EVIDENT CHANGE

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SDM® INTAKE POST-IMPLEMENTATION ANALYSIS

PREPARED FOR MINNESOTA DEPARTMENT OF HUMAN SERVICES

September 2025

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ABOUT EVIDENT CHANGE

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INTRODUCTION AND BACKGROUND

In 2022, the Minnesota Department of Human Services (DHS), Aging and Adult Services Division, Adult Protection Services (APS) partnered with Evident Change to update the Structured Decision Making® (SDM) intake assessment for Minnesota APS. The SDM® intake assessment is used to determine if the adult is vulnerable and if the allegations reported meet the threshold for opening an assessment. If the report is screened in for APS assessment, the response priority section helps the worker determine the appropriate response time for the adult.

The tool in use prior to the update was launched in 2012. Some of the 2023 revisions included a complete restructuring of the vulnerability status, allegations, screening decision, and response priority sections. The adult vulnerability criteria were edited to be stepwise discrete items with more detail and guidance, where categorical and functional criteria are now considered in one question set. The allegations section was revised to include discrete items that better reflect situations reported, with additional policy and practice guidance included. The screening decision section was changed to reflect what the overrides truly represent: local agency prioritization guidelines being applied. The items and definitions for agency prioritization guidelines were revised based on data collected by DHS. The response priority section was revamped to incorporate the built-in response time for EPS cases and make revised items easier to apply.

The revised intake assessment was implemented in August 2024. Evident Change conducted a pre-implementation analysis in 2023 to examine use of the legacy intake assessment between April 2020 and September 2022. The analysis looked at assessment completion, vulnerability status, identification of maltreatment allegations, overrides to screen out, and final screening decisions by race/ethnicity of the adult who is vulnerable involved in the report.

This report examines use of the revised SDM intake assessment soon after implementation, from October 1, 2024, to March 31, 2025. The two assessments differ in structure, scope, and guiding policy, and each was implemented under different practice environments. As a result, any observed differences may reflect shifts in policy, procedure, or data collection methods rather than true changes in decision-making patterns.

METHODS

Evident Change received a data extract from Minnesota's Social Services Information System (SSIS) electronic case management, assessment, and tracking systems. Using these data, analysts identified 20,240 reports assigned to a county lead investigative agency between October 1, 2024, and March 31, 2025. The most recent completed SDM intake assessment was matched to the SSIS report records, disability information, allegations, and race/ethnicity information. After calculating SDM intake assessment

completion rates, 11 reports with more than one intake assessment completed on the same date and with different screening decisions were removed from analyses because Evident Change was unable to determine which intake assessment was used to make decisions regarding the adult.

RESULTS

The results section examines key elements of the intake process, including whether an intake assessment was completed, whether the individual was identified as an adult who is vulnerable, and the types of maltreatment allegations identified. Analysts also reviewed the initial and final screening decisions, the assigned response priority times, and any documented agency prioritization. In addition, screening decisions were disaggregated by the race of the adult to explore any potential differences in screening outcomes.

SDM INTAKE ASSESSMENT COMPLETION RATE

There were 20,240 reports assigned to a county lead investigative agency between October 1, 2024, and March 31, 2025. Of these, 20,201 (99.8%) had an associated SDM intake assessment.

Figure 1
SDM Intake Assessment Completion (N = 20,240)

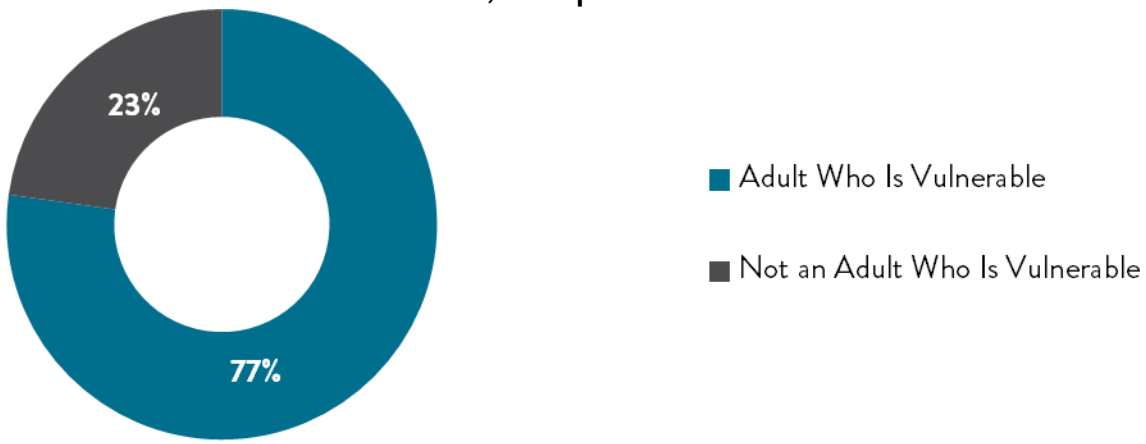
99.8%

October 2024 – March 2025

ADULT WITH VULNERABILITY STATUS

There were 20,190 reports with an SDM intake assessment that included a final screening decision. Of these, 15,590 (77%) involved individuals who were assessed as adults who are vulnerable. The remaining 4,600 reports involved adults who were determined not to be adults who are vulnerable and were screened out.

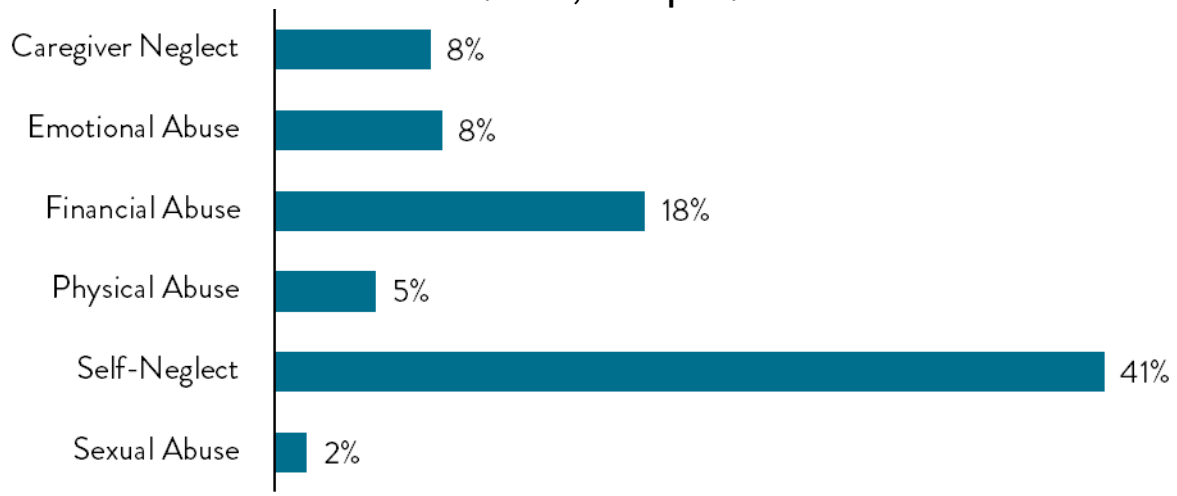
Figure 2
Adult With Vulnerability Status
(N = 20,190 reports)



SDM ALLEGATION SCREENING CRITERIA

Of the 15,590 reports involving adults who are vulnerable, self-neglect was the allegation criterion most present, with 41% of reports meeting the threshold for an in-person response to address those concerns. Financial abuse (18%) was the second most common allegation criterion of reports meeting the threshold, followed by caregiver neglect (8%) and emotional abuse (8%). Allegations of sexual or physical abuse were indicated in 2% and 5% of reports, respectively (Figure 3). Identification of SDM allegation screening criteria varied somewhat by the race of the adult involved in the report. See Table A2 for more information.

Figure 3
SDM Allegation Screening Criteria
(N = 15,590 reports)

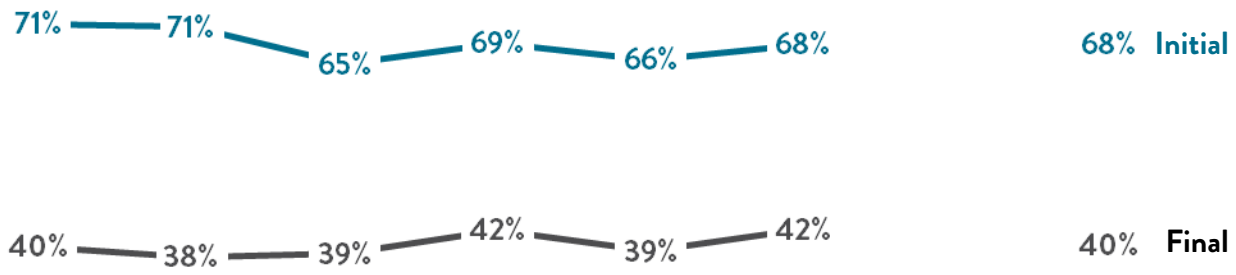


SDM SCREENING DECISION

Between October 2024 and March 2025, 10,671 (68%) reports involving adults who are vulnerable had at least one allegation criterion selected, resulting in an initial decision to screen in. The initial screen-in rate varied slightly over that time. For example, in October 2024 the initial screen-in rate was 71%, and it fell to 65% in December 2024. From January to March 2025, the rate varied between 65% and 68%. (Figure 4).

After agency prioritization, a total of 6,227 (40%) reports had a final screening decision of screen in. The final screening decision was similar over the report time period.

Figure 4
Initial and Final Screen-In Decision Rates



SDM SCREENING DECISION BY ADULT RACE

Initial screening decisions varied somewhat by the adults' race.[1] For example, reports involving American Indian/Alaska Native or White adults had the highest proportion of initial screen-in decisions at 69%, and

[1] Due to the small sample of Pacific Islander adults, they are reported with the Asian group.

reports involving adults with declined or unavailable race/ethnicity information had initial screen-in decisions 68% of the time. Reports involving adults who had a recorded race of Asian/Pacific Islander were screened in 64% of the time, the lowest rate. It should be noted that 25% of reports had a declined, unknown, or missing race information. If this information were known, it could change the pattern observed among reports involving adults with identified race (Figure 5).

Final screen-in decisions varied more widely by race. Reports involving White adults resulted in a final screen-in decision 43% of the time compared with 19% of reports involving Black/African American adults. Reports involving American Indian/Alaska Native adults or Asian/Pacific Islander adults had final screen-in decisions around 30% of the time. Reports involving adults who had declined, unknown, or missing race information resulted in a final decision of screen in 41% of the time. Differences in initial versus final screening decisions by race are likely related to differences in the use of agency prioritization guidelines by group, which is examined in a later section.

Figure 5
Initial and Final Screen-in Decision Rates by Race (N=15,590)

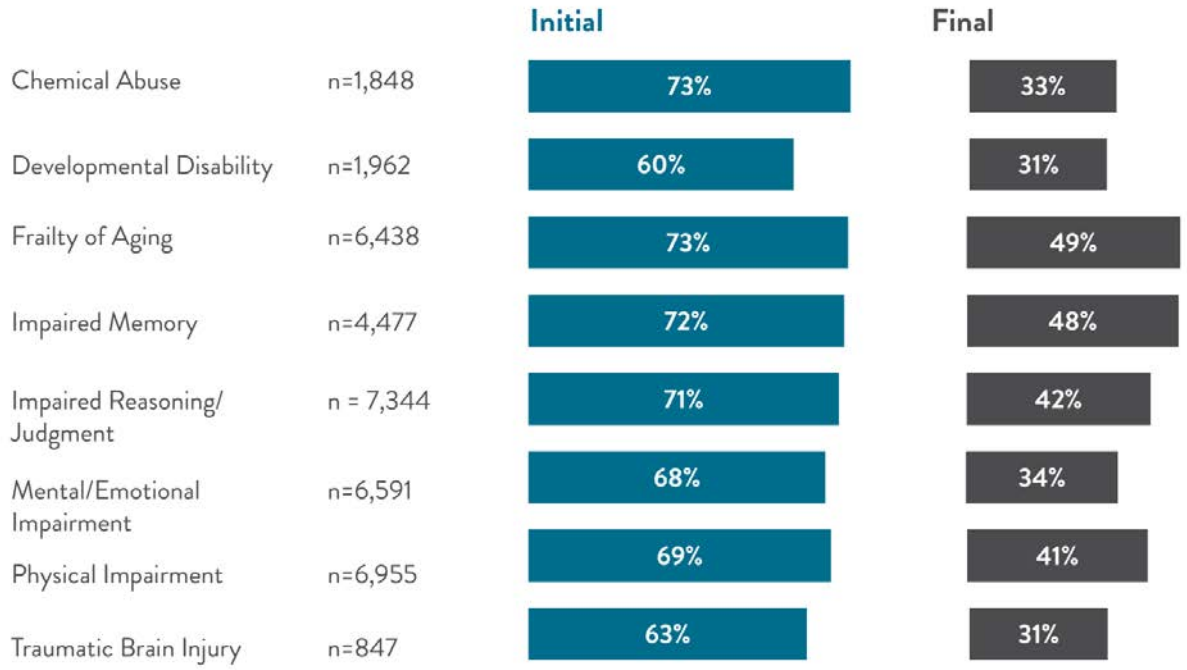
SDM SCREENING DECISION BY ADULT DISABILITY STATUS

Initial screening decisions showed some variation by the type of disability (Figure 6). Reports involving adults with a chemical disability or frailty of aging had the highest initial screen-in rates (73%), followed closely by reports involving adults with a disability related to impaired memory (72%). In contrast, reports involving

adults with a developmental disability had the lowest initial screen-in rate (60%). Because an adult can have more than one disability type, n sizes do not add up to the total number of reports.

Final screen-in decisions varied more widely by reported disability (Figure 6). Reports involving adults with a disability related to frailty of aging had a final screening rate of 49%, the highest rate, followed by reports involving adults with a disability related to impaired memory (48%). Reports involving adults with a developmental disability or traumatic brain injury had the lowest final screen-in rates at 31%. A detailed breakdown of each agency prioritization applied to reports concerning adults with different disabilities can be found in Table A6.

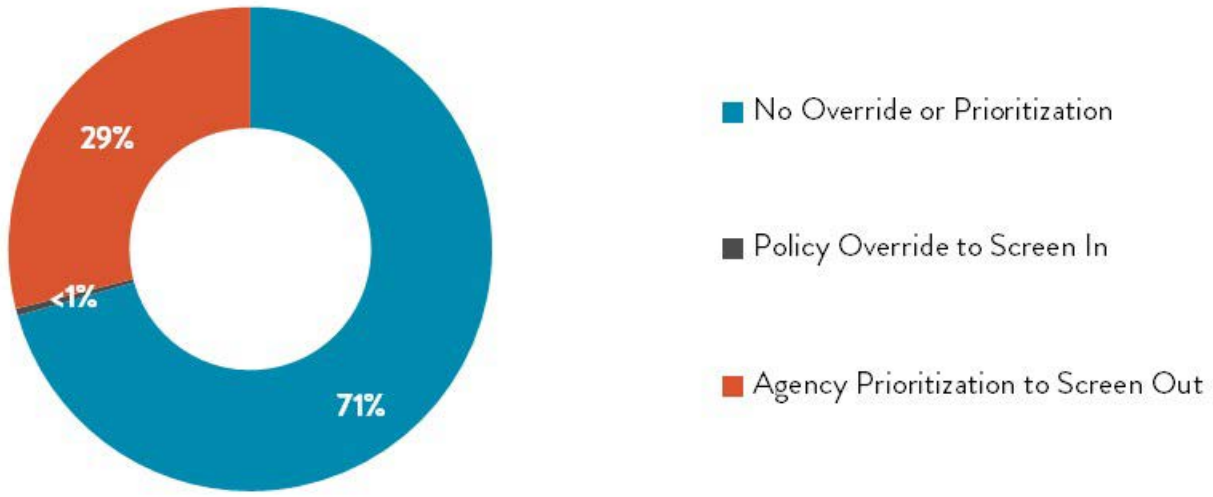
Figure 6
Initial and Final Screen-in Decision Rates by Disability Type
N = 15,590



SCREENING DECISION POLICY OVERRIDE AND AGENCY PRIORITIZATION

Of the 15,590 reports in the post-implementation sample with a completed SDM intake assessment involving an adult determined to be vulnerable, 4,516 (29%) had an agency prioritization applied to change the screening decision from screen in to screen out, and less than 1% (72) had a policy override applied to screen in. For the remaining 71% (11,002), neither an agency prioritization nor an override was applied, meaning the final screening decision was the same as the initial decision based on a review of SDM screening criteria (Figure 7). Table A3 includes details regarding the use of each prioritization reason.

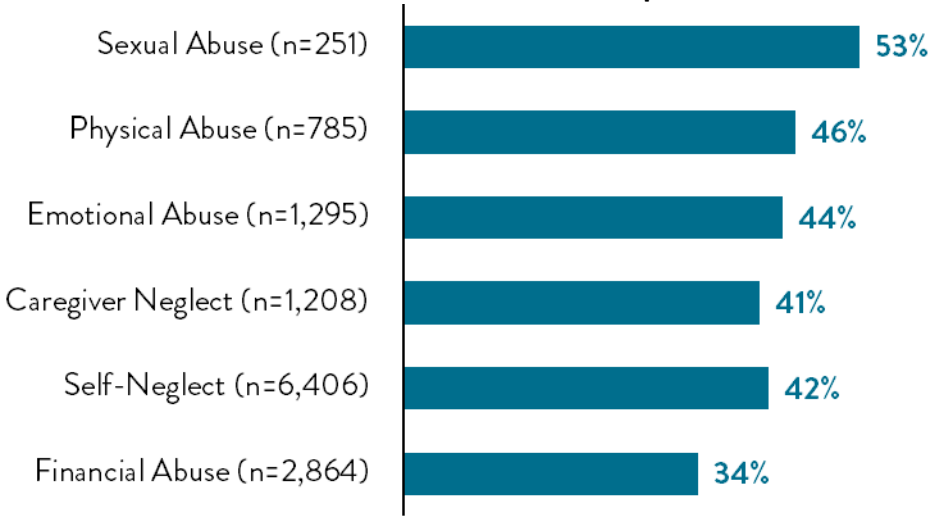
Figure 7
Agency Prioritization and Policy Override Applied
(N = 15,590 reports)



AGENCY PRIORITIZATION USE BY SDM SCREENING CRITERIA

The use of agency prioritizations varied by SDM allegation criteria among the 10,671 reports with at least one screening criteria selected. For example, a prioritization resulting in a screen-out decision was applied in over half (53%) of reports for which a sexual abuse allegation criterion was indicated compared with 34% of reports for which financial abuse was selected (Figure 8). Note that each report may have more than one SDM screening criteria selected and may be represented multiple times. Details regarding use of agency prioritizations by SDM screening allegation criteria are presented in Table A4.

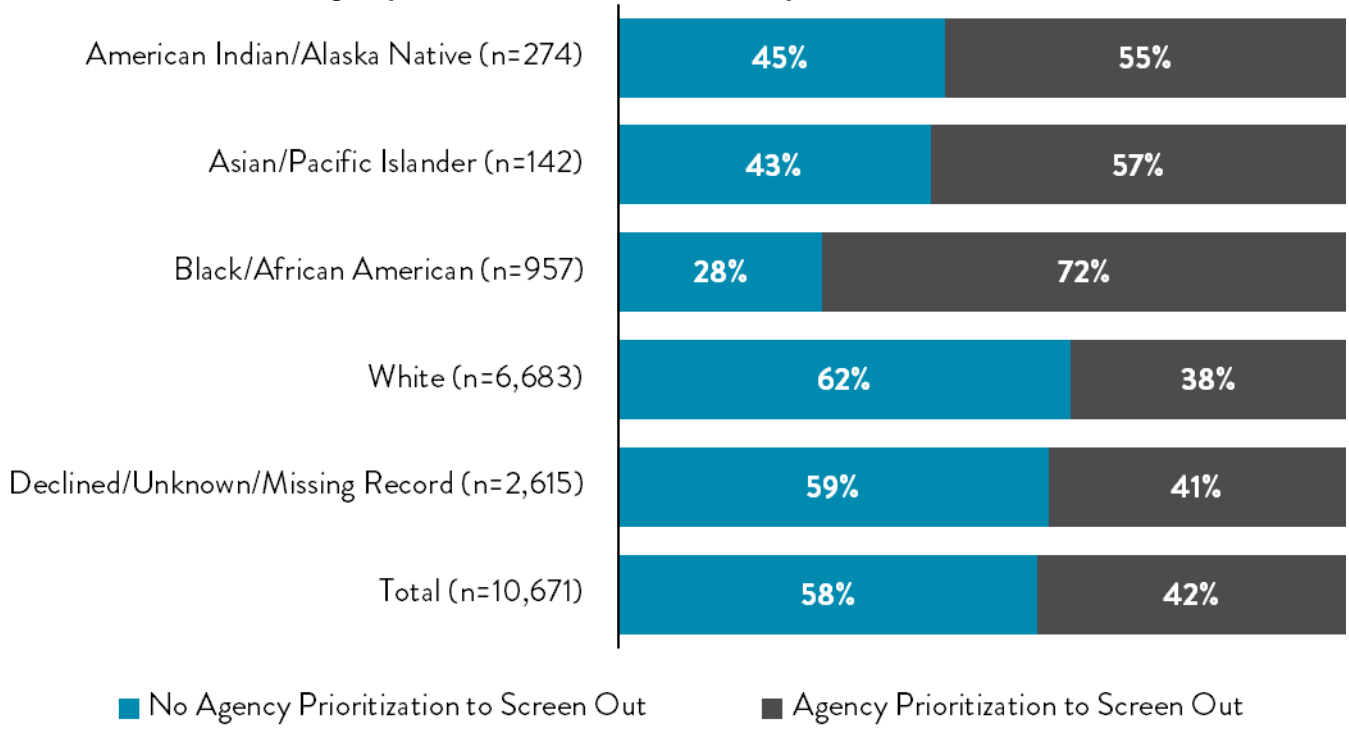
Figure 8
Agency Prioritization Resulting in Screen Out by SDM Allegation Criteria
(N = 10,671 reports)



AGENCY PRIORITIZATION USE BY RACE OF ADULT INVOLVED IN THE REPORT

Agency prioritization patterns varied across race groups (Figure 9). Among reports that were initially screened in, those involving Black/African American adults had agency prioritizations applied most often, at 72%, a substantially higher rate than reports involving adults in all other race groups. In contrast, reports involving White adults had the lowest agency prioritization rate (38%). See Table A5 for additional information regarding use of agency prioritizations by race.

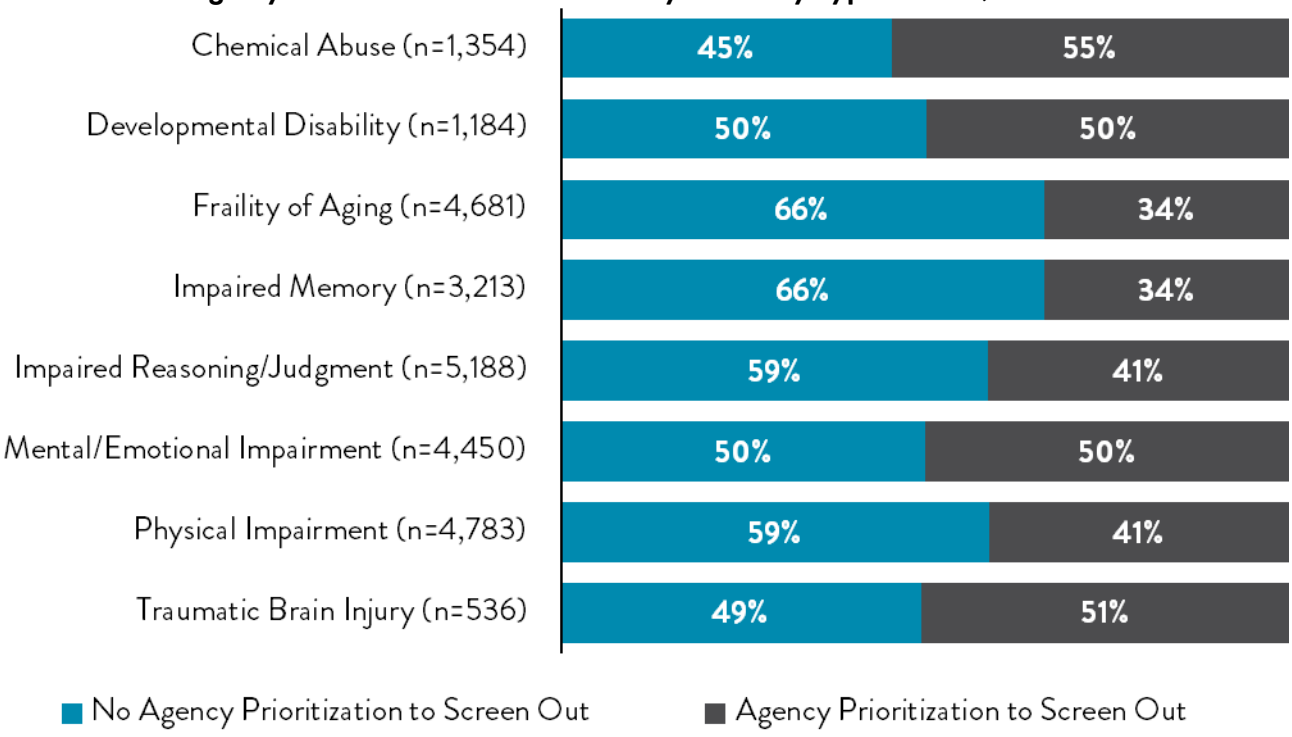
Figure 9
Agency Prioritization to Screen Out by Race (N = 10,671)



AGENCY PRIORITIZATION USE BY DISABILITY OF ADULT INVOLVED IN THE REPORT

Agency prioritization patterns differed across disability groups (Figure 10). Among reports that were initially screened in, those involving adults with disabilities related to chemical abuse were most often assigned an agency prioritization to screen out (55%), a notably higher rate than for reports involving adults with disabilities more commonly associated with aging, such as frailty of aging and impaired memory (both 34%, the lowest rate). Note that an adult may have more then one disability. See Table A6 for additional information regarding use of agency prioritizations by disability.

Figure 10
Agency Prioritization to Screen Out by Disability Type (N = 10,671)

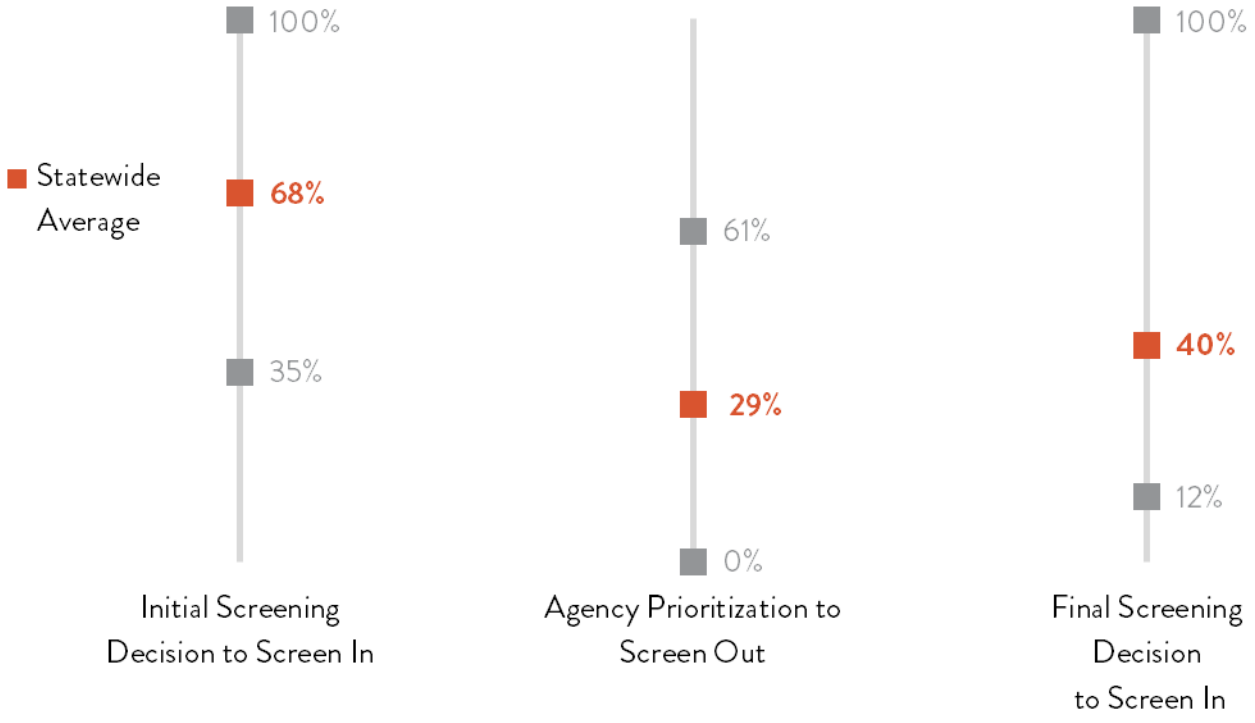


SCREENING DECISION AND AGENCY PRIORITIZATION RANGES BY COUNTY

Screening rates, including the use of agency prioritization guidelines, varied across counties. For example, initial screen-in rates varied from 35% to 100% compared with the statewide average of 68%, and final screen-in rates varied from 12% to 100%, with a statewide average of 40%. Use of prioritization guidelines also varied, with at least one county using prioritization guidelines in 0% of reports compared with another county that used prioritization guidelines in 61% of reports that were initially screened in to change the decision to screen out (Figure 11).

Note that minimum and maximum ranges highlight the smallest and largest values across a spectrum of different screening rates and use of prioritization guidelines, but they may not reflect the range within which a majority of counties are falling. Figures A1–A3 provide additional information regarding the distribution of counties by size across screening rates and prioritization use ranges to provide more context to the minimum and maximum ranges.

Figure 11
SDM Initial Screening, Agency Prioritization, and Final Screening Decision Ranges



SCREENING DECISION TAKEAWAYS

- Statewide, the final screen-in rate (after agency prioritization) was 28 percentage points lower than the initial screen-in rate, which is based on review of SDM screening criteria. The final screen-in rate was lower due to agency use of prioritization guidelines to change the screening decision from screen in to screen out.
- Final screening decisions varied more by race than initial screening decisions. For example, the range of initial screen-in rates ranged from 64% for reports involving Asian/Pacific Islander adults to 69% for reports involving American Indian/Alaska Native adults or White adults. Final screen-in rates ranged from 19% for reports involving Black/African American adults to 43% for reports involving White adults. The increased variation in the final screening decision may be due to differences in the application of agency prioritization guidelines by adult race.
- Agency prioritization was used to change the screening decision more often when some SDM screening criteria were selected. For example, an agency prioritization was used to change the screening decision from screen in to screen out in 53% of reports for which sexual abuse allegations were selected.
- There was a range of initial screen-in rates, use of agency prioritization, and final screen-in rates by county. For example, initial screen-in rates varied from 35% to 100% while final screen-in rates ranged from 12% to 100%. Use of agency prioritization ranged from 0% to 61%.

SCREENING DECISION CONNECTING DATA TO PRACTICE

Overall, rates of agency prioritization resulting in a final decision to screen out are higher than rates of screening decision overrides typically observed by Evident Change. (Note that agency prioritization is not directly comparable to overrides used by other agencies.) In addition, use of agency prioritization guidelines varied for different groups when examined by race of the adult involved in the report, by disability type, and by county conducting the report screening.

Variation in assessment results across groups may be due to a variety of factors that cannot be observed in the administrative data. When differences by group exist, Evident Change recommends that agencies closely examine assessment implementation to further understand what may be leading to the differences. Contributing factors may include differences in the types of reports received, variations in staff interpretation of screening policy, inconsistencies in training or supervision, and local practice patterns.

Because the difference in screen-in rates by race becomes more pronounced after agency prioritization guidelines are applied, Evident Change recommends that counties review established agency prioritization guidelines to ensure they are being applied as intended. Case reading to understand the stated rationale for applying a specific county prioritization guideline to reports is the best way to understand how prioritization guidelines are being applied at the local level.

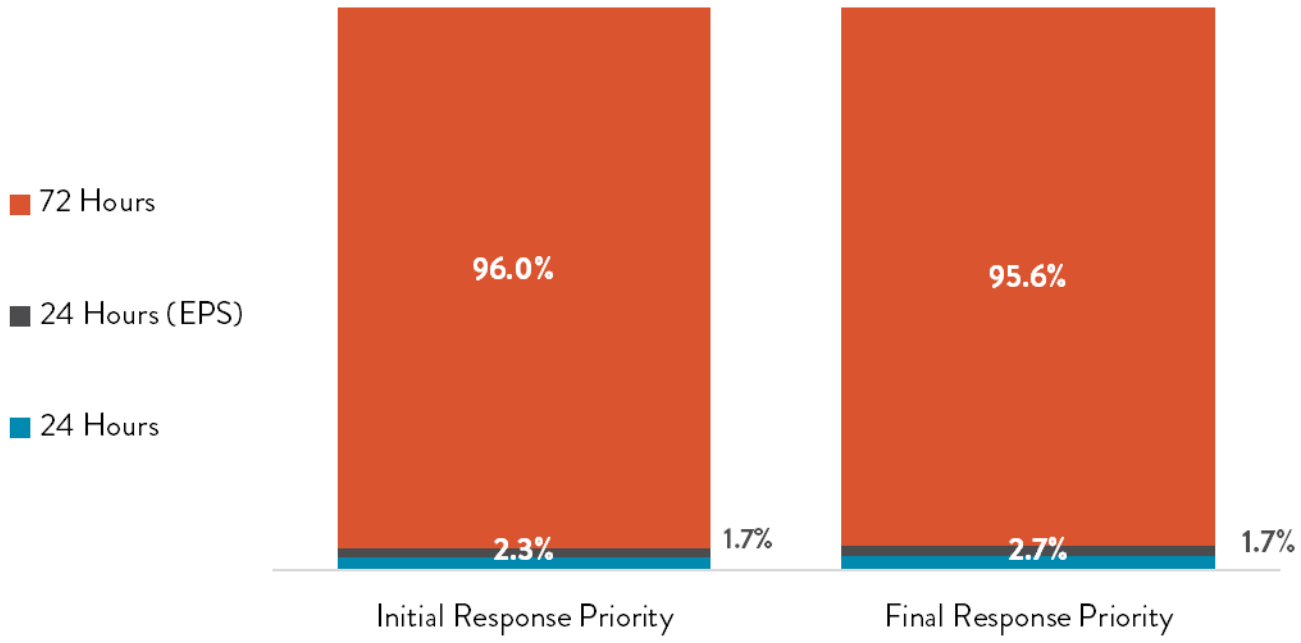
Additionally, Evident Change noted wide variability across counties when looking at initial screening decisions, the rate at which prioritization guidelines are applied, and the final screening decisions. While variability at the local level is expected, the minimum to maximum ranges across all three decision points warrant further examination. The observed differences may be due to a variety of factors, some of which might be related to assessment application while other reasons are due to factors external to screening practices. For example, screening rates may be influenced by differences in the population makeup of counties, differences in which facilities or groups of mandated reporters reside in specific counties, differences in the rates of reports that come in by county, or differences in the reporting culture of a specific county's general population. Alternatively, differences in how reports are screened using the SDM intake assessment definitions and language and/or the assessment application in SSIS may contribute to differences. While the administrative data can highlight differences, it is impossible to know the specific reason this may be occurring without reading cases at a local level to better understand the decision-making process.

Evident Change recommends that counties review their screening decisions and agency prioritization practices by conducting focused case readings to ensure that the SDM intake assessment is being applied consistently and with fidelity. The SDM intake assessment provides the statewide policy for determining whether an adult is vulnerable and maltreatment allegations are present that warrant an in-person assessment. If the assessment is not being used correctly to make the screening decision, this is one reason variability in screening decisions may persist.

SDM RESPONSE PRIORITY

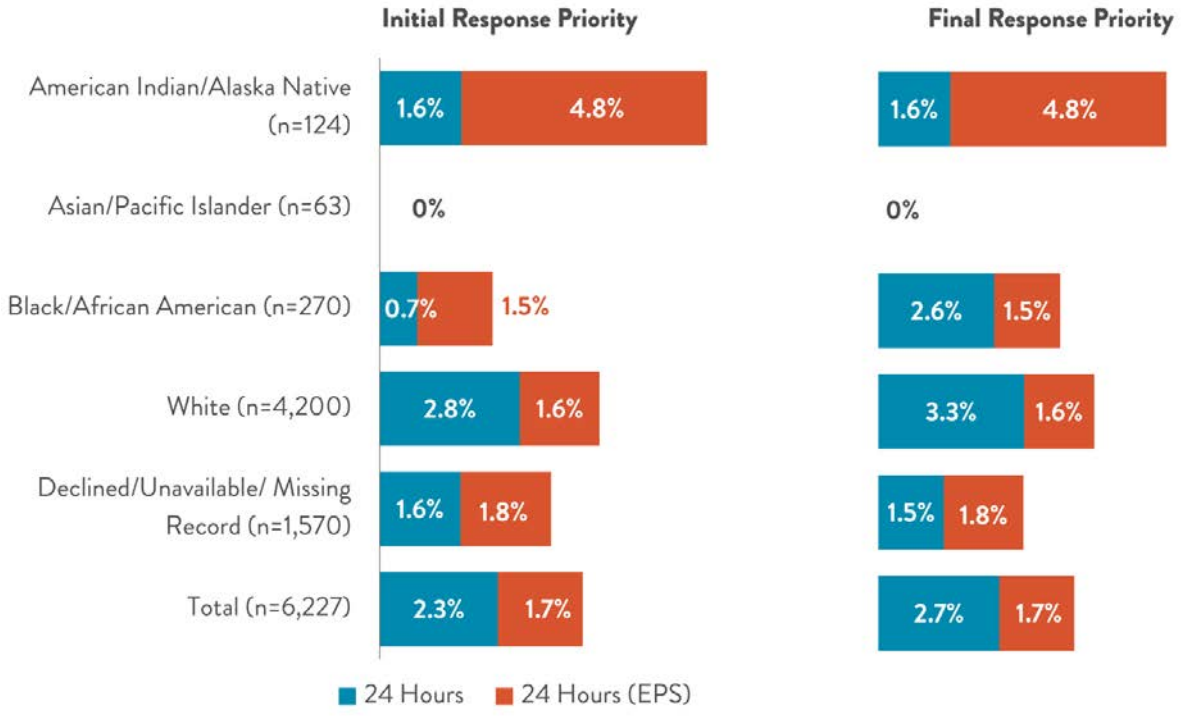
Use of agency response reprioritization applied to the initial response priority was minimal. Before reprioritization, 96.0% of 6,227 screened-in reports were assigned a response priority of 72 hours. After reprioritization, 95.6% of screened-in reports were assigned for a response within 72 hours. Before reprioritization, a small percentage (2.3%) of reports were assigned an initial 24-hour response time. This percentage rose slightly (to 2.7%) after reprioritization. Finally, 1.7% of reports were assigned a 24-hour EPS response, both before and after reprioritization (Figure 12). Reasons for 24-hour response priority assignment are detailed in Table A7.

Figure 12
SDM Response Priority Decision (N = 6,227)



Differences in response priority assignments before and after reprioritization were minimal overall, but some variation was observed by race (Figure 13). Among reports involving Black/African American adults, the percentage of reports assigned a 24-hour response increased from 0.7% to 2.6%, and the proportion assigned a 72-hour response declined from 97.8% to 95.9% (not shown). For reports involving White adults, 24-hour responses rose slightly from 2.8% to 3.3%, while 72-hour assignments decreased marginally (not shown). No changes were observed for Asian/Pacific Islander or American Indian/Alaska Native adults. Overall, response priority assignments remained largely consistent after reprioritization.

Figure 13
24-Hour Initial and Final Response Priority Levels by Race
(N = 6,227)



RESPONSE PRIORITY TAKEAWAYS

- An overwhelming majority (95.6%) of screened-in reports had a final 72-hour response time.
- Both the 24-hour and the 24-hour (EPS) response times made up a small percentage of final response times at times at 2.7% and 1.7%, respectively.
- After agency reprioritization guidelines were applied, very little shift occurred from initial to final response priority rates.

RESPONSE PRIORITY CONNECTING DATA TO PRACTICE

A large majority of screened-in reports are assigned for response within 72 hours. Evident Change recommends that DHS consider whether this is an expected outcome. If DHS would expect to observe a larger proportion of 24-hour responses based on the type of reports being screened in, Evident Change recommends further consultation with counties and/or focused case reading to understand what is contributing to the large proportion of 72-hour responses. For example, are staff consistently completing the response priority criteria, or are there additional criteria that should be considered for assigning 24-hour response times?

SUMMARY

Results of the post-implementation analysis examining the use of the new SDM intake assessment indicate an overall increase in screen-in rates; however, differences in assessment results across race groups or disability remain a concern. The results highlight the importance of ongoing monitoring to assess whether these trends persist over time. Given the short period after implementation that this analysis was done, DHS may wish to conduct another analysis with a larger data window after more time has passed.

Also, the state may wish to conduct further analyses examining the trajectory of adults who were screened in initially but had a prioritization applied resulting in the report being screened out. For instance, the state may wish to examine how often adults who had an allegation that met the threshold but had an agency prioritization applied (resulting in the report not being accepted) experienced a subsequent report made about them. Further analyses to consider include examining if the subsequent reports met the allegation threshold and if agency prioritizations were applied or if the subsequent reports were accepted.

While administrative data is helpful in identifying where differences and trends exist, it is limited in providing explanations for what the cause of the difference may be. To support meaningful improvement, DHS should engage directly with counties and local agencies regarding trends identified as concerning at the local level, as this remains the most effective approach for fostering change. As mentioned earlier, areas for further discussion include county-level initial and final screening rates as well as application of agency prioritization guidelines. Discussions with counites and continued quality assurance work through activities, such as targeted case reading, can help counties and DHS understand the differences in screening rates, application of agency prioritization guidelines, and differences in screening outcomes by race and disability.

Furthermore, continued investment in education, training, and technical assistance on best practices for applying the SDM intake assessment to support screening decisions—as well as reinforcement of state statutes and prioritization standards operationalized by the intake assessment —will help promote consistency and accuracy in decision making. Finally, the routine dissemination of statewide trend data to counties will provide valuable context, enabling local jurisdictions to understand their performance within the broader statewide landscape and to align their strategies accordingly.

APPENDIX A: ADDITIONAL DATA ANALYSES

Table A1 includes item selections for the SDM allegation criteria section. For example, among 15,590 SDM intake assessments completed for which the adult was determined to be vulnerable, 520 (3%) had "Nutrition, clothing, or living environment" selected (Table A1).

TABLE A1
SDM ALLEGATION SCREENING CRITERIA
N = 15,590

SCREENING CRITERIA	n	%
Caregiver Neglect	-	-
Nutrition, clothing, or living environment	520	3%
Personal care or hygiene	371	2%
Medical or mental health care	563	4%
Supervision for safety	558	4%
Emotional Abuse	-	-
Harassment, threats, intimidation, or disrespect	1,089	7%
Unreasonable confinement, forced separation, involuntary seclusion, or deprivation—non-physical	267	2%
Nonconsensual exposure to sexual content or materials	29	<1%
Financial Exploitation	-	-
Enticing, compelling, or coercing the adult vulnerable to maltreatment to perform services for the profit or benefit of another	324	2%
Suspected loss of assets, property, or resources due to fraud, coercion, undue influence, or scam	1,968	13%
Another person is unlawfully withholding assets, property, or resources	830	5%
Physical Abuse	-	-
Physical injury, pain, or harm	482	3%
Physical force	298	2%
Unreasonable confinement, forced separation, involuntary seclusion, or deprivation—physical	122	1%
Self-Neglect	-	-
Nutrition, clothing, or living environment	3,337	21%
Personal hygiene	1,886	12%
Medical or mental health care	3,902	25%
Substance misuse	784	5%
Dangerous behaviors	1,410	9%
Inability/failure to manage income, assets, property, or housing	1,524	10%

SCREENING CRITERIA	n	%
Sexual Abuse	-	-
Unwanted physical sexual contact	217	1%
Sexual utilization for gratification of others	20	<1%
Forcing, compelling, or enticing the adult to perform sexual services for the profit of another	30	<1%

Table A2 shows the percentage of reports for which each SDM allegation criterion was selected for reports involving vulnerable adults by their identified race. Screening criteria present varied somewhat by adult race, particularly for self-neglect allegations. For example, among reports involving White adults, 45% included an allegation of self-neglect and 40% of reports involving American Indian/Alaska Native adults included self-neglect. Comparatively, only 29% of reports involving Asian/Pacific Islander adults included self-neglect.

TABLE A2
SDM ALLEGATIONS SELECTED BY RACE
N = 15,590

Race/ Ethnicity	N	Physical Abuse	Self-Neglect	Financial Exploitation	Caregiver Neglect	Emotional Abuse	Sexual Abuse
American Indian/Alaska Native	398	5%	40%	18%	13%	12%	2%
Asian/Pacific Islander	222	10%	29%	15%	14%	8%	1%
Black/African American	1,444	8%	34%	16%	12%	10%	3%
White	9,679	5%	45%	16%	8%	9%	2%
Declined/ Unknown/ Missing Record	3,847	4%	35%	25%	6%	6%	1%

AGENCY PRIORITIZATION GUIDELINES

Agency prioritizations were used to change the SDM screening decision from screen in to screen out for 4,516 reports. Table A3 shows how often each prioritization reason was selected from among those reports. For example, the most common reason, which was marked 42% of the time when a local reason was used, was "Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports." The additional tables in this section explore the use of prioritization reasons by group (e.g., by SDM screening allegation type, by adult race).

TABLE A3
AGENCY PRIORITIZATIONS TO SCREEN OUT
N = 4,516

AGENCY PRIORITIZATION REASON	PERCENTAGE
APS lacks resources for assessment.	1%
Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports.	42%
Adult is deceased at time of report.	1%
Adult is incarcerated; APS is unable to engage in assessment or service intervention at time of report.	<1%
Adult is no longer in Minnesota.	1%
Alleged maltreatment will not be addressed by APS based on informed choice.	9%
Existing agency prioritization guideline that does not match any above rationale.	12%
Self-neglect can be resolved and the adult's health and safety addressed through case management.	34%

Table A4 shows the percentage of reports for which each agency prioritization reason was used to change the screening decision to screen out by SDM allegation screening criteria, among reports for which at least one prioritization reason was selected. For instance, among the 133 reports involving sexual abuse allegations for which any prioritization reason was selected, "Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports" was the reason selected most often (79%). Note that each report may have more than one SDM screening allegation selected and thus may be represented in multiple columns.

TABLE A4
AGENCY PRIORITIZATION TO SCREEN OUT BY SDM SCREENING ALLEGATION TYPE

AGENCY PRIORITIZATION REASON	FINANCIAL EXPLOITATION (N=982)	EMOTIONAL ABUSE (N=571)	CAREGIVER NEGLECT (N=500)	PHYSICAL ABUSE (N=358)	SELF NEGLECT (N=2,719)	SEXUAL ABUSE (N=133)
APS lacks resources for assessment.	1%	1%	1%	1%	1%	1%
Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports.	62%	64%	68%	68%	25%	79%
Adult is deceased at time of report.	3%	1%	3%	<1%	1%	0%
Adult is incarcerated; APS is unable to engage in assessment or service intervention at time of report.	<1%	<1%	<1%	1%	<1%	0%
Adult is no longer in Minnesota.	1%	1%	1%	1%	1%	0%
Alleged maltreatment will not be addressed by APS based on informed choice.	8%	9%	4%	11%	10%	4%
Existing agency prioritization guideline that does not match any above rationale.	23%	20%	16%	16%	7%	14%
Self-neglect can be resolved and the adult's health and safety addressed through case management.	3%	4%	8%	2%	55%	2%

Table A5 shows the percentage of reports for which each agency prioritization reason was used to change the screening decision to screen out by the adult's race, among reports for which at least one prioritization reason was selected. For instance, among the 151 reports involving American Indian/Alaska Native adults that were initially screened in and subsequently had a prioritization reason used to change the screening decision to screen out, "Alleged maltreatment will not be addressed by APS based on informed choice" was the reason provided in 6% of those reports. Table A6 shows the same information by adult disability type.

TABLE A5
AGENCY PRIORITIZATION TO SCREEN OUT BY RACE OF ADULT INVOLVED IN REPORT

AGENCY PRIORITIZATION REASON	AMERICAN INDIAN/ ALASKA NATIVE (N=151)	ASIAN/ PACIFIC ISLANDER (N=81)	BLACK/ AFRICAN AMERICAN (N=688)	WHITE (N=2,528)	DECLINED/ UNKNOWN/ MISSING (N=1,068)
APS lacks resources for assessment.	1%	2%	2%	1%	2%
Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports.	31%	47%	47%	40%	45%
Adult is deceased at time of report.	0%	0%	<1%	2%	1%
Adult is incarcerated; APS is unable to engage in assessment or service intervention at time of report.	0%	0%	<1%	<1%	<1%
Adult is no longer in Minnesota.	0%	0%	<1%	1%	<1%
Alleged maltreatment will not be addressed by APS based on informed choice.	6%	5%	6%	10%	9%
Existing agency prioritization guideline that does not match any above rationale.	22%	19%	10%	12%	13%
Self-neglect can be resolved and the adult's health and safety addressed through case management.	40%	27%	35%	35%	30%

TABLE A6
AGENCY PRIORITIZATION TO SCREEN OUT BY ADULT DISABILITY TYPE

AGENCY PRIORITIZATION TO SCREEN OUT	CHEMICAL ABUSE (N=738)	DEVELOP-MENTAL DISABILITY (N=590)	FRAILTY OF AGING (N=1,575)	IMPAIRED MEMORY (N=1,079)	IMPAIRED REASONING/ JUDGMENT (N=2,142)	MENTAL/ EMOTIONAL IMPAIRMENT (N=2,225)	PHYSICAL IMPAIRMENT (N=1,971)	TRAUMATIC BRAIN INJURY (N=271)
APS lacks resources for assessment.	1%	1%	1%	1%	1%	1%	1%	1%
Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports.	32%	44%	45%	43%	38%	38%	39%	38%
Adult is deceased at time of report.	2%	<1%	2%	1%	1%	1%	2%	1%
Adult is incarcerated; APS is unable to engage in assessment or service intervention at time of report.	<1%	0%	<1%	<1%	<1%	<1%	<1%	1%
Adult is no longer in Minnesota.	<1%	1%	1%	1%	1%	1%	1%	1%
Alleged maltreatment will not be addressed by APS based on informed choice.	10%	5%	11%	8%	9%	8%	10%	8%
Existing agency prioritization guideline that does not match any above rationale.	9%	13%	14%	13%	11%	11%	12%	14%
Self-neglect can be resolved and the adult's health and safety addressed through case management.	45%	36%	27%	32%	40%	41%	35%	35%

[2] An adult can have more than one disability indicated.

SDM SCREENING DECISION AND PRIORITIZATION USE BY COUNTY SIZE

Figures A1–A3 are intended to provide additional context to the county ranges for screening decisions and prioritization guideline use presented in the report. The minimum and maximum percentages reflect the lowest and highest proportion for each decision. It can also be helpful to examine the number of counties falling into the lowest and highest ranges across the entire spectrum of screening and prioritization rates. For example, the minimum initial screen in rate for any county was 35% and the maximum was 100% (Figure 10). Figure A3 shows there were four counties with initial screen in rates in the lowest range (30–40%) and 10 in the highest range (90–100%).

Similarly, Figure A2 shows that while at least one county used a local prioritization in 61% of reports, a majority of counties used a prioritization in 20% or less of reports.

Figure A1
Distribution of Counties by Initial Screen-In Rate and County Size
N = 87

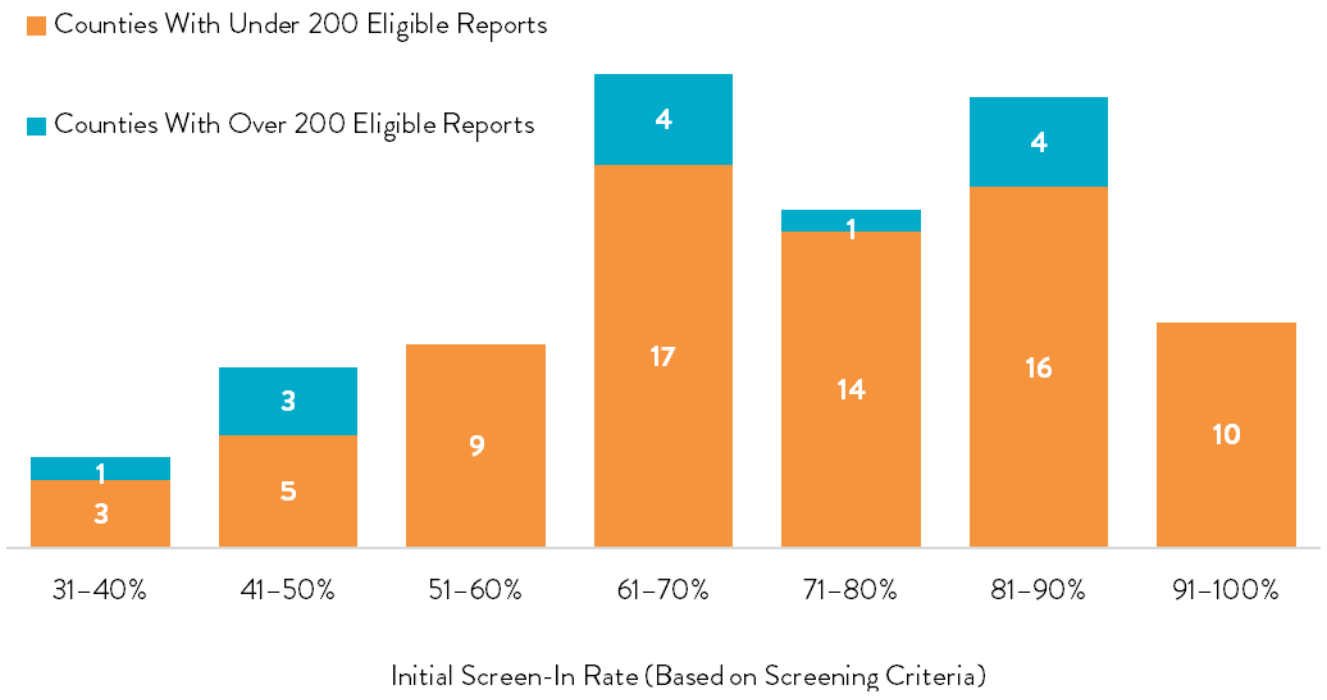


Figure A2
Distribution of Counties by Use of Local Prioritization to Screen Out and County Size
N = 87

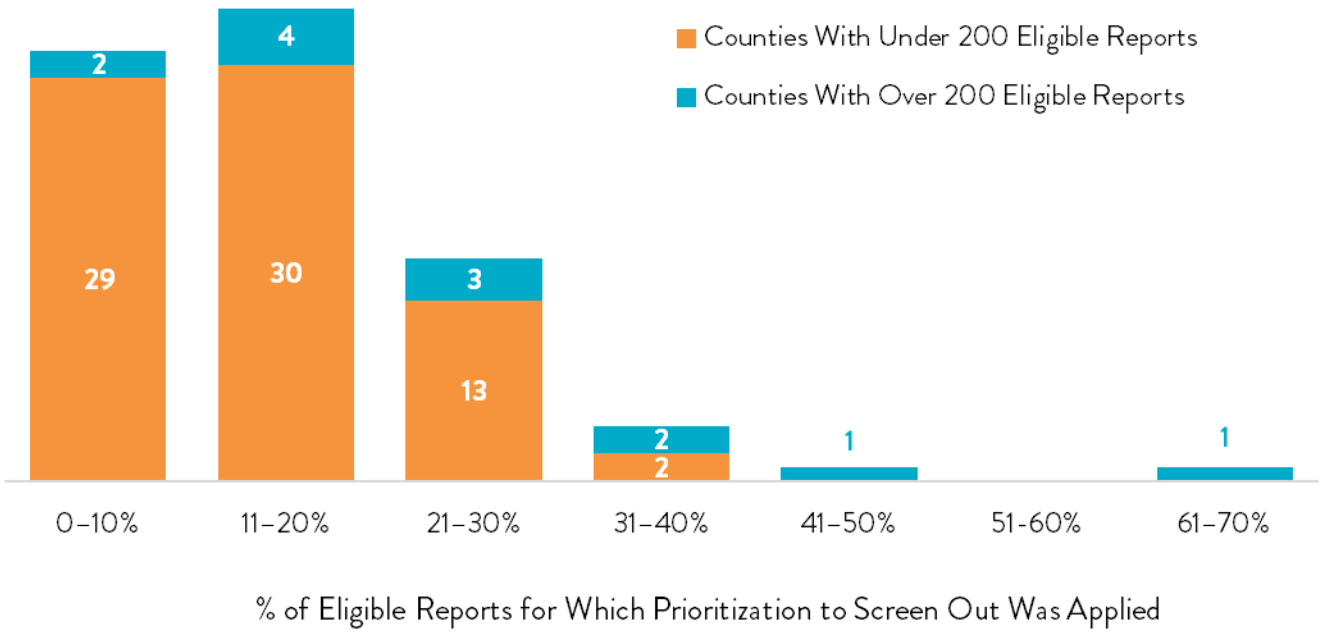


Figure A3
Distribution of Counties by Final Screen-In Rate and County Size

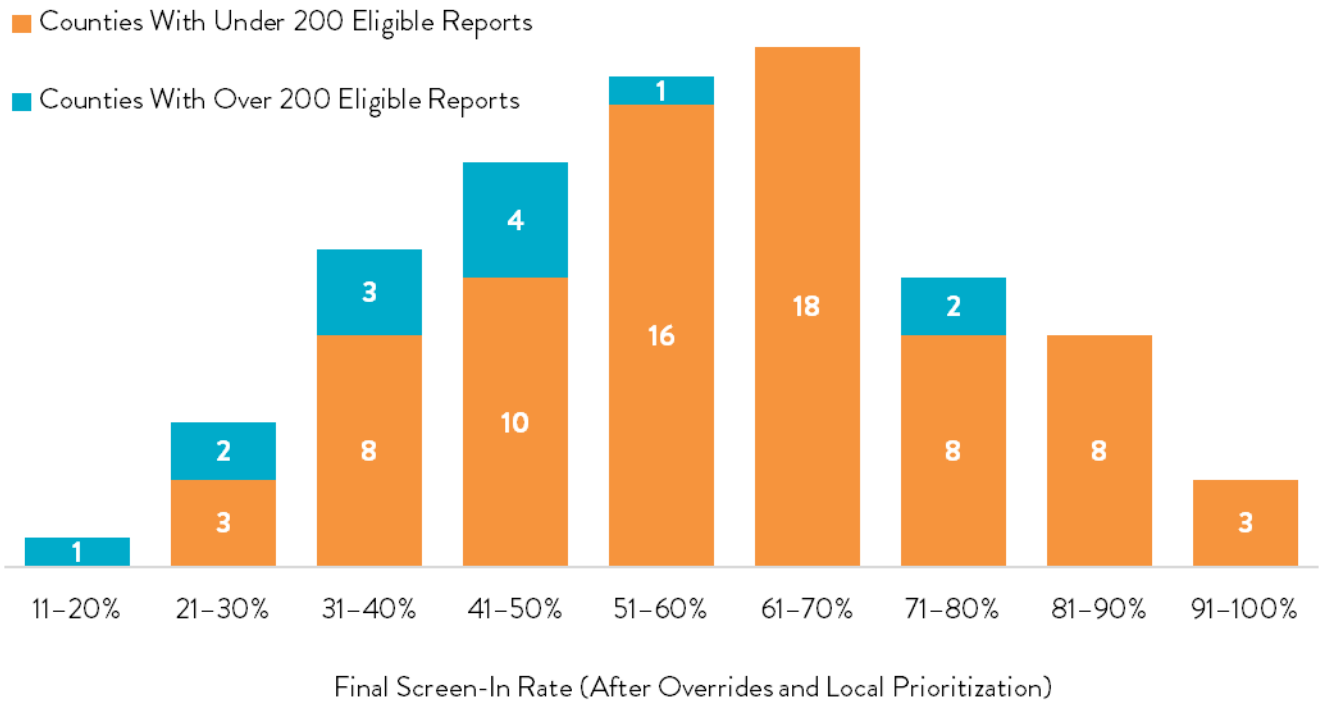


Table A7 shows how often each 24-hour response priority reason was selected from among reports with a response time of 24 hours.

TABLE A7
24-HOUR RESPONSE PRIORITY SELECTIONS
N = 249

RESPONSE PRIORITY REASON	N	PERCENTAGE
Adult has been harmed, and person alleged responsible has access to the adult or other adults vulnerable to maltreatment.	25	10%
Adult is in danger of immediate harm, physical or sexual assault, injury, loss of health, or death due to abuse, neglect, or self-neglect.	98	39%
Report has been accepted for EPS and a response within 24 hours.	104	42%
The adult's fear of the person alleged responsible interferes with their ability to meet their ADLs or IADLs.	4	2%
The adult's resources are being mismanaged or misappropriated AND there is an immediate concern for preserving assets.	18	7%

APPENDIX B: ACCESSIBLE TABLES

TABLE B1
ADULT WITH VULNERABILITY STATUS
(N = 20,190 REPORTS)

ADULT STATUS	PERCENTAGE
Adult Who Is Vulnerable	77%
Not an Adult Who Is Vulnerable	23%

TABLE B2
SDM ALLEGATION SCREENING CRITERIA
(N = 15,590 REPORTS)

ALLEGATION LABEL	PERCENT
Caregiver Neglect	8%
Emotional Abuse	8%
Financial Abuse	18%
Physical Abuse	5%
Self-Neglect	41%
Sexual Abuse	2%

TABLE B3
INITIAL AND FINAL SCREEN-IN DECISION RATES

DATE	FINAL	INITIAL
October 2024 (n=2,842)	40%	71%
November 2024 (n=2,360)	38%	71%
December 2024 (n=2,495)	39%	65%
January 2025 (n=2,798)	42%	69%
February 2025 (n=2,575)	39%	66%
March 2025 (n=2,520)	42%	68%
Total (n=15,590)	40%	68%

TABLE B4
INITIAL AND FINAL SCREEN-IN DECISION RATES BY RACE (N=15,590)

RACE	INITIAL IN-PERSON RESPONSE	FINAL IN-PERSON RESPONSE
American Indian/Alaskan Native (n=398)	69%	31%
Asian/Pacific Islander (n=222)	64%	28%

RACE	INITIAL IN-PERSON RESPONSE	FINAL IN-PERSON RESPONSE
Black or African American (n=1,444)	66%	19%
Caucasian (n=9,679)	69%	43%
Declined/Unknown/Missing Record (n=3,847)	68%	41%
Total (n=15,590)	68%	40%

TABLE B5
INITIAL AND FINAL SCREEN-IN DECISION RATES BY DISABILITY TYPE
N = 15,590

DISABILITY TYPE	INITIAL IN-PERSON RESPONSE	FINAL IN-PERSON RESPONSE
Chemical Abuse (n=1,848)	73%	33%
Developmental Disability (n=1,962)	60%	31%
Frailty of Aging (n=6,438)	73%	49%
Impaired Memory (n=4,477)	72%	48%
Impaired Reasoning/Judgement (n=7,344)	71%	42%
Mental/Emotional Impairment (n=6,591)	68%	34%
Physical Impairment (n=6,955)	69%	41%
Traumatic Brain Injury (n=847)	63%	31%

TABLE B6
AGENCY PRIORITIZATION AND POLICY OVERRIDE APPLIED
(N = 15,590 REPORTS)

OVERRIDE TYPE	PERCENT
No Override or Prioritization	71%
Policy Override to Screen In	<1%
Agency Prioritization to Screen Out	29%

TABLE B7
AGENCY PRIORITIZATION RESULTING IN SCREEN OUT BY SDM ALLEGATION CRITERIA
(N = 10,671 REPORTS)

AGENCY PRIORITIZATION RESULTING IN SCREEN OUT	PERCENT
Sexual Abuse (n=251)	53%
Physical Abuse (n=785)	46%
Emotional Abuse (n=1,295)	44%
Caregiver Neglect (n=1,208)	41%
Self-Neglect (n=6,406)	42%
Financial Abuse (n=2,864)	34%

TABLE B8
AGENCY PRIORITIZATION TO SCREEN OUT BY RACE (N = 10,671)

RACE	NO AGENCY PRIORITIZATION TO SCREEN OUT	AGENCY PRIORITIZATION TO SCREEN OUT
American Indian/Alaska Native (n=274)	45%	55%
Asian/Pacific Islander (n=142)	43%	57%
Black/African American (n=957)	28%	72%
White (n=6,683)	62%	38%
Declined/Unknown/Missing Record (n=2,615)	59%	41%
Total (n=10,671)	58%	42%

TABLE B9
AGENCY PRIORITIZATION TO SCREEN OUT BY DISABILITY TYPE (N = 10,671)

LABEL	NO AGENCY PRIORITIZATION TO SCREEN OUT	AGENCY PRIORITIZATION TO SCREEN OUT
Chemical Abuse (n=1,354)	45%	55%
Developmental Disability (n=1,184)	50%	50%
Frailty of Aging (n=4,681)	66%	34%
Impaired Memory (n=3,213)	66%	34%
Impaired Reasoning/Judgment (n=5,188)	59%	41%
Mental/Emotional Impairment (n=4,450)	50%	50%
Physical Impairment (n=4,783)	59%	41%
Traumatic Brain Injury (n=536)	49%	51%

TABLE B10
SDM INITIAL SCREENING, AGENCY PRIORITIZATION, AND FINAL SCREENING DECISION RANGES

	MINIMUM	STATEWIDE AVERAGE	MAXIMUM
Initial Screening Decision to Screen In	35%	68%	100%
Agency Prioritization to Screen Out	0%	29%	61%
Final Screening Decision to Screen In	12%	40%	100%

TABLE B11
SDM RESPONSE PRIORITY DECISION (N = 6,227)

	24 HOURS	24 HOURS (EPS)	72 HOURS
Initial Response Priority	2.3%	1.7%	96.0%
Final Response Priority	2.7%	1.7%	95.6%

TABLE B12A
24-HOUR INITIAL AND FINAL RESPONSE PRIORITY LEVELS BY RACE
INITIAL RESPONSE PRIORITY
(N = 6,227)

RACE	24 HOURS	24 HOURS (EPS)
American Indian/Alaska Native (n=124)	1.6%	4.8%
Asian/Pacific Islander (n=63)	0.0%	0.0%
Black/African American (n=270)	0.7%	1.5%
White (n=4,200)	2.8%	1.6%
Declined/Unavailable/ Missing Record (n=1,570)	1.6%	1.8%
Total (n=6,227)	2.3%	1.7%

TABLE B12B
24-HOUR INITIAL AND FINAL RESPONSE PRIORITY LEVELS BY RACE
FINAL RESPONSE PRIORITY
(N = 6,227)

RACE	24 HOURS	24 HOURS (EPS)
American Indian/Alaska Native (n=124)	1.6%	4.8%
Asian/Pacific Islander (n=63)	0%	0%
Black/African American (n=270)	2.6%	1.5%
White (n=4,200)	3.3%	1.6%
Declined/Unavailable/ Missing Record (n=1,570)	1.5%	1.8%
Total (n=6,227)	2.7%	1.7%

TABLE B13
DISTRIBUTION OF COUNTIES BY INITIAL SCREEN-IN RATE AND COUNTY SIZE
N = 87

INITIAL SCREEN IN RATE (BASED ON SCREENING CRITERIA)	COUNTIES WITH UNDER 200 ELIGIBLE REPORTS	COUNTIES WITH OVER 200 ELIGIBLE REPORTS
31–40%	3	1
41–50%	5	3
51–60%	9	0
61–70%	17	4
71–80%	14	1
81–90%	16	4
91–100%	10	0

TABLE B14
DISTRIBUTION OF COUNTIES BY USE OF LOCAL PRIORITIZATION TO SCREEN OUT AND COUNTY SIZE
N = 87

RATE QUARTILE	COUNTIES WITH UNDER 200 ELIGIBLE REPORTS	COUNTIES WITH OVER 200 ELIGIBLE REPORTS
0–10%	29	2
11–20%	30	4
21–30%	13	3
31–40%	2	2
41–50%	0	1
51-60%	0	0
61–70%	0	1

TABLE 15
DISTRIBUTION OF COUNTIES BY FINAL SCREEN-IN RATE AND COUNTY SIZE

SCREEN IN RATE	COUNTIES WITH UNDER 200 ELIGIBLE REPORTS	COUNTIES WITH OVER 200 ELIGIBLE REPORTS
11–20%	0	1
21–30%	3	2
31–40%	8	3
41–50%	10	4
51–60%	16	1
61–70%	18	0
71–80%	8	2
81–90%	8	0
91–100%	3	0