person needs that should be addressed through service planning, community referrals, and recommendations to the community 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.

Strengths and Needs Assessment, in combination with Safety assessment and with consideration of what is important to the vulnerable adult about their strengths and needs and what APS assesses as is important for the vulnerable adult's safety, informs the Safety Plan.

Appropriate Completion:

The strengths and needs assessment should be completed based on the client's current situation at the time of assessment. Because the assessment is used to inform service planning, any safety threats or previous needs that have already been resolved (either through APS action or through the client's own initiative) should not be considered unless there are remaining additional service needs.

For each strengths/needs item, there are three possible responses:

- “1” This is a strength response. The client/primary support person is functioning very well in this area. He/she may experience a typical degree of stress or struggle but is generally managing well. Selecting “1” indicates that the client or primary support person does not require additional assistance in this area.
- “-1” This is a moderate need. The client/primary support person is experiencing a definite but not severe need in this area, and would likely benefit from some additional support and services.
- “-2” This is a significant need. The client/primary support person is experiencing extraordinary need in this area and requires additional support and services.

SECTION 1. VULNERABLE ADULT

Review each strength and need item for the VA. Based on all information gathered, select the rating (1, -1, or -2) for each item that best reflects the VA's current status/functioning, and enter it in the “Rating” column. Use the item definitions to increase consistency and reliability when determining the most appropriate rating.

After rating all client strengths and needs items, identify *up to three* priority strengths and needs:

- Any item marked with a “1” response can be considered for inclusion as a priority strength.
- Any item marked with a “-1” or “-2” response can be considered for inclusion as a priority need.

Prioritization of up to only three priority needs ensures that service recommendations are focused and achievable. Attempting to focus on too many needs at one time may increase the likelihood that the VA may perceive participation in services as overwhelming, which might consequently impact his/her willingness to participate.

The priority areas of strength and priority areas of need will be used for service delivery planning. Selection of priority needs is generally guided by item ratings, with priority given to items with “-2” responses, but must also take into consideration the VA's willingness to work on certain issues. Selection of items with “-1” responses as priority needs when there are items with “-2” responses is a clinical decision based on a VA's willingness to accept services and to develop the worker-client relationship. After completing the prioritization, the worker has an opportunity to document why each priority need was selected and how the need was identified.

SECTION 2. PRIMARY SUPPORT PERSON

For cases where there is a PSP, select the person's name. Review each strength and need item for the PSP. Based on all available information, select the rating (1, -1, or -2) for each item that best reflects the PSP's current status/functioning. Use the item definitions to increase consistency and reliability when determining the most appropriate rating.

After rating all PSP strengths and needs items, identify *up to three* priority strengths and needs:

- Any item marked with a “1” response can be considered for inclusion as a priority strength.

- Any item marked with a “-1” or “-2” response can be considered for inclusion as a priority need.

Prioritization of up to only three priority needs ensures that service recommendations are focused and achievable. Attempting to focus on too many needs at one time may increase the likelihood that the PSP may perceive participation in services as overwhelming, which might consequently impact his/her willingness to participate.

The priority areas of strength and priority areas of need will be used for service delivery planning. Selection of priority needs is generally guided by item ratings, with priority given to items with “-2” responses, but must also take into consideration the PSP’s willingness to work on certain issues. Selection of items with “-1” responses as priority needs when there are items with “-2” responses is a clinical decision based on a PSP’s willingness to accept services and to develop the worker-client relationship. After completing the prioritization, the worker has an opportunity to document why each priority need was selected and how the need was identified.

SECTION V. APS FINAL SAFETY ASSESSMENT TOOL

FINAL SAFETY ASSESSMENT TOOL GUIDELINES AND PROCEDURES

The purpose of the final safety assessment tool is to determine whether workgroup closing is appropriate based on current danger factors impacting the VA's current safety level.

Which Cases: All VA's, who are subject of a MAARC report, opened in an assessment workgroup for EPS, LIA, or APS (when another agency is LIA). Exclude cases 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 VA is deceased or VA is unable to be located following diligent efforts.

Who: The assigned APS investigator or worker. The APS supervisor reviews and approves case closure when the VA is conditionally safe or unsafe.

When: The final safety assessment is completed just prior to case closure.

Decisions: The final safety assessment determines whether workgroup closing is appropriate based on the current danger factors impacting the VA's current safety level. If the client is safe, the worker may close the workgroup. If the client is unsafe or conditionally safe, the workgroup should remain open and the worker needs to review the safety plan interventions and implementation for revision. If warranted, the worker may select an override to close the workgroup.

Appropriate Completion:

One final safety assessment is completed per assessment workgroup.

SECTION 1. WORKGROUP CLOSE

Safety Level

What is the VA's current safety level?

Safe: Based on information available through investigation, assessment or observation, no current danger factors have been identified by the worker. The VA is not likely to be in danger of serious harm. Safety plan not required.

Conditional Safe: Based on information available through investigation, assessment or observation, one or more current danger factors have been identified by the worker. Safety interventions have been recommended by the worker to the VA and/or support person. Services and support necessary to mitigate the danger to the VA are/will be provided. Documentation of safety planning is required.

Unsafe: Based on information available through investigation, assessment or observation, one or more current danger factors have been identified by the worker. Safety interventions have been recommended by the worker to the VA and/or support person. Services and support necessary to mitigate the danger to the VA are not

available or cannot be provided due to resistance or refusal of the VA. Documentation of safety planning is required.

Conditionally Safe Override

Policy override (Conditionally safe)

No policy override: No policy override will be used.

Unable to implement services/safety plan for VA who can make informed decisions: This policy override may be selected when the following 4 conditions are met.

1. The worker has made diligent efforts to engage in safety planning with the VA, support the VA in understanding the risks associated with danger factors, work with any resistance by the VA, develop and modify the safety plan to mitigate the risk of danger to the VA.
2. The VA's capacity to make this decision is not in question because the VA has the ability to understand the risks associated with danger factors and understand options that may mitigate the danger to them and understand the consequences of a refusal to make changes or accept services or support necessary to mitigate the risk.
3. The VA has made an informed decision to refuse to make changes or accept services or supports necessary to mitigate the risk from danger factor(s).
4. Further engagement by the agency with the VA is not likely to result in a decision by the VA to accept implementation of a safety plan to mitigate danger factors.

Formal services responsible to implement safety plan are in place to mitigate risk:

This policy override may be selected when the following 3 conditions are met.

1. The worker has made diligent efforts to implement safety planning with the VA and/or support system to mitigate risk from existing danger(s) to the VA.
2. The VA with ability to understand risks associated with danger factors and understand options that may mitigate danger (s) to them and understand the consequences of a refusal to make changes or accept services has agreed to accept formal supports OR services necessary to mitigate risk of current danger factor(s) to the VA will be implemented by licensed or contracted service providers and will be provided consistent with the safety plan regardless of the VA's ability to provide informed consent
3. The agency believes current danger factors are mitigated through implementation of the safety plan by formal supports.

County discretionary override (Conditionally safe)

No discretionary override: No discretionary override will be used.

Agreement to implement safety plan by informal support system in place to mitigate risk: This override may be selected when the following 4 conditions are met.

1. The worker has made diligent efforts to implement safety planning with the VA and/or the VA's support system to mitigate risk from existing danger(s) to the VA.
2. The VA with ability to understand risks associated with danger factors and understand options that may mitigate danger (s) to them and understand the consequences of a refusal to make changes or accept services has agreed to

accept informal supports OR informal supports are able to be provided to the vulnerable adult consistent with the safety plan regardless of the VA's ability to provide informed consent.

3. Informal support persons including family members, friends, or unlicensed community supports have agreed to implement the safety plan.

4. The agency believes current danger factors are mitigated through implementation of the safety plan by informal supports.

Other (describe below): This override is selected when the agency believes the current danger factors for the vulnerable adult are mitigated by another option. The other option must be identified.

Unsafe Override

Policy override (Unsafe)

No policy override: No policy override will be used.

Unable to implement services/safety plan for VA who can make informed decisions: This policy override may be selected when the following 4 conditions are met.

1. The worker has made diligent efforts to engage in safety planning with the VA, support the VA in understanding the risks associated with danger factors, work with any resistance by the VA, develop and modify the safety plan to mitigate the risk of danger to the VA.
2. The VA's capacity to make this decision is not in question because the VA has the ability understand the risks associated with danger factors and understand options that may mitigate the danger to them and understand the consequences of a refusal to make changes or accept services or support necessary to mitigate the risk.
3. The VA has made an informed decision to refuse to make changes or accept services or supports necessary to mitigate the risk from danger factor(s).
4. Further engagement by the agency with the VA is not likely to result in a decision by the VA to accept implementation of a safety plan to mitigate danger factors.

County discretionary override (Unsafe)

No discretionary override: No discretionary override will be used.

Court order denying petition for involuntary intervention: This override may be selected when the following 4 conditions are met.

1. The court denied the petition of the agency or another interested party for guardianship, conservatorship, commitment, restraining or protective order necessary to mitigate current danger factor (s) to the vulnerable adult.
2. Following the petition denial, the worker has made diligent efforts to re-engage in safety planning with the VA and/or support persons to mitigate the risk of danger to the VA.
3. The VA refuses to make changes or licensed or contracted services or informal supports including family members, friends and community agencies are not able to mitigate the danger to the vulnerable adult due to lack of cooperation by the VA or lack of availability of the support system.

4. Further engagement by the agency with the VA or informal or formal supports is not likely to result in implementation of the safety plan to mitigate danger factors.

Potential harm of involuntary intervention outweighs benefit to vulnerable adult:

This override may be selected when the following 4 conditions are met.

1. The worker has made diligent efforts to implement safety planning with the VA and/or VA's support system to mitigate risk from existing danger(s) to the VA.
2. The VA is unable to be engaged in safety planning or be supported to understand risks associated with danger factors and options that may mitigate danger(s) to them or understand the consequences of a refusal to make changes
3. Formal or informal supports are unable to be provided to the vulnerable adult due to lack of cooperation or lack of resources.
4. The agency believes the risk of harm to the VA from an involuntary intervention is higher than the risk of harm to the VA for current danger factors or there will not be sufficient benefit to the safety of the VA from a formal intervention due lack of cooperation from the VA or the lack of necessary resources to mitigate the current danger (s)

Other (describe below): This override is selected when the agency believes the current danger factors for the vulnerable adult are mitigated by another option. The other option must be identified.

APPENDIX A: SAFETY PLAN TEMPLATE

This form is available only through eDocs 6762-ENG C. This form is printable.

Minnesota Adult Protection Structured Decision Making Safety Plan to Address Current Danger Factors

Name: _____

Safety Assessment Decision (select): Conditionally Safe Unsafe

For each current danger factor identified, describe:

- Specific issues and behaviors observed
- Specific safety action/intervention taken
- How the plan will be implemented and monitored

Specific Current Danger Factors	Specific Safety Action/Intervention Recommended	Service Availability/Provision	Alternative Intervention <i>(if services are not available or able to be provided)</i>	Person/Agency Responsible for Implementation & Monitoring <i>(include timeframes)</i>
		Select: <input type="checkbox"/> Available <input type="checkbox"/> Not available* <input type="checkbox"/> Unable to be provided* <i>*complete Alternative Intervention</i>		
		Select: <input type="checkbox"/> Available <input type="checkbox"/> Not available* <input type="checkbox"/> Unable to be provided* <i>*complete Alternative Intervention</i>		
		Select: <input type="checkbox"/> Available <input type="checkbox"/> Not available* <input type="checkbox"/> Unable to be provided* <i>*complete Alternative Intervention</i>		

Adult Protection Worker (completed by): _____ Date: _____

Person who is vulnerable: _____ Date: _____

Support Person (if applicable): _____ Date: _____

Supervisor review/approval: _____ Date: _____

Safety Plan Instruction Guide

Danger Factors and Action/Intervention recommended in the Safety Plan are guided by the Safety and Strengths and Needs Assessment. The Safety Plan is developed in consideration for what is important to the vulnerable adult regarding their safety, structured assessments and APS professional judgment

The safety plan comprises four elements:

- 1. Specific Current Danger Factors:** Provide a brief description of each current danger factor indicated in Section 1 of the safety assessment.
- 2. Specific Safety Action /Intervention:** Provide a brief description of each recommended immediate intervention as identified in Section 2 of the safety assessment.
- 3. Service Availability/Provision:** Indicate whether the recommended service intervention is available, unavailable, or unable to be provided. Mark all that apply.
 - Available
 - Not Available
 - Unable to be provided
- 4. If services are not available or able to be provided, what is the alternative intervention?** If services are not available or able to be provided for any reason (waitlist, provider declines referral for services, the VA does not accept services, etc.), describe what alternative intervention will address the identified current danger situation.
- 5. Person/Agency Responsible for Implementation and Monitoring (Including Timeframes):** Identify who (worker, community agency/provider, etc.) will do what, when, and how often, as well as how implementation of the safety plan will be monitored.

Whenever possible, obtain signatures of the VA, the support person (if applicable), and any others who have direct responsibility in implementation of the safety plan.

If there is evidence that the VA does not understand the safety plan, do not obtain signature. Document evidence/observations in the case record.

The worker also signs the safety plan. Supervisor review and approval should be obtained as soon as possible after development of the safety plan.

APPENDIX B: EPS STANDARDIZED INTAKE TOOL SSIS SCREENS and PAPER FORM

Screening Tab

Decision Tool:	<input type="text" value="Adult Protection EPS Intake Assessment Screening"/>	<input type="button" value="Generate Tool"/>
Assessed By:	<input type="text" value="Bright, Bryan"/>	Assessment Date: <input type="text"/>
Tool Status:	<input type="text"/>	Finalize Date: <input type="text"/>
Screening Decision:	<input type="text"/>	Screening Override: <input type="text"/>
Vulnerable Adult:	<input type="text"/>	
Screening <input type="button" value="Screening Overrides"/>		
Vulnerable Adult Status		
<input type="checkbox"/> Report involves an adult who is either a functionally or categorically vulnerable adult		
<input type="checkbox"/> Not a vulnerable adult (Screen out for EPS)		
Allegation Screening Criteria		
<input type="checkbox"/> Report meets allegation screening criteria (check imminent harm indicator below)		
<input type="checkbox"/> Report does not meet allegation screening criteria (Screen out for EPS)		
Imminent Harm		
Conditions exist that could result in any of the following (check all that apply):		
<input type="checkbox"/> Serious injury to VA		
<input type="checkbox"/> Serious harm to VA		
<input type="checkbox"/> Loss of health to VA		
<input type="checkbox"/> Death to VA		
<input type="checkbox"/> Report has no indications of imminent harm (Screen out for EPS)		

VA Status section

Vulnerable Adult Status
<input checked="" type="checkbox"/> Report involves an adult who is either a functionally or categorically vulnerable adult
<input type="checkbox"/> Not a vulnerable adult (Screen out for EPS)

Allegation screening criteria section

Allegation Screening Criteria
<input checked="" type="checkbox"/> Report meets allegation screening criteria (check imminent harm indicator below)
<input type="checkbox"/> Report does not meet allegation screening criteria (Screen out for EPS)

Imminent Harm section

Imminent Harm

Conditions exist that could result in any of the following (check all that apply):

- [Serious injury to VA](#)
- [Serious harm to VA](#)
- [Loss of health to VA](#)
- [Death to VA](#)

[Report has no indications of imminent harm. \(Screen out for EPS\)](#)

Screening Override Tab

Screening | Screening Overrides

[Policy override to screen out for EPS](#)

County prioritization discretionary overrides to screen out for EPS:

- [Formal or informal supports are in place for the immediate protection of the VA](#)
- [Report also received by county/agency as LIA and is open in an assessment workgroup with a Level I response](#)
- [Report does not meet county written prioritization guidelines for EPS. \(Describe below\):](#)

Minnesota Adult Protection Standardized EPS Assessment

Vulnerable Adult Name:	
Vulnerable Adult DOB:	
MAARC Report #:	MAARC Report Date:
MAARC Report Time:	

SECTION 1. SCREENING

Use *SDM Intake Assessment Definitions* for Part A., Determination of Vulnerable Adult Status AND Part B. Screening Criteria.

Part A. Determination of Vulnerable Adult Status

- YES NO The report involves an adult who is either a functionally or categorical vulnerable adult.

Part B. Screening Criteria

- YES NO Report contains maltreatment allegation AND One of the following indications of imminent harm where conditions exist that could result in (*check all that apply*):

- Serious injury to VA Serious harm to VA Loss of health to VA Death to VA

Part C. Screening Decision

- | | |
|--|--|
| <input type="checkbox"/> Screen in for EPS | <input type="checkbox"/> Screen out for EPS |
| <ul style="list-style-type: none">• Part A, VA Status = "Yes"• Part B, Allegation meets screening criteria = "Yes"• One indication of imminent harm exists | <ul style="list-style-type: none">• Part A, VA Status = "No" <u>OR</u>• Part B, Allegation does not meet screening criteria = "No" <u>OR</u>• Part B, Allegation does meet screening criteria = "Yes" <u>AND</u>• No indication of imminent harm exists |

Policy override to screen out for EPS

- Duplicate referral already screened in.
- Duplicate from MAARC or request from another lead investigative agency for which APS has already been provided to the VA.
 - The current referral includes no new information that was not previously known to APS regarding the incident.
- Duplicate to EPS referral already screened out.
- Duplicate referral from MAARC or another lead investigative agency that has already been screen out for APS.
 - The current referral describes an incident already reported to and previously screened by APS.
 - The duplicate referral includes no new information that was not previously known to APS regarding this incident at the time the initial request for APS was screened.

County prioritization discretionary overrides to screen out for EPS

Formal or informal supports are in place for the immediate protection of the VA

Report does not meet county written prioritization guidelines for EPS

Describe: _____

SECTION 2. RESPONSE PRIORITY

- Response priority for all screened in EPS is Level I, initiate EPS within 24 hours
- Response priority for investigation when county is also LIA may be different.

Intake Worker: _____ **Date:** ____/____/____

Intake Supervisor: _____ **Date:** ____/____/____

APPENDIX C: APS INTAKE ASSESSMENT and RESPONSE PRIORITY SDM® TOOL SSIS SCREENS and PAPER FORM

Initial screen with Screening tab

Decision Tool:	Adult Protection Intake Assessment and Response Priority	Generate Tool
Assessed By:	Bright, Bryan	Assessment Date:
Tool Status:		Finalize Date:
Screening Decision:		Screening Override:
Response Priority:		Response Priority Override:
Vulnerable Adult:		

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
-----------	--------------	-------------------	-----------------	----------------	--------------	------------------------	---------------------	-------------------

Vulnerable Adult Status (Check all that apply to indicate APS eligibility)

[A functionally vulnerable adult](#)

[A categorically vulnerable adult](#)

[Not a vulnerable adult](#)

Allegation Screening Criteria (Check all that apply)

[Self neglect](#)

[Caregiver neglect](#)

[Emotional abuse](#)

[Physical abuse](#)

[Sexual abuse](#)

[Financial exploitation](#)

[The alleged incident does not meet any of the allegation screening criteria](#)

Self Neglect tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
-----------	--------------	-------------------	-----------------	----------------	--------------	------------------------	---------------------	-------------------

Priority

[Is there immediate danger of harm to self, OR is immediate medical or mental health care required?](#)

Yes - Level 1 response

No - Level 2 response

Caregiver Neglect tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
-----------	--------------	-------------------	-----------------	----------------	--------------	------------------------	---------------------	-------------------

[Have the caregiver's actions or inaction resulted in or are likely to result in a dangerous or immediately unsafe living situation for the VA \(e.g. is immediate medical care required\) OR is the VA currently left unsupervised or abandoned when supervision is needed for the VA's safety?](#)

Yes - Level 1 response

No - Level 2 response

Emotional Abuse tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
Does the VA's response to alleged maltreatment require immediate medical or psychiatric care; OR is the VA unreasonably confined with no means of ensuring his/her own safety?			<input type="text" value=""/>					
			Yes - Level 1 response No - continue to next question					
Is the VA's fear of the AP seriously interfering with his/her ability to function?			<input type="text" value=""/>					

If first question is answered “No – continue to next question”, the second question is enabled

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
Does the VA's response to alleged maltreatment require immediate medical or psychiatric care; OR is the VA unreasonably confined with no means of ensuring his/her own safety?			<input type="text" value="No - continue to next question"/>					
Is the VA's fear of the AP seriously interfering with his/her ability to function?			<input type="text" value=""/>					
			Yes - Level 1 response No - Level 2 response					

Physical Abuse tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
Are injuries evident or suspected?			<input type="text" value=""/>					
			Yes - Level 1 response No - continue to next question					
Is the VA fearful; OR does the AP have access; OR are there threats of immediate violence?			<input type="text" value=""/>					

If first question is answered “No – continue to next question”, the second question is enabled

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
Are injuries evident or suspected?			<input type="text" value="No - continue to next question"/>					
Is the VA fearful; OR does the AP have access; OR are there threats of immediate violence?			<input type="text" value=""/>					
			Yes - Level 1 response No - Level 2 response					

Sexual Abuse tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
<p>Do the reported allegations suggest that physical evidence needs to be obtained; OR does the report suggest that medical treatment needs to be arranged; OR does the AP have access to VA; OR does the VA need immediate medical care?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text"/> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Yes - Level 1 response No - Level 2 response </div>								

Financial Exploitation tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
<p>Are the VA's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are not being met?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text"/> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Yes - Level 1 response No - continue to next question </div> <p>Is there an immediate concern for preserving assets that are necessary for the VA's current living arrangement?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text"/> </div> </div>								

If first question is answered "No – continue to next question", the second question is enabled

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
<p>Are the VA's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are not being met?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text" value="No - continue to next question"/> </div> </div> <p>Is there an immediate concern for preserving assets that are necessary for the VA's current living arrangement?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text"/> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Yes - Level 1 response No - Level 2 response </div>								

Screening Overrides tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
<p>Policy override to screen out</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"> <input type="text"/> </div> </div> <p>Discretionary override to screen out per local prioritization guidelines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self Neglect can be resolved through case management or current services <input type="checkbox"/> Financial exploitation loss less than county guidelines <input type="checkbox"/> VA deceased at time of report <input type="checkbox"/> VA no longer in state of Minnesota <input type="checkbox"/> VA incarcerated at time of report <input type="checkbox"/> No benefit to VA from adult protective services or investigation <input type="checkbox"/> Other (Specify) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Discretionary override to screen in per local prioritization guidelines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Override to screen in per local prioritization guidelines (specify reason) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>								

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
Policy override to screen out								<input type="text"/>
<input type="checkbox"/> Discretionary override to screen out per local prioritization								<input type="text"/> No policy override
<input type="checkbox"/> Self Neglect can be resolved through case management								<input type="text"/> Duplicate of report already screened
<input type="checkbox"/> Financial exploitation loss less than county guidelines								<input type="text"/> Duplicate of report already investigated

Response Priority tab

Screening	Self Neglect	Caregiver Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Exploitation	Screening Overrides	Response Priority
<input type="checkbox"/> Check to determine response priority								
Response Priority Override								
County prioritization override								<input type="text"/>
Override								<input type="text"/>
Override Reason Comments								
<input type="text"/>								<input type="text"/>

Response Priority Override								
County prioritization override								<input type="text"/>
Override								<input type="text"/> The VA is in a safe environment and is expected to remain there (Level 2)
Override Reason Comments								<input type="text"/> Up or down one level
								<input type="text"/> No priority override

Response Priority Override								
County prioritization override								<input type="text"/> Up or down one level
Override								<input type="text"/> Level 2 (within 72 hours)
Override Reason Comments								<input type="text"/> Level 1 (within 24 hours)
								<input type="text"/> Level 2 (within 72 hours)

Minnesota Adult Protection SDM® Intake Assessment and Response Priority

Vulnerable Adult Name:	
Vulnerable Adult DOB:	
SSIS Intake ID#:	Assessment Date:

SECTION 1. SCREENING

Part A. Vulnerable Adult Status (Check all that apply to indicate APS eligibility)

The report involves an adult who (mark any that apply):

Is a functionally vulnerable adult who:

- Has impaired ability (mental, physical, emotional);
- Cannot provide adequately for his/her own care (e.g., ADLs and/or IADLs) or direct his/her own care (food, clothing, shelter, healthcare, supervision) without assistance; AND
- Is unable to protect self from maltreatment because of the impairment or need for assistance

AND/OR

Is a categorically vulnerable adult who:

- Is a resident or inpatient of a facility; or
- Receives licensed services

No → *Screen out for APS investigation*

Yes
↓

Proceed to Part B

Part B. Allegation Screening Criteria (Check all that apply)

Self neglect: An act or omission by a vulnerable adult that **results or could result** in the deprivation of essential services or supports necessary to obtain or maintain his/her **health, safety, or comfort** (MN Statute 626.5572, Subd. 17). Mark all that apply.

- Alcohol and/or other drug misuse leading to health or safety concerns
- Clothing or lack thereof that creates a health hazard
- Dangerous behaviors
- Dehydration or malnutrition
- Poor hygiene resulting in health hazards
- Hoarding behavior that results in a health or safety hazard
- Inability/failure to take medications as prescribed or to seek treatment for a physical illness that significantly threatens health or safety
- Inability/failure to manage funds that results in utility shut-off, loss of shelter, or other negative consequences
- Unsafe/unhealthy living conditions
- Other (specify): _____

Caregiver neglect: A failure or omission by a caregiver that **results** in the deprivation of essential services or supports necessary to obtain or maintain the **mental, emotional, or physical health and**

safety of a vulnerable adult (MN Statute 626.5572, Subd. 17). Use this category if there is a legal relationship, a formal or informal arrangement, or an established pattern of caregiving between the vulnerable adult and alleged perpetrator. If this does not exist, review self-neglect report type. (Note: The following allegations do not include situations in which the vulnerable adult refuses assistance.) Mark all that apply.

- _____ Refusal, failure, or omission by caregiver to provide *adequate supervision or physical care*
- _____ Refusal, failure, or omission to provide or allow access to *clothing, food, or shelter/utilities*
_____ clothing _____ food _____ shelter/utilities
- _____ Refusal, failure, or omission to assist in *basic personal cares*
- _____ Refusal, failure, or omission to arrange or provide access to *prescribed medical treatment or prescribed medication*
_____ mental health needs _____ physical health needs
- _____ Other (specify): _____

Emotional abuse: The misuse of power, authority, or both; verbal harassment; unreasonable confinement; or behavior that is not accidental or therapeutic which produces or could reasonably be expected to produce mental anguish or emotional distress of a vulnerable adult (MN Statute 626.5572, Subd. 2). Mark all that apply.

- _____ Harassing/demeaning/malicious remarks(s) or action(s)
- _____ Threatening/intimidating oral, written, and/or gestured remarks or actions
- _____ Unreasonable confinement, forced separation, involuntary seclusion, or deprivation
- _____ Other (specify): _____

Physical abuse: Use of physical force that is non-accidental or non-therapeutic which produces or could reasonably be expected to produce physical pain or injury to the vulnerable adult (MN Statute 626.5572, Subd. 2). Include also assault in the first through fifth degrees as defined in sections 609.221 to 609.224. Mark all that apply.

- _____ Attack with object
- _____ Bite
- _____ Burn
- _____ Kick
- _____ Pinch/grab/choke
- _____ Push/pull/shove
- _____ Strike
- _____ Other (specify): _____

Sexual abuse: Contact or interaction of a sexual nature involving a vulnerable adult and a licensed provider or contact or interaction of a sexual nature involving a vulnerable adult **without his/her informed consent** (MN Statute 626.5572, Subd. 2[a][4] and Subd. 2[c]). If the vulnerable adult is mentally incapacitated or physically helpless, he/she cannot give informed consent. Consent requires a freely given present agreement. Consent does not mean the existence of a prior or current social relationship or that the vulnerable adult failed to resist (MN Statute 609.341, Subd. 4a-b). Situations where a sexual relationship existed prior to the caregiving relationship, and where the vulnerable

adult is not cognitively impaired and is not unduly influenced, may not be sexual abuse. Mark all that apply.

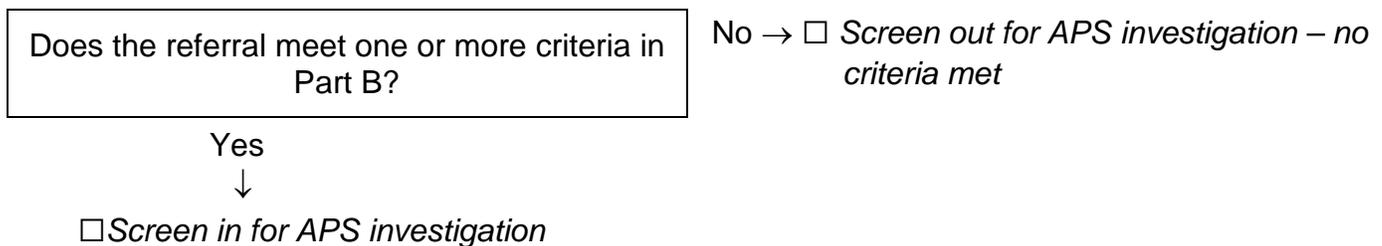
- Physical contact of a sexual nature
- Physical contact of a sexual nature involving an object
- Sexual utilization of vulnerable adult for gratification of others
- Other (specify): _____

Financial Exploitation: The use of a vulnerable adult's person or property for another person's profit or advantage, or the breach of a fiduciary relationship through the use of a person or person's property for any purpose not in the proper and lawful execution of a trust, including but not limited to situations where a person obtains money, property, or services from a vulnerable adult **through the use of undue influence, harassment, duress, deception, or fraud** (MN Statute 626.5572, Subd. 9). Mark all that apply.

- Exploitation by a person with a fiduciary obligation to the vulnerable adult
- Exploitation by a person with no fiduciary obligation to the vulnerable adult
- Any person has forced, compelled, coerced, or enticed a vulnerable adult to perform services for the profit or benefit of another
- Other (specify): _____

Part C. Intake Screening Decision

Answer each question "yes" or "no" until a recommended screening decision is reached.



Recommended Intake Screening Decision:

- Screen in for APS investigation
- Screen out for APS investigation

Policy override to screen out

- No policy override
- Duplicate of report already screened
- Duplicate of report already investigated

Discretionary override to screen out per local prioritization guidelines

- Self Neglect can be resolved through case management or current services
- Financial exploitation loss less than county guidelines
- VA deceases at time of report
- VA no longer in state of Minnesota

____ VA incarcerated at time of report
____ No benefit to VA from adult protective services or investigation
____ Other (specify): _____

Discretionary override to screen in per local prioritization guidelines

____ Override to screen in per local prioritization guidelines (specify): _____

Part D. Final Intake Screening Decision

Screen in for APS investigation

Screen out for APS investigation

Intake Worker: _____ **Date:** ____ / ____ / ____

Intake Supervisor: _____ **Date:** ____ / ____ / ____

SECTION 2. RESPONSE PRIORITY

Part A. Response Priority Decision Trees

Complete the appropriate response priority decision tree(s) for each report type marked in Section 1, Part B. If the answer to a question is unknown, **answer in the most protective way**. Response priority levels are as follow.

Level 1 = Initiate within 24 hours form assignment for investigation

Level 2 = Initiate within 72 hours from assignment for investigation

SELF NEGLECT

Is there immediate danger of harm to self; OR is immediate medical or mental health care required?

YES → **Level 1**

NO



Level 2

CAREGIVER NEGLECT

Have the caregiver's actions or inaction resulted in or are likely to result in a dangerous or immediately unsafe living situation for the VA (e.g. is immediate medical care required); OR is the VA currently left unsupervised or abandoned when supervision is needed for the VA's safety?

YES → **Level 1**

NO



Level 2

EMOTIONAL ABUSE

Does the VA's response to alleged maltreatment require immediate medical or psychiatric care; OR is the VA unreasonably confined with no means of ensuring his/her own safety?

YES → **Level 1**

NO



Level 2

Is the VA's fear of the AP seriously interfering with his/her ability to function?

YES → **Level 1**

NO



Level 2

PHYSICAL ABUSE

Are injuries evident or suspected?

NO



Level 2

YES → **Level 1**

Is the VA fearful; OR does the AP have access; OR are there threats of immediate violence?

YES → **Level 1**

NO



Level 2

SEXUAL ABUSE

Do the reported allegations suggest that physical evidence needs to be obtained; OR does the report suggest that medical treatment needs to be arranged; OR does the AP have access to VA; OR does the VA need immediate medical care?

YES → **Level 1**

NO



Level 2

FINANCIAL EXPLOITATION

Are the VA's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are not being met?

YES → **Level 1**

NO



Level 2

Is there an immediate concern for preserving assets that are necessary for the VA's current living arrangement?

YES → **Level 1**

NO



Level 2

Part B. Response Priority Assignment

Recommended Response Priority: Level 1 = Initiate within 24 hours from assignment for investigation

Level 2 = Initiate within 72 hours from assignment for investigation

County prioritization override: The VA is in a safe environment and is expected to remain there (Level 2)

Up or down one level

No priority override

Override Reason Comments: _____

Part C. Final Assigned Response Priority

Level 1 = Initiate within 24 hours from assignment for investigation

Level 2 = Initiate within 72 hours from assignment for investigation

Intake Worker: _____ **Date:** ____/____/____

Intake Supervisor: _____ **Date:** ____/____/____

APPENDIX D: INITIAL SAFETY ASSESSMENT SDM® TOOL SSIS
SCREENS and PAPER FORM

Initial screen with Vulnerability Factors tab

Decision Tool:	Adult Protection Initial Safety Assessment	Generate Tool
Assessed By:	Bright, Bryan	Assessment Date:
Tool Status:		Finalize Date:
Safety Decision:		
Vulnerable Adult:		
Vulnerability Factors	Danger Factors-Vulnerable Adult	Danger Factors-Support Person
Safety Interventions		
The following conditions increase the VA's vulnerability to maltreatment. Check all that apply		
<input type="checkbox"/> No vulnerability factors apply		
<input type="checkbox"/> The vulnerable adult has a limited formal/informal support network		
<input type="checkbox"/> Diminished cognitive functioning (e.g. dementia, intellectual challenge, delirium)		
<input type="checkbox"/> Significant untreated suspected or diagnosed medical or mental health disorder or alcohol or drug dependency		
<input type="checkbox"/> Diminished physical functioning (e.g. non-ambulatory, limited use of limbs, sensory disability)		

Danger Factors – Vulnerable Adult tab

Vulnerability Factors	Danger Factors-Vulnerable Adult	Danger Factors-Support Person
Safety Interventions		
<input type="checkbox"/> None of the following danger factors apply for the vulnerable adult		
<input type="checkbox"/> 1. The vulnerable adult experienced serious bodily injury or a plausible threat of serious bodily injury in the current investigation		
<input type="checkbox"/> 2. There is a history of maltreatment or self-neglect that suggests that the vulnerable adult's safety is of current concern		
<input type="checkbox"/> 3. Sexual abuse is suspected, and circumstances suggest that the vulnerable adult's safety is of current concern		
<input type="checkbox"/> 4. The vulnerable adult's explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of concern		
<input type="checkbox"/> 5. The vulnerable adult chooses to deny access		
<input type="checkbox"/> 6. The vulnerable adult does not or cannot meet his/her current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care. Consider the impact of financial exploitation		
<input type="checkbox"/> 7. The physical living conditions are hazardous and currently threatening to the health and/or safety of the vulnerable adult and the VA is unable to address the issue or remove self from the home		
<input type="checkbox"/> 8. The vulnerable adult's current substance use seriously impairs the vulnerable adult's ability to care for him/herself		
<input type="checkbox"/> 9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the vulnerable adult		
<input type="checkbox"/> 10. The vulnerable adult demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others		
<input type="checkbox"/> 11. Other current danger factor related to the vulnerable adult (describe)		
<input type="text"/>		

Danger Factors – Support Person tab

Vulnerability Factors	Danger Factors-Vulnerable Adult	Danger Factors-Support Person	Safety Interventions
-----------------------	---------------------------------	-------------------------------	----------------------

Not applicable - No support person

None of the following danger factors apply for the support person

[1. The support person\(s\) fails or is unable to protect the vulnerable adult from serious harm or threatened serious harm due to abuse by others](#)

[2. The support person\(s\) explanation for an observed injury to the vulnerable adult is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of current concern](#)

[3. Access to the vulnerable adult is being denied by the support person\(s\)](#)

[4. The support person\(s\) does not or cannot meet the vulnerable adult's current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care](#)

[5. The support person\(s\) current substance use seriously impairs his/her ability to provide care](#)

[6. Other current danger factor related to the support person\(s\) \(describe\)](#)

Safety Interventions tab

Vulnerability Factors	Danger Factors-Vulnerable Adult	Danger Factors-Support Person	Safety Interventions
-----------------------	---------------------------------	-------------------------------	----------------------

Check interventions recommended to mitigate current danger. Begin with the least restrictive interventions.

The vulnerable adult does not accept or is unable to indicate a preference to accept any of the safety intervention recommendations checked below

[1a. Direct provision of services by the worker \(do not include the investigation itself\)](#)

1b. Accepted

[2a. Use of the vulnerable adult's family members, neighbors, and/or friends as safety resources](#)

2b. Accepted

[3a. Use of community agencies or services as safety resources](#)

3b. Accepted

[4a. Agreement by support person\(s\) to protect the vulnerable adult from the alleged perpetrator.](#)

4b. Accepted

[5a. The alleged perpetrator will leave the home, either voluntarily or in response to legal action](#)

5b. Accepted

[6a. The vulnerable adult voluntarily leaves the home](#)

6b. Accepted

[7a. Other safety intervention \(describe\)](#)

7b. Accepted

[Are the accepted interventions above, sufficient to mitigate all current danger factors?](#)

Minnesota Adult Protection SDM® Initial Safety Assessment

Vulnerable Adult Name:	
Vulnerable Adult DOB:	
SSIS Intake ID#:	Assessment Date:

Vulnerability Factors: The following conditions increase the VA’s vulnerability to maltreatment. Check all that apply.

- The vulnerable adult has a limited formal/informal support network
- Diminished cognitive functioning (e.g. dementia, intellectual challenge, delirium)
- Significant untreated suspected or diagnosed medical or mental health disorder or alcohol or drug dependency
- Diminished physical functioning (e.g. non-ambulatory, limited use of limbs, sensory disability)
- No vulnerability factors apply

SECTION 1. DANGER FACTORS – VULNERABLE ADULT

Assess for each of the following factors that indicate the presence of current danger to the vulnerable adult. Answer yes or no for each factor based on all information known and available at the time of assessment completion.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The <u>vulnerable adult</u> experienced serious bodily injury or a plausible threat of serious bodily injury in the current investigation, as indicated by the following:
<input type="checkbox"/> Injury or abuse to the vulnerable adult other than accidental
<input type="checkbox"/> Threat to cause harm or retaliate against the vulnerable adult
<input type="checkbox"/> Use of unauthorized restraint
<input type="checkbox"/> A support person(s) who voices concern that he/she will maltreat the vulnerable adult. |
|--------------------------|--------------------------|--|

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a history of maltreatment or self-neglect that suggests that the <u>vulnerable adult’s</u> safety is of current concern.
<input type="checkbox"/> The vulnerable adult has a history of self-neglect that suggests safety is of current concern.
<input type="checkbox"/> The vulnerable adult’s safety is of current concern because the support person(s) has a history of maltreatment as a perpetrator. |
|--------------------------|--------------------------|---|

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Sexual abuse is suspected, and circumstances suggest that the <u>vulnerable adult’s</u> safety is of current concern. |
|--------------------------|--------------------------|--|

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The <u>vulnerable adult’s</u> explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult’s safety is of concern. |
|--------------------------|--------------------------|---|

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The <u>vulnerable adult</u> chooses to deny access. |
|--------------------------|--------------------------|--|

YES NO

- 6. The vulnerable adult does not or cannot meet his/her current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care. *(Consider the impact of financial exploitation).*
- 7. The physical living conditions are hazardous and currently threatening to the health and/or safety of the vulnerable adult.
- 8. The vulnerable adult's current substance use seriously impairs the vulnerable adult's ability to care for him/herself.
- 9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the vulnerable adult.
- 10. The vulnerable adult demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others.
- 11. Other current danger factor related to the vulnerable adult (describe): _____

DANGER FACTORS – SUPPORT PERSON(S)

- Not applicable – No support person
- None of the following danger factors apply for the support person

YES NO

- 1. The support person(s) fails or is unable to protect the vulnerable adult from serious harm or threatened serious harm due to abuse by others.
- 2. The support person(s) explanation for an observed injury to the vulnerable adult is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of current concern.
- 3. Access to the vulnerable adult is being denied by the support person(s).
- 4. The support person(s) does not or cannot meet the vulnerable adult's current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.
- 5. The support person(s) current substance use seriously impairs his/her ability to provide care.
- 6. Other current danger factor related to the support person(s) (describe): _____

If all current danger factors are marked “No” for both the vulnerable adult and the support person(s), go to Section 3.

If any current danger factors are marked “Yes” for either the vulnerable adult or the support person(s), go to Section 2.

SECTION 2. SAFETY INTERVENTIONS

Note: This section is required if there are any current danger factors identified in Section 1.

Check interventions recommended to mitigate current danger. Begin with the least restrictive interventions

- The vulnerable adult does not accept or is unable to indicate a preference to accept any of the safety intervention recommendations checked below.

Interventions Recommended	Accepted by Vulnerable Adult
<input type="checkbox"/> 1. Direct provision of services by the worker (do not include the investigation itself).	<input type="checkbox"/>
<input type="checkbox"/> 2. Use of the vulnerable adult’s family members, neighbors, and/or friends as safety resources.	<input type="checkbox"/>
<input type="checkbox"/> 3. Use of community agencies or services as safety resources.	<input type="checkbox"/>
<input type="checkbox"/> 4. Agreement by support person(s) to protect the vulnerable adult from the alleged perpetrator.	<input type="checkbox"/>
<input type="checkbox"/> 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.	<input type="checkbox"/>
<input type="checkbox"/> 6. The vulnerable adult voluntarily leaves the home.	<input type="checkbox"/>
<input type="checkbox"/> 7. Other safety intervention (describe): _____ _____	<input type="checkbox"/>

Are the accepted interventions above sufficient to mitigate all current danger factors?

- Yes (safety decisions is conditionally safe) No (safety decision is unsafe)

Note: Always consider the VA’s right to self-determination and use of least restrictive alternative.

SECTION 3: SAFETY DECISION

The safety decision is determined based on whether current danger factors were identified and whether the vulnerable adult accepts recommended interventions and agrees to participate in a safety plan to mitigate identified danger. The three possible safety decisions are listed below; mark the one that applies.

- Safe – No current danger factors were identified at this time:** Based on currently available information, the vulnerable adult is not likely to be in danger of serious harm. *Safety plan not required.*

- Conditionally safe – Vulnerable adult accepts sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended and the vulnerable adult accepts necessary services to mitigate danger. *Documentation of safety planning is required.*

- Unsafe – Vulnerable adult chooses not to accept sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended, but the vulnerable adult does not accept necessary services to mitigate danger or cannot indicate a preference to accept services or not. This vulnerable adult will likely be in danger or serious harm. Note: Consider an emergency intervention such as calling law enforcement/911, emergency behavioral health services, etc. *Documentation of safety planning is required.*

APS Investigator: _____ **Date:** ____/____/____
Supervisor: _____ **Date:** ____/____/____

APPENDIX E: FINAL SAFETY ASSESSMENT SSIS SCREEN and PAPER FORM

Workgroup Close tab

Decision Tool:	<input type="text" value="Adult Protection Final Safety Assessment"/>	<input type="button" value="Generate Tool"/>
Assessed By:	<input type="text" value="Hodgson, Pam Kathleen III"/>	Assessment Date: <input type="text"/>
Tool Status:	<input type="text"/>	Finalize Date: <input type="text"/>
Workgroup Close Decision:	<input type="text"/>	Override: <input type="text"/>
Vulnerable Adult:	<input type="text"/>	
Workgroup Close		
Safety Level		
What is the VA's current safety level?	<input type="text"/>	
Conditionally Safe Override		
Policy override (Conditionally safe)	<input type="text"/>	
County discretionary override (Conditionally safe)	<input type="text"/>	
Unsafe Override		
Policy override (Unsafe)	<input type="text"/>	
County discretionary override (Unsafe)	<input type="text"/>	
Comments (Required when override reason is "Other")		
<input type="text"/>		

Minnesota Adult Protection Standardized Final Safety Assessment

Vulnerable Adult Name:	
Vulnerable Adult DOB:	
SSIS Intake ID#:	Assessment Date:

SECTION 1. WORKGROUP CLOSE

Part A. Safety Level: What is the vulnerable adult's current safety level?

- Safe:** Based on information available through investigation, assessment or observation, no current factors have been identified by the worker. The vulnerable adult is not likely to be in danger of serious harm. *Safety plan not required.*
- Conditionally safe:** Based on information through investigation, assessment, or observation, one or more current danger factors have been identified by the worker. Safety interventions have been recommended by the worker to the vulnerable adult and /or support person(s). Services and support necessary to mitigate the danger to the vulnerable adult are/will be provided. *Documentation of safety planning is required.*
- Unsafe:** Based on information available through investigation, assessment, or observation, one or more current danger factors have been identified by the worker. Safety interventions have been recommended by the worker to the vulnerable adult and/or support person(s). Services and support necessary to mitigate the danger to the VA are not available or cannot be provided due to resistance or refusal of the vulnerable adult. *Documentation of safety planning is required.*

If the vulnerable adult is **Safe**, the final safety assessment is **complete**.

If the vulnerable adult is **Conditionally safe**, move to **Part B**.

If the vulnerable adult is **Unsafe**, move to **Part C**.

Part B. Conditionally Safe Override

Policy override (conditionally safe)

- No policy override:** No policy override will be used
- Unable to implement services/safety plan for VA who can make informed decisions:** This policy override may be selected when the following 4 conditions are met.
 - _____ 1. The worker has made diligent efforts to engage in safety planning with the VA, support the VA in understanding the risks associated with danger factors, work with any resistance by the VA, develop and modify the safety plan to mitigate the risk of danger to the VA.
 - _____ 2. The VA's capacity to make this decision is not in question because the VA has the ability to understand the risks associated with danger factors and understand options that may mitigate the danger to them and understand the consequences of a refusal to make changes or accept services or support necessary to mitigate the risk.

- _____ 3. The VA has made an informed decision to refuse to make changes or accept services or supports necessary to mitigate the risk from danger factor(s).
- _____ 4. Further engagement by the agency with the VA is not likely to result in a decision by the VA to accept implementation of a safety plan to mitigate danger factors.
- Formal services responsible to implement safety plan are in place to mitigate risk:** This policy override may be selected when the following 3 conditions are met.
 - _____ 1. The worker has made diligent efforts to implement safety planning with the VA and/or support system to mitigate risk from existing danger(s) to the VA.
 - _____ 2. The VA with ability to understand risks associated with danger factors and understand options that may mitigate danger(s) to them and understand the consequences of a refusal to make changes or accept services has agreed to accept formal supports OR services necessary to mitigate risk of current danger factor(s) to the VA will be implemented by licensed or contracted service providers and will be provide consistent with the safety plan regardless of the VA's ability to provide informed consent.
 - _____ 3. The agency believes current danger factors are mitigated through implementation of the safety plan by formal supports.

County discretionary override (conditionally safe)

- No discretionary override:** No discretionary override will be used.
- Agreement to implement safety plan by informal support system in place to mitigate risk:** This override may be selected when the following 4 conditions are met.
 - _____ 1. The worker has made diligent efforts to implement safety planning with the VA and/or the VA's support system to mitigate risk from existing danger(s) to the VA.
 - _____ 2. The VA with ability to understand risks associated with danger factors and understand options that may mitigate danger(s) to them and understand the consequences of a refusal to make changes or accept services has agreed to accept informal supports OR informal supports are able to be provided to the VA consistent with the safety plan regardless of the VA's ability to provide informed consent.
 - _____ 3. Informal support persons including family members, friends, or unlicensed community supports have agreed to implement the safety plan.
 - _____ 4. The agency believes current danger factors are mitigated through implementation of the safety plan by informal supports.
- Other (describe below):** This override is selected with the agency believes the current danger factors for the VA are mitigated by another option. The other option must be identified.

Part C. Unsafe Override

Policy override (unsafe)

- No policy override:** No policy override will be used
- Unable to implement services/safety plan for VA who can make informed decisions:** This policy override may be selected when the following 4 conditions are met.

_____ 1. The worker has made diligent efforts to engage in safety planning with the VA, support the VA in understanding the risks associated with danger factors, work with any resistance by the VA, develop and modify the safety plan to mitigate the risk of danger to the VA.

_____ 2. The VA's capacity to make this decision is not in question because the VA has the ability to understand the risks associated with danger factors and understand options that may mitigate the danger to them and understand the consequences of a refusal to make changes or accept services or support necessary to mitigate the risk.

_____ 3. The VA has made an informed decision to refuse to make changes or accept services or supports necessary to mitigate the risk from danger factor(s).

_____ 4. Further engagement by the agency with the VA is not likely to result in a decision by the VA to accept implementation of a safety plan to mitigate danger factors.

County discretionary override (unsafe)

- No discretionary override:** No discretionary override will be used.
- Court order denying petition for involuntary intervention:** This override may be selected with the following 4 conditions are met.

_____ 1. The court denied the petition of the agency or another interested party for guardianship, conservatorship, commitment, restraining or protective order necessary to mitigate current danger factor(s) to the VA.

_____ 2. Following the petition denial, the worker has made diligent efforts to re-engage in safety planning with the VA and/or support persons to mitigate the risk of danger to the VA.

_____ 3. The VA refuses to make changes or licensed or contracted services or informal supports including family members, friends and community agencies are not able to mitigate the danger to the VA due to lack of cooperation by the VA or lack of availability of the support system.

_____ 4. Further engagement by the agency with the VA or informal or formal supports is not likely to result in implementation of the safety plan to mitigate danger factors.

Potential harm of involuntary intervention outweighs benefit to vulnerable adult: This override may be selected with the following 4 conditions are met.

_____ 1. The worker has made diligent efforts to implement safety planning with the VA and/or support system to mitigate risk from existing danger(s) to the VA.

_____ 2. The VA is unable to be engaged in safety planning or be supported to understand risks associated with danger factors and options that may mitigate danger(s) to them or understand the consequences of a refusal to make changes.

_____ 3. Formal or informal supports are unable to be provided to the VA due to lack of cooperation or lack of resources.

_____ 4. The agency believes the risk of harm to the VA from an involuntary intervention is higher than the risk of harm to the VA for current danger factor(s) or there will not be sufficient benefit to the safety of the VA from a formal intervention due to lack of cooperation from the VA or the lack of necessary resources to mitigate the current danger factor(s).

Other (describe below): This override is selected with the agency believes the current danger factors for the VA are mitigated by another option. The other option must be identified.

APS Investigator: _____ **Date:** ____/____/____

Supervisor: _____ **Date:** ____/____/____

APPENDIX F: SDM® STRENGTHS AND NEEDS
ASSESSMENT/REASSESSMENT SSIS SCREENS and PAPER FORM

Assessment Information Tab

Assessment Information	Vulnerable Adult - Colwater, Annie	Primary Support Person - Colwater, Katie	Planning						
<p>The strengths and needs assessment/reassessment provides consistent consideration for each strength and need of the VA and/or primary support person. The assessment is used to identify critical strengths and needs to help guide service planning and referrals. Re-assessment helps guide whether sufficient needs reduction has occurred to support case closure.</p>									
<p>Scoring</p> <p>The Strengths and Needs Assessment answer choices for the VA and Primary Support Person are scored as follows:</p> <table> <tr> <td>Strength</td> <td>1</td> </tr> <tr> <td>Minor Need</td> <td>-1</td> </tr> <tr> <td>Significant need</td> <td>-2</td> </tr> </table>				Strength	1	Minor Need	-1	Significant need	-2
Strength	1								
Minor Need	-1								
Significant need	-2								
Assessment type		Initial assessment							

Vulnerable Adult Tab

Assessment Information	Vulnerable Adult - Colwater, Annie	Primary Support Person - Colwater, Katie	Planning
VA5. Housing/Physical Environment	Minor concerns related to housing health and safety		-1
VA6. Physical Mobility	Able to move about home and community		1
VA7. Relationships	Generally supportive relationships		1
VA8. Social/Community Support System	Adequate support system		1
VA9. Substance Use/Substance Abuse/Dependency	Substance use/abuse/dependency impedes some ADLs/IADLs and may affect		-1
VA10. Financial Resources	Financial resources are sufficient to meet basic needs		1
VA11. Resource Management	Financial resources are not well managed		-1
VA12. Functional Communication and Literacy	Able to communicate with minimal assistance		-1
VA13. Other Identified VA Strength or Need	VA has a minor need not addressed above		-1
Priority Needs		Priority Strengths	
Priority	Score	Priority	Score
<input checked="" type="checkbox"/> VA1. Physical Health	-2	<input checked="" type="checkbox"/> VA6. Physical Mobility	1
<input checked="" type="checkbox"/> VA2. Health Care Coverage	-1	<input type="checkbox"/> VA7. Relationships	1
<input checked="" type="checkbox"/> VA3. Cognitive Functioning/Orientation	-2	<input type="checkbox"/> VA8. Social/Community Support System	1

Primary Support Person Tab

Assessment Information		Vulnerable Adult - Colwater, Annie	Primary Support Person - Colwater, Katie	Planning
PSP1. Quality of Care		Willing to meet the VA's needs but requires assistance to obtain resources		-1
PSP2. Physical Health		Physical health interferes with ability to provide care		-2
PSP3. Mental Health/Coping Skills/Cognition		Mental health/cognitive impairment occasionally interferes with ability to provide		-1
PSP4. Substance Use/Substance Abuse/Dependency		No substance use, or use does not impede ability to provide care		1
PSP5. Other Identified PSP Strength or Need		Primary support person has a significant need not addressed above		-2

Priority Needs		Priority Strengths	
Priority	Score	Priority	Score
<input checked="" type="checkbox"/> PSP1. Quality of Care	-1	<input type="checkbox"/> PSP4. Substance Use/Substance Abuse/Dependency	1
<input checked="" type="checkbox"/> PSP2. Physical Health	-2		
<input type="checkbox"/> PSP3. Mental Health/Coping Skills/Cognition	-1		
<input checked="" type="checkbox"/> PSP5. Other Identified PSP Strength or Need	-2		

Planning Tab

Assessment Information		Vulnerable Adult - Colwater, Annie	Primary Support Person - Colwater, Katie	Planning
VA5. Housing/Physical Environment		Minor concerns related to housing health and safety		-1
VA6. Physical Mobility		Able to move about home and community		1
VA7. Relationships		Generally supportive relationships		1
VA8. Social/Community Support System		Adequate support system		1
VA9. Substance Use/Substance Abuse/Dependency		Substance use/abuse/dependency impedes some ADLs/IADLs and may affect		-1
VA10. Financial Resources		Financial resources are sufficient to meet basic needs		1
VA11. Resource Management		Financial resources are not well managed		-1
VA12. Functional Communication and Literacy		Able to communicate with minimal assistance		-1
VA13. Other Identified VA Strength or Need		VA has a minor need not addressed above		-1

Priority Needs		Priority Strengths	
Priority	Score	Priority	Score
<input checked="" type="checkbox"/> VA1. Physical Health	-2	<input checked="" type="checkbox"/> VA6. Physical Mobility	1
<input checked="" type="checkbox"/> VA2. Health Care Coverage	-1	<input type="checkbox"/> VA7. Relationships	1
<input checked="" type="checkbox"/> VA3. Cognitive Functioning/Orientation	-2	<input type="checkbox"/> VA8. Social/Community Support System	1

Minnesota Adult Protection SDM® Strengths AND Needs Assessment/Reassessment

Vulnerable Adult Name:	
Vulnerable Adult DOB:	
SSIS Intake ID#:	Assessment Date:
Assessment Type: <input type="checkbox"/> Initial <input type="checkbox"/> Final	

SECTION 1.VULNERABLE ADULT	SCORING (1, -1, -2)
SSIS Person #: _____	
VA1. Physical Health 1 No concerns related to physical health -1 Some concerns related to physical health -2 Significant concerns related to physical health <input type="checkbox"/> Not assessed	
VA2. Health Care Coverage 1 Has adequate coverage to meet health care needs -1 Has coverage but it is inadequate to meet health care needs -2 Has no health care coverage <input type="checkbox"/> Not assessed	
VA3. Cognitive Functioning/Orientation 1 Good or strong cognitive functioning and minimal to no disorientation -1 Some concerns related to cognitive functioning and/or occasional disorientation -2 Significant concerns related to cognitive functioning and/or chronic disorientation <input type="checkbox"/> Not assessed	
VA4. Mental Health/Coping Skills 1 Adequate to strong coping skills; able to manage mild mental or emotional disability symptoms -1 Moderate symptoms that impede the performance of some ADLs/IADLs -2 Chronic/severe symptoms that impede the performance of most or all ADLs/IADLs <input type="checkbox"/> Not assessed	
VA5. Housing/Physical Environment 1 Adequate housing that meets basic needs for health and safety -1 Some minor concerns related to health and safety of current housing -2 Significant concerns related to health and safety of current housing <input type="checkbox"/> Not assessed	
VA6. Physical Mobility 1 Able to move about the home and community without assistance -1 Able to move about the home and community with minimal assistance -2 Client requires extensive assistance to move about the home or community <input type="checkbox"/> Not assessed	
VA7. Relationships 1 Generally supportive relationships -1 Disruptive relationships -2 Extremely problematic relationships <input type="checkbox"/> Not assessed	
VA8. Social/Community Support System 1 Adequate support system -1 Limited support system -2 No support system <input type="checkbox"/> Not assessed	

SECTION 1. VULNERABLE ADULT SSIS Person #: _____	SCORING (1, -1, -2)
VA9. Substance Use/Substance Abuse/Dependency 1 No substance use, or substance use has no noticeable adverse effects on health, safety, or ADLs/IADLs -1 Substance use/abuse/dependency impedes some ADLs/IADLs and may affect health and/or safety -2 Substance use/abuse/dependency impedes most or all ADLs/IADLs and impacts health and/or safety <input type="checkbox"/> Not assessed	
VA10. Financial Resources 1 Financial resources are sufficient to meet basic needs -1 Financial resources are insufficient -2 No financial resources, or resources are severely limited <input type="checkbox"/> Not assessed	
VA11. Resource Management 1 Financial resources are adequately managed -1 Financial resources are not well managed -2 Financial resources are severely mismanaged <input type="checkbox"/> Not assessed	
VA12. Functional Communication and Literacy 1 Able to communicate -1 Able to communicate with minimal assistance -2 Significant communication or literacy barriers <input type="checkbox"/> Not assessed	
VA13. Other Identified Client Strength/Need (not addressed in VA1–VA12) <input type="checkbox"/> Not applicable—no strength/need other than what is identified in VA1–VA12 1 Client has a strength not addressed in VA1–VA12 -1 Client has a minor need not addressed in VA1–VA12 -2 Client has a significant need not addressed in VA1–VA12 Description: _____	
VULNERABLE ADULT PRIORITY STRENGTHS AND NEEDS Enter the item number and description of up to three highest priority strengths and needs that will be addressed. Prioritization of needs should occur among items with “-2” responses, followed by items with “-1” responses. Priority Areas of Strength 1. _____ 2. _____ 3. _____ Priority Areas of Need 1. _____ 2. _____ 3. _____ <u>Areas Not Assessed</u>	

Comments/Documentation

- Vulnerable Adult is engaged and motivated to participate in service planning and delivery.
- Vulnerable Adult is unwilling to engage in any type of service planning and delivery.

<p>SECTION 2. PRIMARY SUPPORT PERSON</p> <p><input type="checkbox"/> Not applicable—there is no primary support person</p> <p>Primary Support Person Name: _____</p> <p>Relationship to VA: <input type="checkbox"/>Spouse <input type="checkbox"/>Son or daughter <input type="checkbox"/>Other relative <input type="checkbox"/>Friend/neighbor <input type="checkbox"/>Other</p>	<p>RATING (1, -1, -2)</p>
<p>PSP1. Quality of Care</p> <ul style="list-style-type: none"> 1 Able and willing to meet the client’s needs and can obtain resources -1 Willing to meet the client’s needs but requires assistance to obtain resources -2 Unable and unwilling to meet the client’s needs <input type="checkbox"/>Not assessed 	
<p>PSP2. Physical Health</p> <ul style="list-style-type: none"> 1 Physical health does not interfere with ability to provide care -1 Physical health occasionally interferes with ability to provide care -2 Physical health interferes with ability to provide care <input type="checkbox"/>Not assessed 	
<p>PSP3. Mental Health/Coping Skills/Cognition</p> <ul style="list-style-type: none"> 1 Mental health/cognitive impairment does not interfere with ability to provide care; adapts or adjusts to chronic or changing needs of the client -1 Mental health/cognitive impairment occasionally interferes with ability to provide care; has difficulty adapting to chronic or changing needs of the client -2 Mental health/cognitive impairment interferes with ability to provide care; is unable to adapt to chronic or changing needs of the client <input type="checkbox"/>Not assessed 	
<p>PSP4. Substance Use/Substance Abuse/Dependency</p> <ul style="list-style-type: none"> 1 No substance use, or substance use does not interfere with ability to provide care -1 Substance use/abuse/dependency somewhat impedes ability to provide care -2 Substance use/abuse/dependency impedes ability to provide care <input type="checkbox"/>Not assessed 	
<p>PSP5. Other Identified Primary Support Person Strength/Need</p> <ul style="list-style-type: none"> <input type="checkbox"/>Not applicable—no strength/need other than what is identified in PSP1– PSP 4 1 Primary support person has a strength not addressed in PSP 1– PSP 4 -1 Primary support person has a minor need not addressed in PSP 1– PSP 4 -2 Primary support person has a significant need not addressed in PSP 1– PSP 4 <p>Description:</p>	

PRIMARY SUPPORT PERSON PRIORITY STRENGTHS AND NEEDS

Enter the item number and description of up to three highest priority strengths and needs that will be addressed. Prioritization of needs should occur among items with “-2” responses, followed by items with “-1” responses.

Priority Areas of Strength

- 1. _____
- 2. _____
- 3. _____

Priority Areas of Need

- 1. _____
- 2. _____
- 3. _____

Areas Not Assessed:

Comments/Documentation

APS Investigator/Worker: _____ **Date:** ____/____/____