MANAGEMENT AND BUDGET
MANAGEMENT ANALYSIS AND DEVELOPMENT

APS–AAA Pilot Evaluation

Department of Human Services, Adult Protection Services
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Management Analysis and Development

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Executive summary

The Department of Human Services (DHS)' Aging and Adult Services launched the Adult Protection Services (APS)–Area Agencies on Aging (AAA) Pilot Program in 2024, utilizing federal funding from the American Rescue Plan Act (ARPA). The pilot aimed to improve outcomes for vulnerable adults experiencing abuse, neglect, or financial exploitation, specifically those referred by the Minnesota Adult Abuse Reporting Center (MAARC) and accepted by county APS programs. A key objective was to strengthen coordination among APS, AAAs, and service providers to prevent maltreatment and support vulnerable adults and their caregivers. Four of Minnesota's seven AAAs participated, taking responsibility for coordinating and funding direct and wraparound services for eligible adults lacking other funding sources. This evaluation, conducted by Management Analysis and Development (MAD), assessed the pilot's effectiveness and impact from April 2024 to July 2025, using program data analysis, qualitative interviews with participating and non-participating AAAs, and a survey of county APS staff.

Key findings

- **Impact:** The pilot filled a critical service gap by providing flexible, rapid funding for service interventions that stabilized clients in crisis and helped prevent maltreatment.
- **Positive outcomes:** Over 85 percent of participating counties reported that clients gained access to services they otherwise would not have received, with 60 percent noting faster delivery and reduced gaps in care.
- **Partnerships:** The pilot strengthened collaboration between AAAs and county APS staff, with some AAAs invited into multidisciplinary teams and interagency planning. Similarly, counties also reported strengthened collaboration with their local AAAs and improved staff satisfaction due to positive client outcomes.
- **Challenges:**
    - **Vendor access and management:** Limited vendor access in rural areas raised costs and delayed services.
    - **Cumulus software usability:** While successful for many, 32 percent of county respondents described the Cumulus referral management software as "somewhat difficult to use" due to a lack of user-friendliness, excessive steps, redundant data entry, and frequent notifications.
    - **Financial strain for AAAs:** AAAs not operating under Regional Development Commissions (RDC) faced cashflow strain related to the quarterly reimbursement schedule.
    - **Clarity of communication:** Some AAAs desired clearer and more timely communication from DHS regarding roles, responsibilities, and expectations to prevent initial county hesitancy.
    - **Limited referral data and service alignment:** Minimal APS referral data sometimes left AAAs uncertain about service alignment with client needs.
- **Program access:** The short pilot window and uneven county participation limited reach; longer timelines and ongoing outreach would support greater access if programming were to continue in the future.
- **Budget and resources:** The $2,500 cap per client was generally sufficient, though a clearer process is needed for high-cost cases; staffing fluctuations at some AAAs made it challenging to maintain capacity.

- **Future potential:** Both participating and non-participating counties strongly support continuation and expansion of the program, citing the program's value and unique role in serving vulnerable adults.

Recommendations

Based on these evaluation findings, MAD recommends a set of actions to strengthen the APS–AAA Pilot Program, resolve identified challenges, and support future expansion. The recommendations are organized by those directed to DHS and those directed to AAAs. A detailed discussion of each recommendation is available on page 35 of the report.

For DHS, key recommendations include:

- Secure ongoing funding for pilot continuation and expansion.
- Enhance program communication and clarify roles at the outset of any future iteration.
- Consider the use of vetted informal supports.
- Improve the Cumulus Referral Management System through user experience review, consistent training, and ensuring appropriate access levels.
- Create clear accountability processes that maintain flexibility for the client funding cap by developing an exceptions process or tiered funding.
- Consider convening biannual meetings with AAA and county APS representatives to review data, discuss barriers, and identify opportunities for improvement.

For AAAs, key recommendations include:

- Actively manage and expand vendor relationships, particularly in underserved areas.
- Optimize internal staffing and capacity management if stable funding is available.
- Request for a 30-day financial reimbursement schedule to improve cashflow.
- Continue to engage with program enhancements and training provided by DHS.
- Advocate for client needs and program improvements by providing ongoing feedback to DHS.

Background

In 2024, the Department of Human Services (DHS)' Aging and Adult Services received federal funding through the American Rescue Plan Act (ARPA) to support the Adult Protection Services (APS)–Area Agencies on Aging (AAA) Pilot Program. The pilot aims to improve outcomes for adults referred by the Minnesota Adult Abuse Reporting Center (MAARC) who are identified as vulnerable and suspected of experiencing abuse, neglect, or financial exploitation, and who are subsequently accepted for services by county APS programs. Its broader goal is to strengthen coordination among APS, AAAs, and service providers to help vulnerable adults and their primary caregivers stop, reduce, and prevent maltreatment.

Four of Minnesota's seven AAAs volunteered to participate in the pilot through grant agreements with DHS. These grants fund services for adults referred by APS within the AAAs' service regions. Under this model—adapted from a Missouri APS program—AAAs are responsible for coordinating and funding direct and wraparound services, making referrals, and ensuring a "warm handoff" from APS to local providers.

To qualify for the pilot, the adults must be referred by MAARC, accepted by their county for APS, and lack access to other funding sources for the service interventions identified by APS. The pilot concluded on September 30, 2025.

DHS asked Management Analysis and Development (MAD) to evaluate the pilot's effectiveness and impact on referrals and service delivery from the perspective of AAA and APS staff across the state.

Methodology

For this study, MAD relied heavily on program data analysis, qualitative interviews with both participating and non-participating AAAs, and a survey of county APS staff. MAD received input from 60 people. MAD aggregated the information provided through all methods and summarized the findings.

Program data review

DHS asked MAD to evaluate the financial costs and resources provided to clients served by the four participating AAAs during the pilot. Data was exported from Cumulus, the referral management database used by county APS staff to send referrals to the AAAs. The dataset included referrals initiated between April 2024 and July 2025.

MAD analyzed referral records that were marked either as *"In Progress"* or *"Completed*." MAD consultants reviewed it for missing or inconsistent values prior to analysis and then aggregated results from each AAA into a single data set for transformation and descriptive analysis.

Variables available for analysis included client demographics (gender, race, age at the time of referral, and county of residence), allegation type, referral start and end dates, service counts by type, and the total invoiced cost of services. Itemized costs at the service level were not available. Results are presented in the Findings section below.

Interviews with AAAs

Over the course of the study, MAD conducted six online interviews with representatives from four participating AAAs and two non-participating AAAs[1]. Figure 1 provides an overview of the geographic range served by each AAA, while Table 1 offers the number of interviewees by AAA.

Figure 1. Map of Minnesota AAAs interviewed

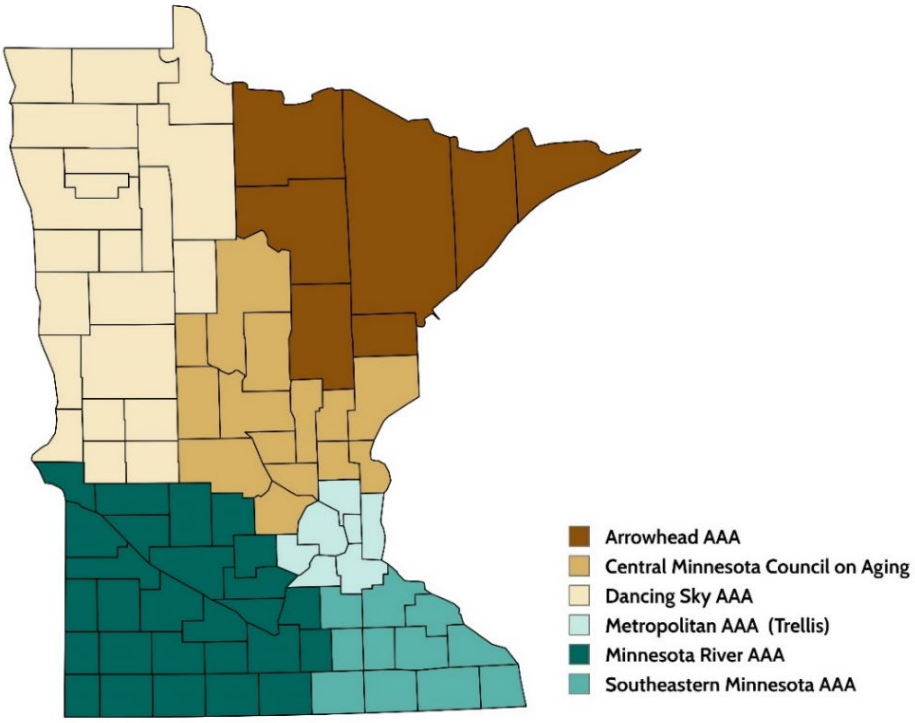


Table 1. Interviewee number by Minnesota AAA

AAA	Number of interviewees
Arrowhead AAA	2
Central Minnesota Council on Aging (CMCOA)*	2
Dancing Sky AAA	4
Minnesota River AAA (MNRAAA)*	1
Southeastern Minnesota AAA (SEMAAA)	3
Trellis	2
Total	**14**

**Non-participating AAA*

MAD used a single set of questions for all interviewees with follow-up questions tailored to each interviewee's experiences. For participating AAAs, discussions focused on their experiences implementing the pilot, lessons

[1] Minnesota has seven AAAs, but the Minnesota Indian AAA was not operative at the time of the pilot's launch.

learned, and the pilot's impact on clients. For non-participating AAAs, conversations centered on their reasons for not joining the pilot and their interest in future participation if funding becomes available.

The full lists of interview questions appear in **Appendix A: Participating AAA interview guide** and **Appendix B: Non-participating AAA interview guide.**

County APS survey

In collaboration with DHS, MAD developed and administered an online survey to APS staff from 77 participating and non-participating Minnesota counties and county consortia. The survey was open from July 14 to 25, 2025. MAD sent up to three reminder emails to non-responders.

The survey included two sets of questions—one for counties that participated in the pilot and another for those that did not.

For participating counties, the survey explored:

- Their reasons for joining the pilot
- Their experiences with the referral process, time commitment, and referral management software (Cumulus)
- Their perceptions of their partnerships with local AAAs
- Reported benefits to counties and adults referred to APS
- Aspects that went well and challenges encountered
- Suggestions for program improvement

For non-participating counties, questions focused on their reasons for not joining the pilot and their interest in future participation if funding becomes available.

A total of 46 counties and county consortia responded to the survey—including 20 participating and 26 non-participating—representing a 60 percent response rate. Table 2 provides a breakdown of response rates by AAA.

A list of survey questions appears in **Appendix C: County APS survey questions**.

Table 2. County survey response rate by associated AAA

AAA	Number of counties served	Response number	Response rate
Arrowhead AAA	7	3	43%
CMCOA*	14	8	57%
Dancing Sky AAA	20	12	60%
MNRAAA*	19	11	58%
SEMAAA	10	7	70%
Trellis	7	5	71%
Total	**77**	**46**	**60%**

**Non-participating AAA*

Findings

Program data review

Referral volume and service duration

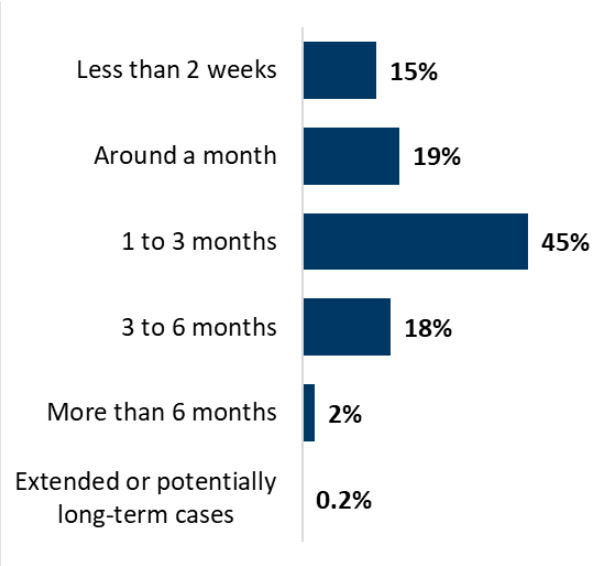
A total of 456 referrals were created across all AAAs during the pilot. As shown in Table 3, Trellis managed half of all referrals—substantially more than the other AAAs—likely due to larger population in Hennepin and Ramsey County. SEMAAA and Dancing Sky each accounted for about one-fifth of referrals (20 percent each), while Arrowhead received the smallest share (11 percent). (Note: Percentages may exceed 100 percent due to rounding.)

Table 3. Total referrals by AAA (N=456)

AAA	Referral count	Percent of all referrals
Arrowhead	49	11%
Dancing Sky	89	20%
SEMAAA	90	20%
Trellis	228	50%

Of the 406 referrals with completed service periods (excluding the 50 still in progress), nearly half (45 percent) of clients received services lasting one to three months (seen in Figure 2). Shorter service periods were also common: 15 percent of services lasted less than two weeks, and 19 percent lasted about a month. Another 18 percent extended between three and six months. Very few (2 percent) continued beyond six months, and only one case was flagged as potentially long-term.

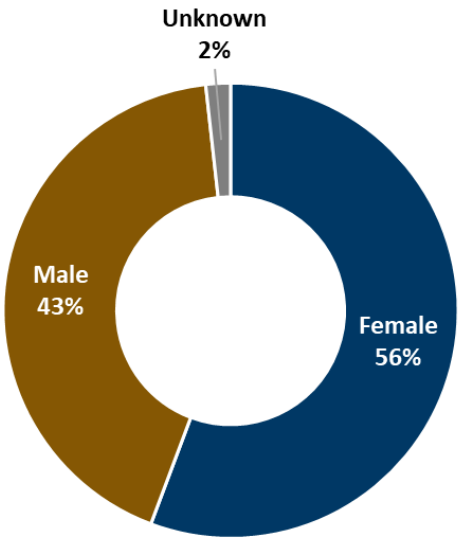
Figure 2. Duration of service period for referred clients (N=406)



Referred client demographics

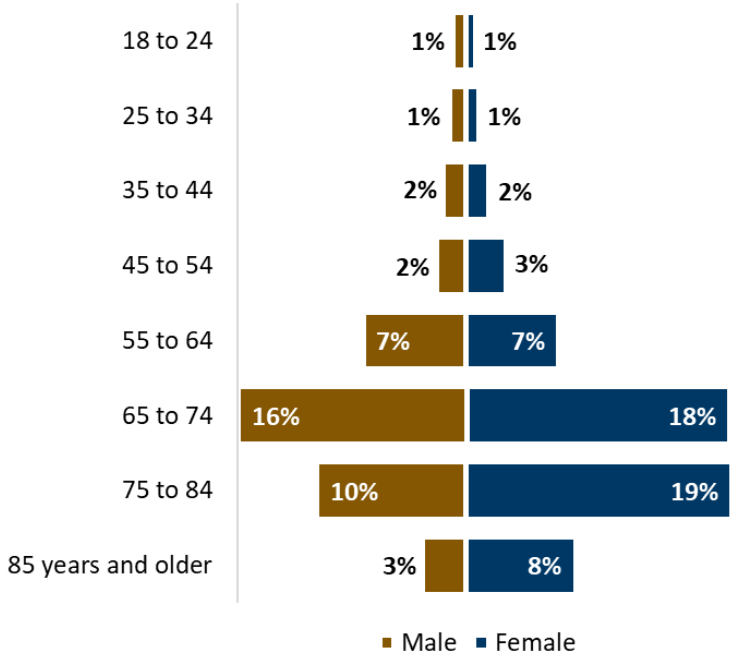
Of all the clients referred during the pilot, 56 percent were female (254), 43 percent were male (194), and gender was not recorded for 8 clients (2 percent) (see Figure 3).

Figure 3. Gender of referred clients (N=456)



While the pilot was originally limited to individuals 65 and older, DHS expanded eligibility to include adults 18 and older in August 2024. As shown in Figure 4, most referred clients (74 percent) were 65 and older, and referrals in this group tended to skew female.

Figure 4. Gender and age of referred clients (N=447)



As shown in Table 4, a large majority of referred clients identified as White (81 percent). Smaller proportions identified as Black or African American (7 percent), American Indian/Alaska Native (3 percent), or Asian (2 percent). Very few clients reported being of more than one race (1 percent), and less than one percent identified as either Hispanic or Native Hawaiian/Other Pacific Islander. Six percent of clients opted not to report their race.

Table 4. Race of referred clients (N=447)

Race	Percent of all clients
American Indian or Alaska Native	3%
Asian	2%
Black or African American	7%
Hispanic	0.2%
More than one race	1%
Native Hawaiian or other Pacific Islanders	0.2%
White	81%
Prefer not to answer	6%

As shown in Figure 5 and Table 5, referrals came from 34 counties. Each AAA had a top referring county. Top referring counties by region include Saint Louis County under Arrowhead (42 percent), Douglas County under Dancing Sky (31 percent), Fillmore County under SEMAAA (39 percent), and Hennepin (27 percent) and Ramsey (29 percent) Counties for Trellis.

Figure 5. Referral numbers by county

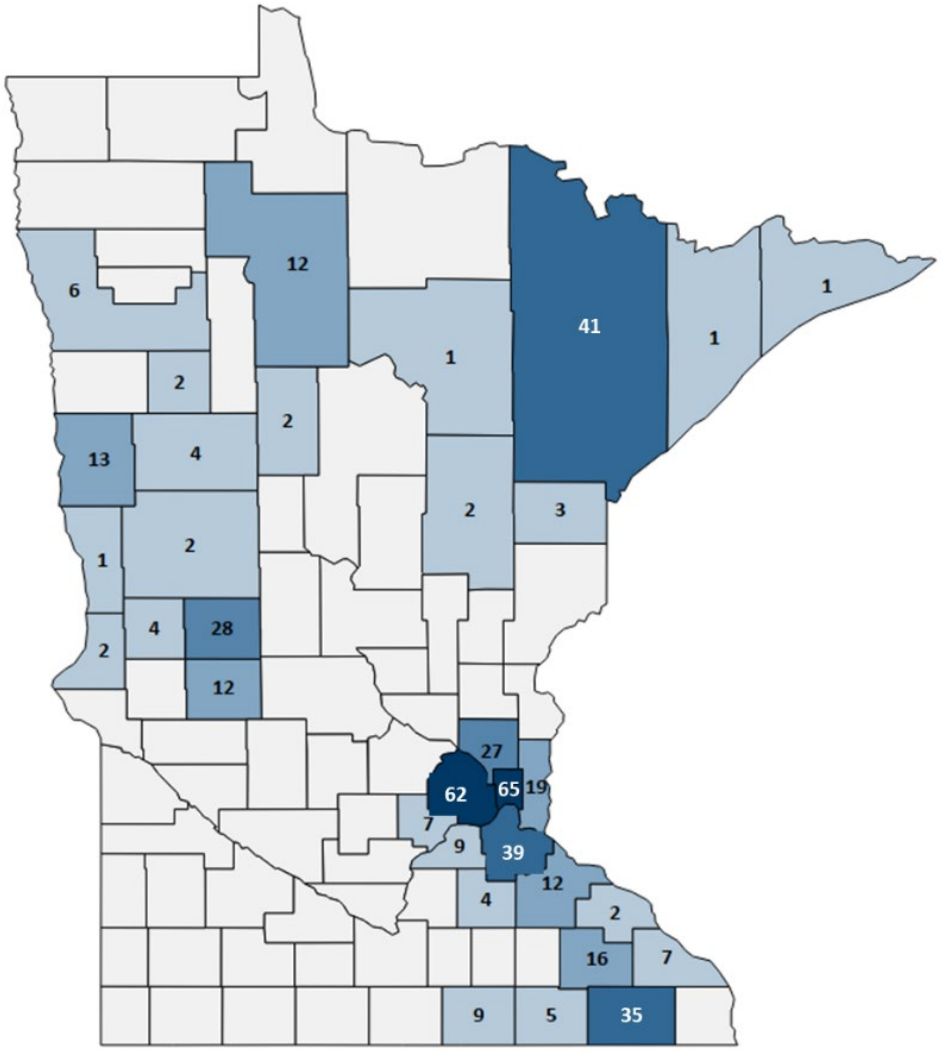


Table 5. Referral numbers by county and AAA

AAA	County	Count of clients
Arrowhead	Aitkin	2
Arrowhead	Carlton	3
Arrowhead	Cook	1
Arrowhead	Itasca	1
Arrowhead	Lake	1
Arrowhead	Saint Louis	41
Dancing Sky	Becker	4
Dancing Sky	Beltrami	12
Dancing Sky	Clay	13
Dancing Sky	Douglas	28
Dancing Sky	Grant	4
Dancing Sky	Hubbard	2
Dancing Sky	Mahnomen	2

AAA	County	Count of clients
Dancing Sky	Otter Tail	2
Dancing Sky	Polk	6
Dancing Sky	Pope	12
Dancing Sky	Traverse	2
Dancing Sky	Wilkin	1
SEMAAA	Fillmore	35
SEMAAA	Freeborn	9
SEMAAA	Goodhue	12
SEMAAA	Mower	5
SEMAAA	Olmsted	16
SEMAAA	Rice	4
SEMAAA	Wabasha	2
SEMAAA	Winona	7
Trellis	Anoka	27
Trellis	Carver	7
Trellis	Dakota	39
Trellis	Hennepin	62
Trellis	Ramsey	65
Trellis	Scott	9
Trellis	Washington	19

Allegation types

Across the AAAs, self-neglect was by far the most common allegation, ranging from 76 percent of referrals at Trellis to 91 percent at SEMAAA. The next most frequent allegation type was non-fiduciary financial exploitation, which ranged from 8 percent to 20 percent across regions. Other types of allegations were much less common (with none exceeding 13 percent) and showed only modest regional variation. Caregiver neglect was somewhat more frequent at Trellis, while SEMAAA stood out for the large share of referred clients with multiple allegation types (56 percent). See Figure 6 and Table 6 for details.

Figure 6. Allegation types by AAA

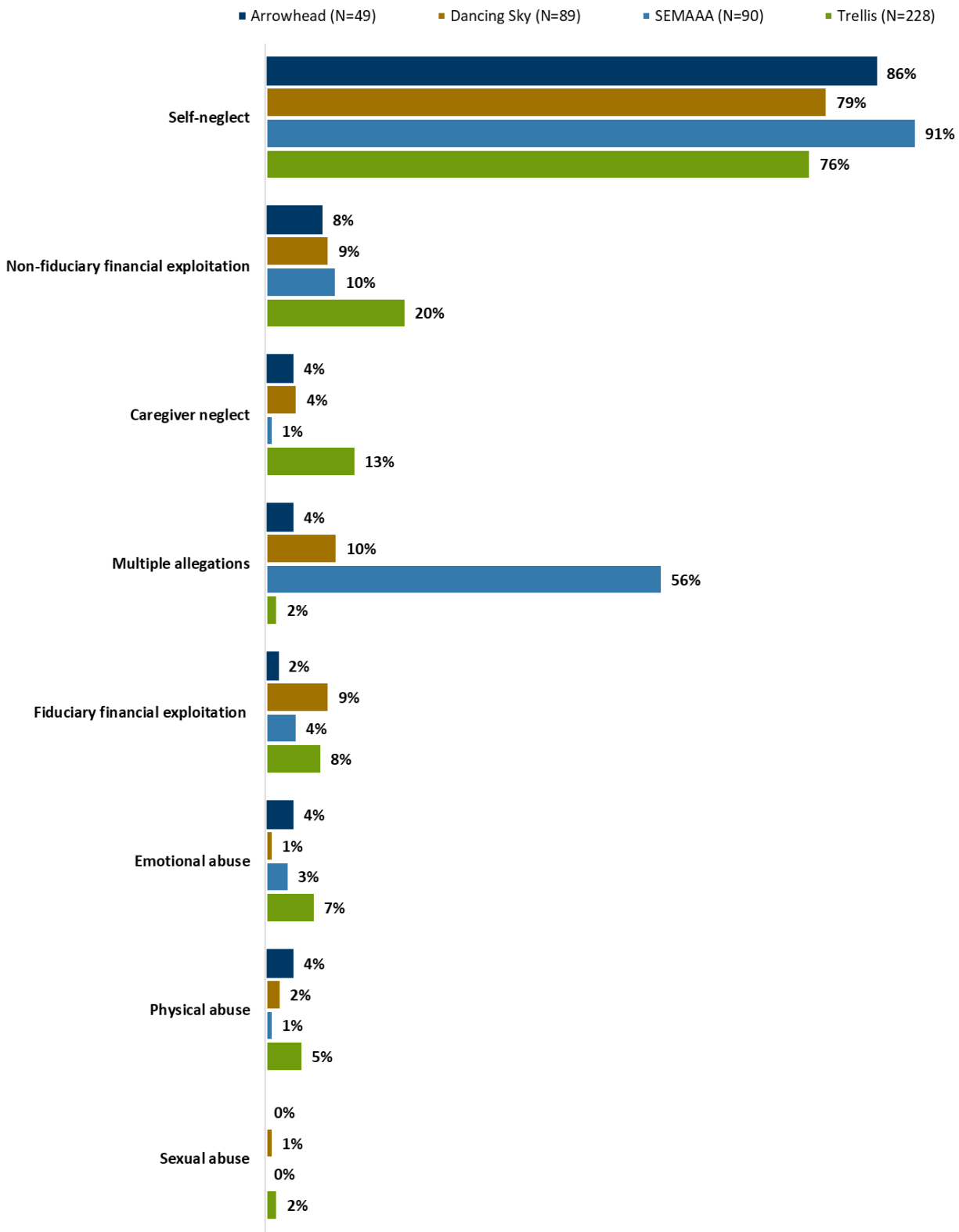


Table 6. Allegation types of referred clients

Allegation type	Arrowhead (N=49)	Dancing Sky (N=89)	SEMAAA (N=90)	Trellis (N=228)
Self-neglect	86%	79%	91%	76%
Non-fiduciary financial exploitation	8%	9%	10%	20%
Caregiver neglect	4%	4%	1%	13%
Fiduciary financial exploitation	2%	9%	4%	8%
Emotional abuse	4%	1%	3%	7%
Physical abuse	4%	2%	1%	5%
Sexual abuse	0%	1%	0%	2%
Multiple allegations	4%	10%	56%	2%

Service costs and service types

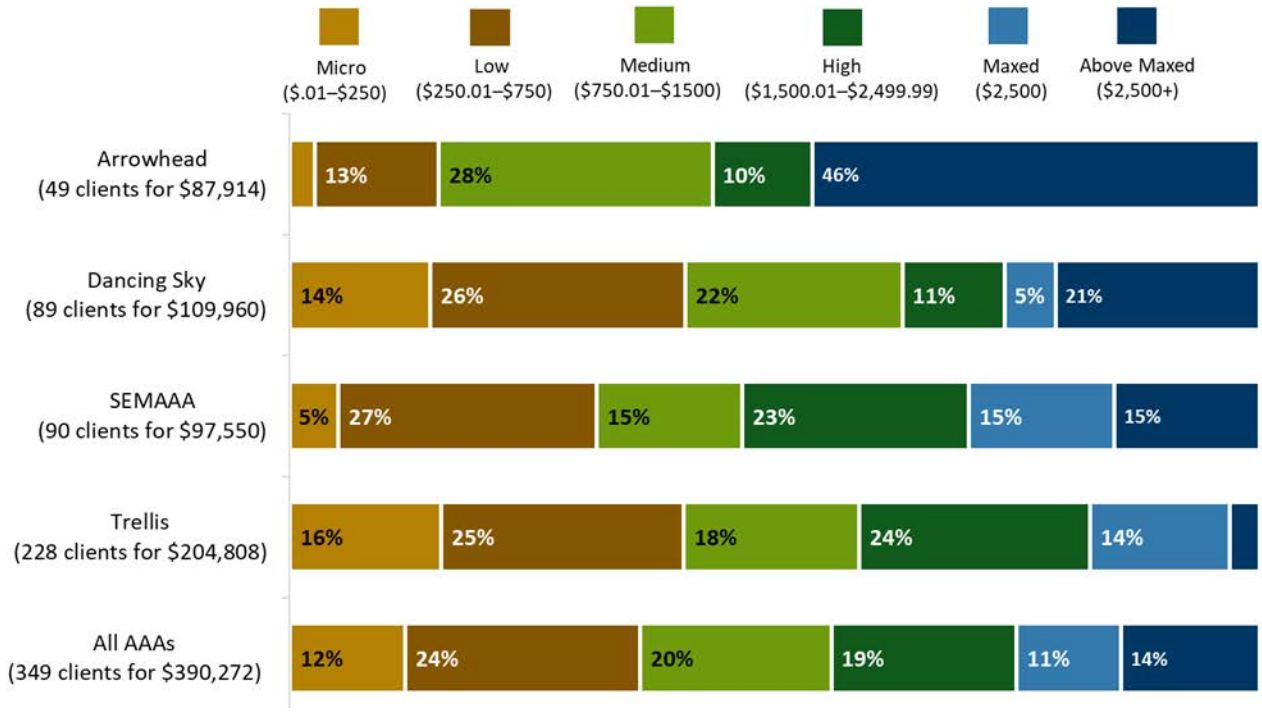
Each referred client could receive multiple services, with costs summed at the referral level. Total costs were grouped into six categories: *Micro* ($0.01–$250), *Low* ($251–$750), *Medium* ($751–$1,500), *High* ($1,501–$2,499), *Maxed* ($2,500), and *Above Maxed* (greater than $2,500).

Across all AAAs, 55 percent of clients received $1,500 or less in services. However, distribution patterns varied notably by AAA (Figure 7).

- **Arrowhead** –The cost profile was distinct from the other AAAs. Although it served the fewest clients (49), nearly half (46 percent) exceeded the maximum cap. Unlike elsewhere, no clients were recorded exactly at the cap. Among the above-cap services, total costs clustered well above the limit, ranging from $2,593 to $15,269, with a median of $6,883.
- **Dancing Sky** – Distribution was relatively even, though this AAA showed a higher proportion of clients in the lower-cost tiers (under $750) and a comparatively large share (21 percent) in the *above maxed* category. The above cap costs ranged from $2,564 to $5,000, with a median of $3,146.
- **SEMAAA** – Clients were spread across all tiers, but with higher-than-average shares in both *low* ($251–$750; 27 percent) and *above maxed* (over $2,500; 15 percent) categories, suggesting both a concentration of lower-cost cases and a nontrivial share of high-cost outliers. The above cap amounts ranged from $2,525 to $5,151, with a median of $3,079.
- **Trellis** – As the largest AAA by referral volume, Trellis' cost distribution closely mirrored the overall pattern, with relatively balanced representation across *micro*, *low*, *medium*, and *high* tiers. Only 3 percent of clients exceeded the maximum cap, which ranged from $2,511 to $4,381, with median of $2,557.

Overall, most clients fell within expected service cost ranges, but Arrowhead stands out for its concentration of high-cost referrals, while SEMAAA and Dancing Sky are balanced in proportions across categories, but have relatively larger shares of lowest and highest tiers.

Figure 7. Service costs by AAA



Across all AAAs, the most common service categories were emergency assistance (36 percent of total services) and consumable supplies (31 percent). Home environment modifications accounted for 21 percent of total services, with smaller proportions consisting of meals (10 percent), transportation (9 percent), relocation (8 percent), and health promotion (8 percent). Emergency housing, legal services, and "other" categories were used infrequently (less than 6 percent each).

Figure 8 and Table 7 on the following pages highlight patterns by AAA:

- **Arrowhead** – Higher provision of home environment services (29 percent) and emergency assistance (25 percent), with relatively low use of meals and transportation.
- **Dancing Sky** – Similar to SEMAAA in distribution, but slightly higher in consumable supplies (23 percent) and meals (9 percent).
- **SEMAAA** – Distributed more evenly, though above average in consumable supplies (22 percent) and transportation (8 percent).
- **Trellis** – Heavier use of meals (10 percent) and relocation services (7 percent) relative to others, with lower emphasis on home environment (11 percent).

Figure 8. Services by AAA (percent of total number of services per AAA)

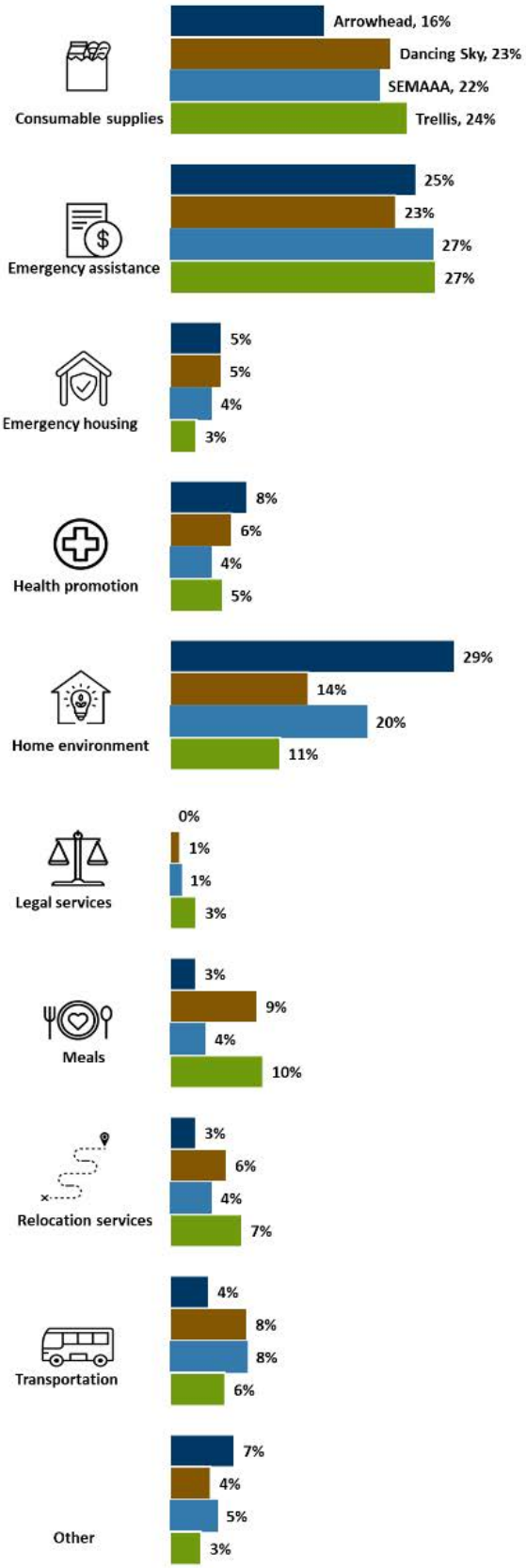


Table 7. Service types provided by AAA (percent of total number of services per AAA)

Service type	Arrowhead (N=75)	Dancing Sky (N=189)	SEMAAA (N=162)	Trellis (N=405)	All AAAs (N=831)
Consumable supplies	16%	23%	22%	24%	31%
Emergency assistance	25%	23%	27%	27%	36%
Emergency housing	5%	5%	4%	3%	5%
Health promotion	8%	6%	4%	5%	8%
Home environment	29%	14%	20%	11%	21%
Legal services	0%	1%	1%	3%	2%
Meals	3%	9%	4%	10%	10%
Relocation services	3%	6%	4%	7%	8%
Transportation	4%	8%	8%	6%	9%
Other	7%	4%	5%	3%	6%

Overall, service provision was concentrated in two areas—emergency assistance and consumable supplies—but AAA-level differences suggest variation in how client needs were met, with Arrowhead focusing more on home environment interventions and Trellis allocating more toward meals and relocation.

Feedback from participating AAAs

Over the course of interviews with the four participating AAAs—Trellis, SEMAAA, Arrowhead, and Dancing Sky—a detailed and consistent narrative emerged about the impact of the APS–AAA Pilot Program. Each agency approached the pilot through its own lens and regional realities, but all emphasized deep commitment to serving adults in crisis. This summary reflects the structure of the interview questions and includes expanded narrative quotes to highlight regional experience and impacts.

Motivation to participate

Each AAA described entering the pilot with a sense of purpose and importance. While their operational contexts varied, they all saw the pilot as a needed tool for addressing longstanding gaps.

Trellis helped conceptualize the pilot, drawing inspiration from Missouri's APS system.

> *"We'd been exploring how to fill this service gap for years. When we saw how Missouri structured things—with technology, case management, and state-AAAs coordination—it clicked. We thought we can adapt that here."*

SEMAAA had been seeing adults fall through the cracks for years.

> *"In my work, there are just few dollars to support adults. Thought this was a great opportunity to expand [our impact] and be able to pay for the often-unexpected needs…and [be] able to fill that gap."*

Arrowhead said the decision was obvious once the opportunity became clear.

> *"We see a need for these services. In the work we are doing with counties, we could see where this would be beneficial."*

Dancing Sky noted that rural counties needed a lifeline.

> *"[We] immediately saw this as an opportunity to do the kind of work counties usually can't fund—helping people remain safe in their homes, resolving situations that might otherwise lead to institutionalization."*

Referral flow and coordination process

County engagement played a critical role in referral volume and program reach. AAAs reported some challenges in communication and engagement with the counties, particularly in rural areas.

Table 8. County collaboration and referrals

AAA	Counties engaged	County challenges/opportunities	Referral notes
Trellis	Full metro area	Strong initial buy-in	High volume; structured intake
SEMAAA	8 of 11 counties	Some unaware of AAA role early on	"Peaks and valleys" in referrals
Arrowhead	6 of 7 counties	One county unengaged despite outreach	Started without Cumulus and adopted later with pilot extension
Dancing Sky	15 of 21 counties	Engagement on county-level multi-disciplinary teams helped; lack of clarity on age eligibility	Challenges with vendor access in rural areas; lower than expected referrals

Though referral volume varied, AAAs followed similar service pathways: assess the referral, identify resources, communicate with counties, and execute services.

Trellis and SEMAAA described smooth integrations with Cumulus and the county referral process.

> *"When a county initiates a referral in Cumulus, it is triaged to a case manager (CM). The county informs the client to expect contact, and the CM follows up to explain available services. The CM works with a set of established vendors, and engages a vendor for an assessment, the vendor provides a cost estimate, and the CM approves the service. After completion, the vendor reports back, the CM confirms with the client [that the service is complete], and any additional needs are identified. Referral communications are monitored for triage, and once services are complete and confirmed with the county, the case is closed."*

Arrowhead initially worked outside the system.

> *"We thought the end date would be sooner prior to extension, so [we] opted out of the Cumulus tool. We [used] the Senior Linkage line to manage [initial referrals]. We did jump into Cumulus once [we] learned of the extension."*

Dancing Sky divided the work across their team to manage their larger geographical area.

> *"We divided our large service area into three zones. [When] referrals came in through Cumulus, we assigned them based on geography and case volume."*

Pilot impact

The pilot provided timely support to vulnerable adults by addressing urgent needs in moments of acute crisis. Through flexible funding and rapid coordination between counties, AAAs, and vendors, clients received support that stabilized housing, restored utilities, addressed financial exploitation, and improved personal safety. These interventions, often modest in cost but immediate in effect, provided stability, dignity, and renewed independence for individuals who otherwise faced significant risk. The following themes illustrate these impacts in more detail, highlighting how the program met essential needs and reinforced long-term well-being.

Impact on vulnerable adults

The pilot provided critical, timely support to vulnerable adults facing acute crises—including displacement, financial exploitation, and abuse.

Across cases, AAAs were able to provide services to restore stability and help clients regain safety, housing, and essential resources.

- *"We got a case from the county where the client needed something in two days. House was burned down, and we needed to provide basic support to stabilize them."*
- *"We've helped people who were victims of financial scams. We were able to help them navigate that."*
- *"One of my first cases was with a woman who got forced out of a home by her grandson. We were able to help her move into assisted living. She didn't have any clothing with her. She now feels safer."*
- *"One client had been a victim of financial fraud and needed to get caught up with bills. We were able to help them put in place a representative payee and help them get the lights and phones turned back on."*
- *"Even small support like paying a utility bill made a big impact. It helped people through crises and supported independence."*

Interview participants also shared additional stories of vulnerable adults who were able to make important repairs to maintain housing, safety, and independence.

- *"A client's house had been broken into, and we were able to replace their exterior doors."*
- *"[There was a] woman who had back problems and needed a walk-in shower. We coordinated with her family to get it done for her birthday. She was thrilled. These moments gave people hope and comfort."*
- *"We had a case where a client couldn't get her door to open. The only way in or out of her house was through a rickety porch. We were able to replace the door."*

Implementation lessons

Participating AAAs shared that Cumulus was a successful tool for client management and communication with participating counties.

- *"We've used Cumulus from the start. Initially, we thought only 2–3 counties would join, but 15 out of 21 counties obtained licenses."*
- *"Nice to have Cumulus to support this work. Nice to see the referrals and connect back and forth with the staff. From the data side, I thought that was successful in the project."*

- *"Cumulus has been helpful. Some changes need to be upgraded. With [staff] turnover, we need to provide consistent reminders and refreshers to staff unfamiliar [with it]. It's also important to understand who has access to what and who can do what."*

AAA relationships and partnerships with counties improved as a direct result of the pilot.

All participating AAAs reported improved relationships with their county partners; in two cases, county partners invited AAAs to participate in new partnership opportunities.

- *"We've been attending the Multidisciplinary Teams (MDT) during this project. We've been invited to participate in three new ones. It's nice to be invited to the table for conversations."*
- *"We've been able to build strength in our relationships with county APS and county case managers. We've been invited to their MDT meetings. This pilot supported bringing [our AAA] back on the radar. We have better empathy for each other and [are] better partners."*
- *"Relationships with counties have strengthened. Some of them were unaware of who were. It was wonderful to refresh those relationships and take them further."*
- *"Communication was most important. Everyone has been helping to make it better. Counties are appreciative of the work we do, and our county connections have improved."*

APS workers are essential to each AAA's success in the pilot.

- *"APS workers were vital—often they had more updated information, like alternate contacts, hospital or nursing home numbers, or family members we could call."*
- *"Communication can be a challenge too. Some clients can be hard to reach. We need to arrange with the APS worker to help connect and arrange a time."*
- *"The initial contact [with clients] can be tender. I try to be sensitive to that. People might be suspicious and not answer [the phone]. So, I rely heavily on the case workers. The increased access to the case managers to really walk us through that relationship helps."*

AAAs established reliable vendor relationships using a variety of methods that could be useful to future pilot expansion.

One AAA leveraged existing relationships between service providers and county case workers to develop their vendor list.

- *"We [had some] success with Habitat for Humanity's Aging in Place program."*
- *"We relied on APS workers' past vendor lists, local directories, and [the website] MinnesotaHelp.info."*

Others created vendor lists on their own.

- *"Prior to the pilot, we didn't have any existing list for home cleanup, etc. We needed to look for providers that were willing to do all sizes of jobs, in service area, and wouldn't make [clients] wait."*
- *"We used the ones we've used…and we've created relationships with new vendors, especially for rural needs and home modifications."*

AAAs developed vendor relationships and approaches that were unique to their needs, organizational requirements, or geographical area.

- *"Working with large corporations [in rural areas] was harder than with local vendors."*
- *"We make sure that vendors are licensed and insured to reduce liabilities and ensure compliance. Not sure if all the AAAs do that, but that's a part of our process."*

- *"When working with vendors, we did our diligence. But we ran into folks who didn't have a W9. We helped one contractor to get a work certificate to protect them and us. But that can take a long time. I would like to see some checks and balances in that regard."*

AAAs agreed that the funding cap was sufficient for a variety of services. In a few cases where service costs were higher, they were able to flex unspent dollars to fund them.

- *"Many of our cases are under that cap. When more was needed, we would send it to [the AAA Director], who most often would approve them…I've only had two cases that went over $2,500—utilities, furniture, minor home fixes."*
- *"Bigger things like cleanup just cost a lot…other things, like appliance repair [are] easy to stay under cap."*
- *"It is a good amount. Average is $1,074; some cases go beyond that, but a lot of them were half."*

Financial and administrative strain varied based on each AAA's infrastructure, available resources, and organizational structure.

Administrative challenges included hiring and balancing staffing needs with the fluctuating quantity of referrals.

- *"It was challenging to hire someone because we were not able to guarantee the same number of hours per week. If there are zero hours that week for a job, you can't do that to an employee."*
- *"With more time [in a future expansion], we could spread the money and spend down. But with so much lead time necessary to do outreach and education, it took a while for the program to gain momentum. It was hard to know how to manage dollars when you don't know how many referrals you'll get next week."*
- *"Things come in waves, peaks, and valleys, which made staffing and workload planning difficult. We would be really busy, but then it would be quiet. Not sure if it's a matter of outreach?"*

One AAA had not anticipated the responsibility of finding appropriate vendors.

- *"We are the ones finding the vendors…the county is not doing that work at all. They are happy to not be doing that at all. [But] the way it was written, it made it seem that we were just the fiscal entity."*

AAAs' organizational structure influenced their ability to pay vendors promptly without disrupting internal cash flow.

- *"Getting [vendors] paid takes time. We never had a credit card prior to this program, so we had to set up an account to manage the payments. It's a risk and reward at the same time."*
- *"As a non-profit, we don't have a large reserve to fall on. Paying vendors within 30 days was a challenge. State was amenable to a monthly reimbursement (over quarterly) but seemed like the logistics were challenging."*
- *"Cash flow was not an issue because we are part of a Regional Development Commission."*

In rural areas, a shortage of qualified vendors made it difficult for AAAs to obtain competitive bids and meet client service needs.

- *"Vendor access was a major issue, especially in rural areas. Sometimes there weren't even two cleaning services to meet the bidding requirement."*

- *"If there is a provider, there is only one. You can't get bids or assess options. We can't get two quotes, or three quotes when there is only one provider. And we try and scramble to find a provider when they don't exist. Get that there's a reason, but it creates delays."*

At times, the vendor pool was so limited that AAAs could not identify a single contractor willing to perform the required work.

- *"In many areas, contractors are limited…contractors were tough [to find]—especially for small jobs like ramps or walk-in tubs. Many of them prefer larger projects."*
- *"We experienced delays in availability, trying to get the product, or staffing products. When major flooding occurred [like the one after Hurricane Helene], many local vendors redirected their crews there, leaving only skeleton staff behind, so there was a hole in service providers."*

In rural counties, long travel distances between vendors and clients' homes significantly increased service costs.

- *"Mileage is expensive, as is cost of time on the road. It doubles when two or more people are in the car."*

Considerations for future pilot expansion

AAAs suggested various improvements, including enhanced clarity on roles and communication, dedicated setup period at the start of the pilot, faster reimbursement timelines, better alignment of services with client needs, and a broader range of eligible vendor types.

AAAs noted that clearer and more timely communication from DHS about roles, responsibilities, and expectations would strengthen coordination with county partners in future pilot expansions.

- *"It was always unclear about DHS's expectations—not clear if we should go to Trellis or someone at DHS."*
- *"Initially, counties were hesitant—they were concerned about sharing data with us. It wasn't always clear we were part of DHS. I wish DHS had done more up front to clarify the purpose and authority of the pilot."*

AAAs varied in how quickly they get set up for the program. One AAA decided to "jump into the program referrals right away" before the referral system was ready, while others waited until processes for vendor payment and vetting were in place. They highlighted the need for a dedicated period at the start of the pilot to set up infrastructure, clarify procedures, and prepare vendor lists before referrals begin.

- *"Prior to pilot, we didn't have an existing list for home cleanup, etc. [We] needed to find providers willing to take on jobs of all sizes within our service area, without making clients wait with long delays."*
- *"Some things take a lot of time…we make sure that vendors are licensed and insured to reduce liabilities and ensure compliance."*

One AAA requested more frequent, 30-day reimbursements to resolve the cash flow risk[2].

- *"We would want to see 30-day reimbursements. Too challenging with cash flow burden as a nonprofit to wait longer."*

[2] DHS confirmed that AAAs may request for a contract amendment to shift to a 30-day reimbursement schedule.

One AAA noted that client-identified needs did not always match the vulnerabilities that placed them most at risk, making service delivery more complex. They recommended better alignment between client needs and the service being requested.

- *"Something they think they need, isn't the thing that is making them vulnerable in the moment. It makes it tough to help them. Sometimes we are at odds in getting them back on track."*

Another AAA shared they would like to see inclusion of informal vendor types to support lack of providers in rural counties.

- *"Would like to consider informal supports. Right now, we can't use family, friends, or neighbors. Maybe [add] faith-based organizations too."*

AAAs unanimously recommended continuing the pilot, emphasizing that ongoing funding would be essential to sustain and expand its impact.

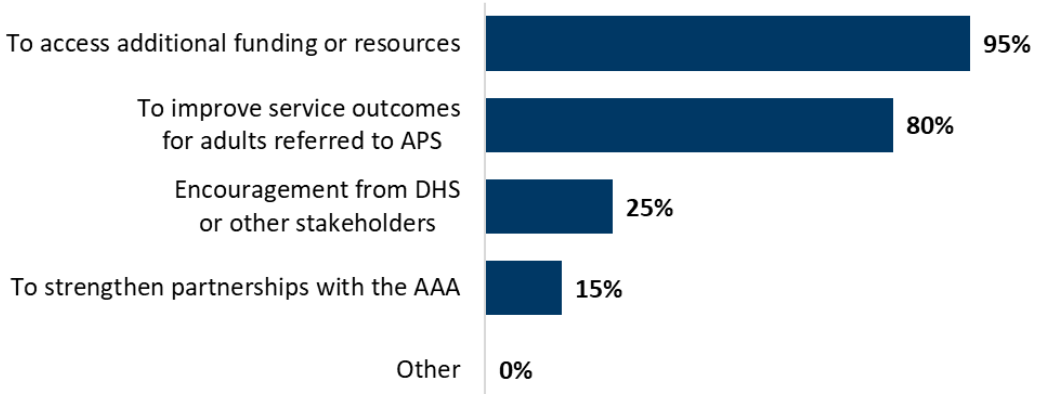
- *"We see a need for it. Any way to continue would be helpful. This is a unique service for Minnesota."*
- *"It's been very valuable and would highly consider participating again in the future. Secured fundings would allow us to retain more staff to do the work. Even if the cap were reduced or funding scaled down, we're committed to continuing this work."*
- *"The biggest plus is access to dollars, which is unheard of in our working world—that's been the biggest motivator."*
- *"We would like for the program to continue, if possible. We have learned a lot and have put together a program that really works. We are happy to be part of it. It is filling a gap that has existed for a long time."*

Feedback from participating counties

Reasons for participating

Participating counties were asked to share their motivations for joining in the pilot (Figure 9). This question provided a list of reasons, from which respondents could select more than one answer. Nearly all respondents chose "to access additional funding and resources" (95 percent) and "to improve service outcomes for adults referred to APS" (80 percent). A much smaller share pointed to getting "encouragement from DHS or other stakeholders" (25 percent) or the opportunity "to strengthen partnerships with their AAA" (15 percent) as reasons for participating.

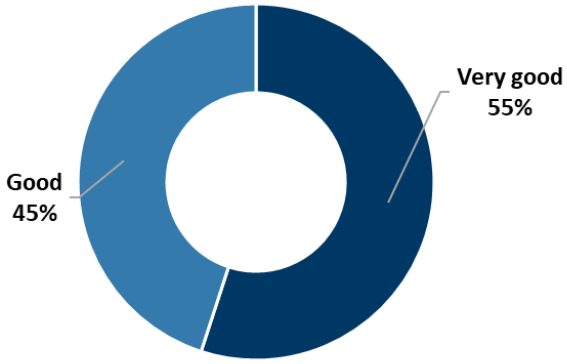
Figure 9. Participating counties' reasons for joining the pilot (N=20)



Overall experience

Participating counties reported positive overall experiences with the pilot: 55 percent rated their experience as "very good" and 45 percent as "good" (Figure 10).

Figure 10. How would you rate your county's overall experience in the pilot? (N=20)

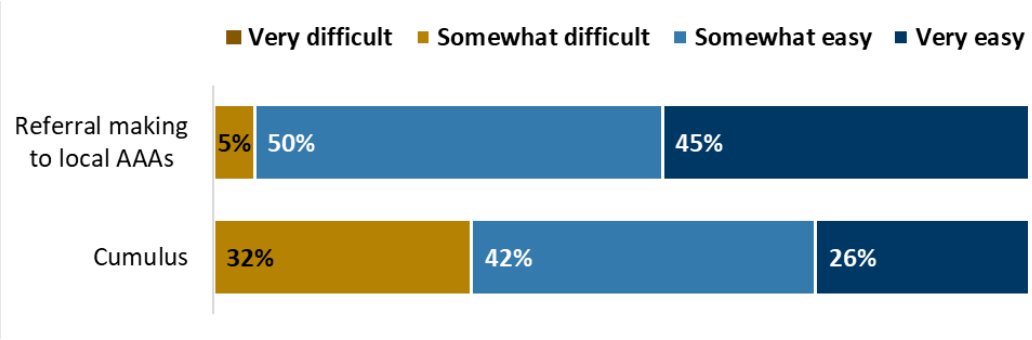


Referral and software experience

The referral process was generally manageable, with 90 percent of the respondents describing it as "somewhat easy" (50 percent) or "very easy" (45 percent) (Figure 11).

Meanwhile, the Cumulus referral management software used during the pilot was rated less favorably, with 32 percent of the respondents finding it somewhat difficult to use. Common challenges included: a lack of user-friendliness, excessive steps for approvals, redundant data entry, and frequent automated notifications. One respondent also noted that the process changed multiple times over the course of the pilot, causing confusion.

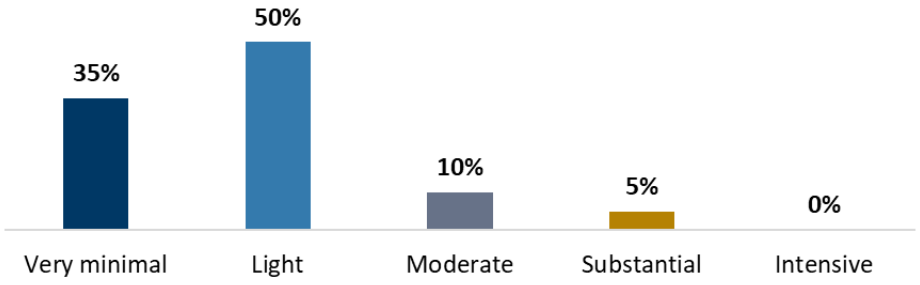
Figure 11. How would you rate the following aspects of the pilot? (N=20)



Time commitment

A vast majority of the participating counties rated the level of time commitment needed to participate in the pilot as either "light" (50 percent) or "very minimal" (35 percent) (Figure 12).

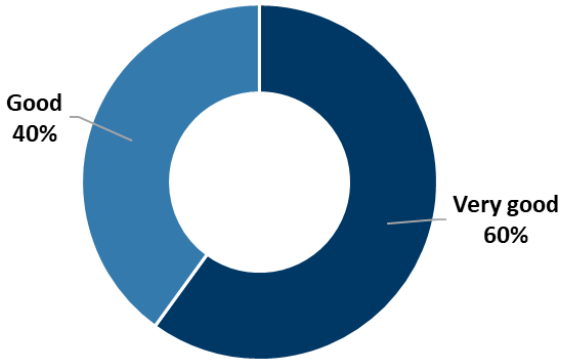
Figure 12. How would you rate the time commitment required to participate in the pilot? (N=20)



Partnerships with local AAAs

Participating counties were also asked to rate the quality of their partnership with their local AAAs during the pilot (Figure 13). All respondents described their partnership with local AAAs positively, as either "good" (40 percent) or "very good" (60 percent).

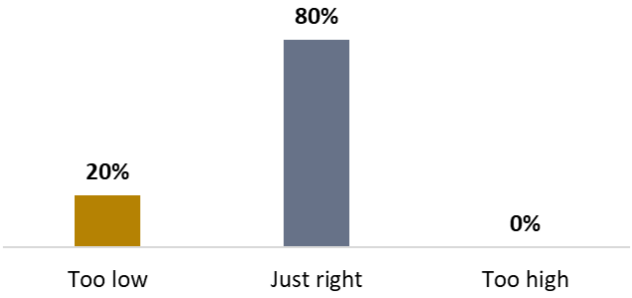
Figure 13. How would you rate your partnership with your local AAA during the pilot? (N=20)



Client budget

Eighty percent of the respondents felt the $2,500 per-client service budget was "just right" (Figure 14). However, several counties encountered cases in which client needs—such as deep cleaning, in-home repairs, or professional services—exceeded the funding cap. Suggestions included adding a process for requesting exceptions or increasing the cap in select circumstances.

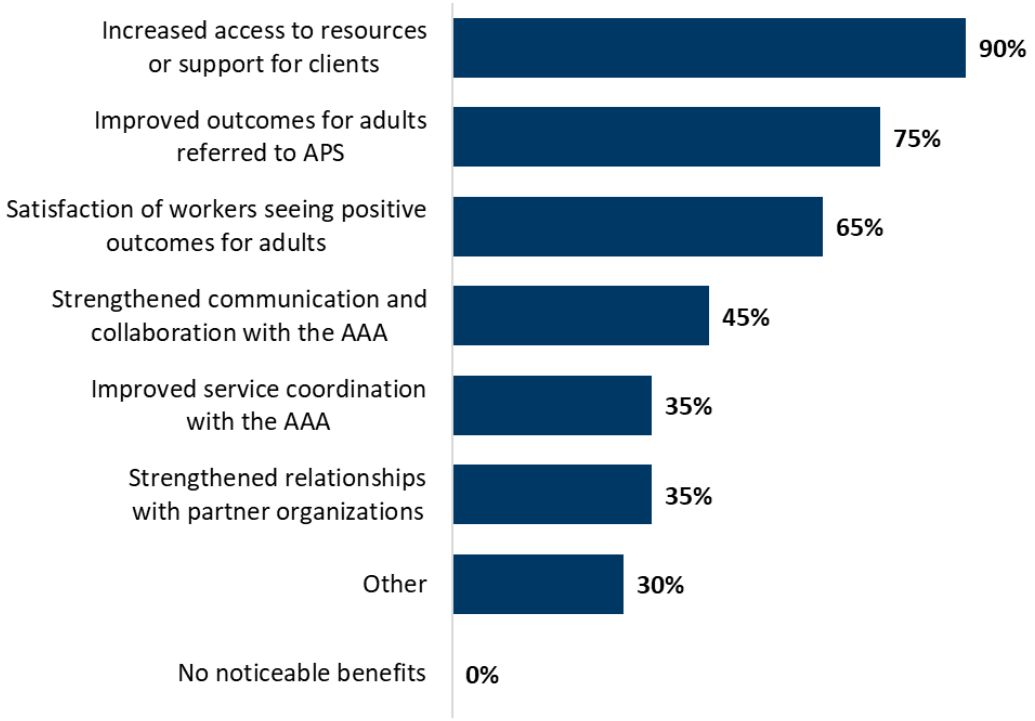
Figure 14. What do you think of the budget allocated to each client (i.e., $2,500) for services to stop or reduce the maltreatment? (N=20)



Reported benefits to counties and clients

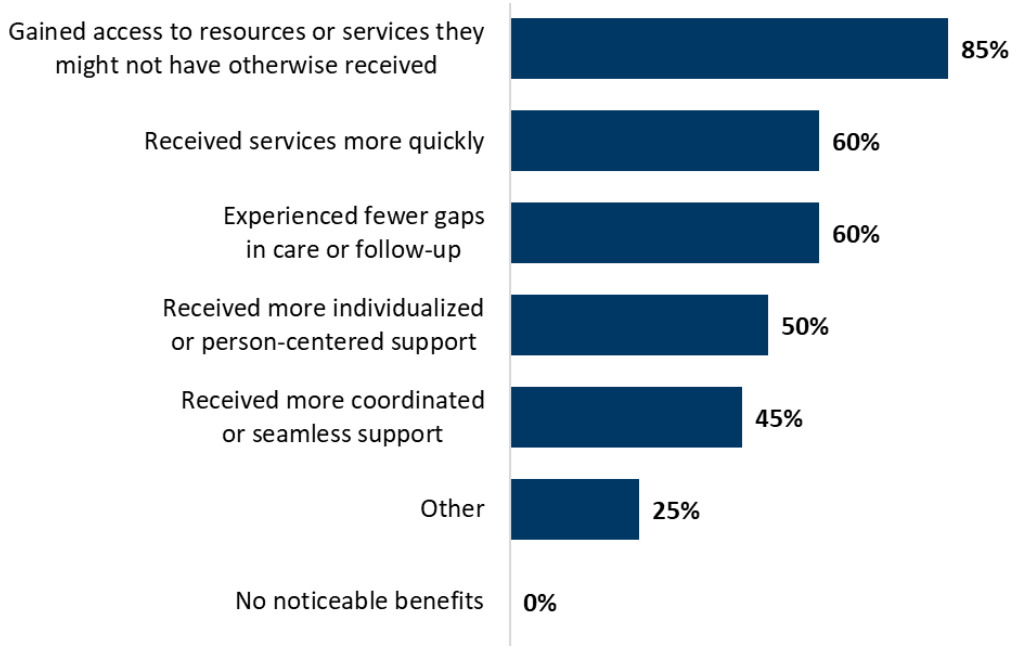
Counties cited numerous benefits from participating in the pilot (Figure 15). From an organizational perspective, 90 percent said the pilot "increased access to resources or support for clients," and 75 percent saw "improved outcomes for adults referred to APS." Sixty-five percent said the pilot improved staff satisfaction because of the positive outcomes for adults, and 45 percent reported strengthened collaboration with AAA partners.

Figure 15. In what ways, if any, has this pilot benefited your county? (Select all that apply.) (N=20)



For adults served through the pilot (Figure 16), 85 percent of counties reported that clients gained access to services they otherwise would not have received. Sixty percent said the pilot improved faster service delivery and reduced care gaps. About half of the respondents said the pilot led to more individualized interventions (50 percent) and more coordinated support (45 percent).

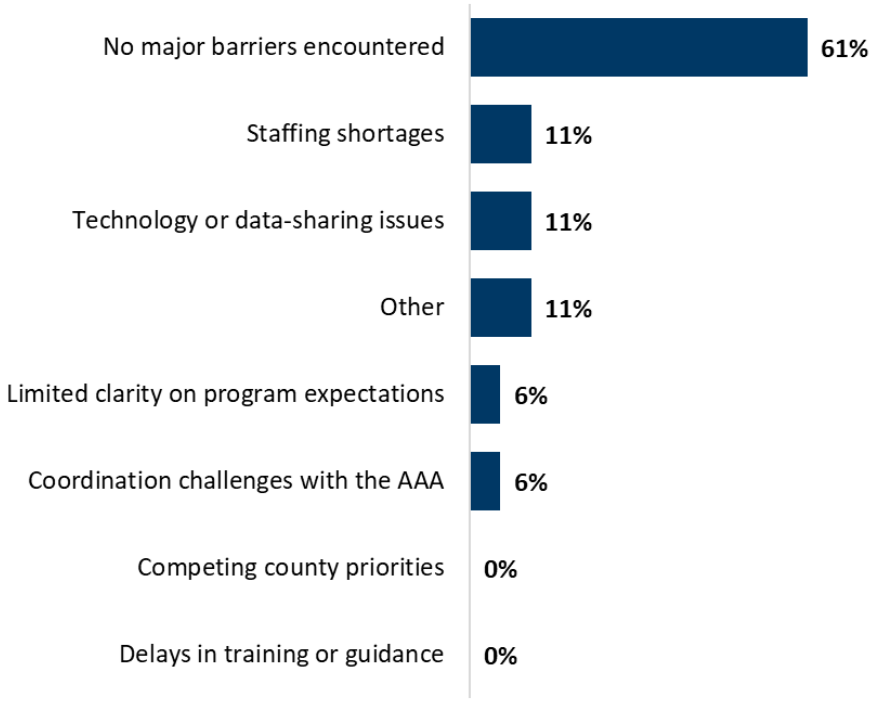
Figure 16. In what ways, if any, has this pilot benefited adults referred to APS? (Select all that apply.) (N=20)



Challenges

The majority of respondents (61 percent) did not encounter major barriers in implementing the pilot (Figure 17). However, 11 percent of respondents reported difficulties related to "staffing shortages" or "technology or data-sharing issues." Another 11 percent selected "other," citing challenges such as learning the Cumulus software and a lack of face-to-face interaction with AAA staff.

Figure 17. What barriers, if any, did your county face in implementing the pilot program? (Select all that apply.) (N=20)



Suggestions for improvement

When asked for suggestions to improve the pilot, county respondents recommended:

- Increasing or making the client funding cap more flexible.
- Simplifying the Cumulus software or replacing it with a more intuitive system.
- Enabling easier access for supervisors and staff.

Several counties suggested enhancing AAA capacity to meet clients in person, streamlining the approval process, and improving mobile access to the referral system.

Endorsements and final reflections

Overall, participating counties expressed strong support for the pilot and a clear desire to see it continue. Many described it as an invaluable and effective tool for addressing the real-world needs of vulnerable adults. The program enabled faster, more flexible responses and helped APS workers provide meaningful assistance that would otherwise be out of reach.

Participating counties overwhelmingly encouraged others to join if the opportunity arises again. Some respondents raised the question of whether the funding could be routed directly through counties instead of AAAs, but even those who held this view acknowledged the overall value of the program. The feedback consistently affirmed that the pilot brought dignity to clients, improved APS outcomes, and helped strengthen interagency partnerships—making a strong case for continuation or expansion.

Feedback from non-participating AAAs and counties

Non-participating AAAs

As part of the study, MAD interviewed representatives from the two AAAs that did not participate in the pilot—the Central Minnesota Council on Aging (CMCOA) and the Minnesota River AAA (MNRAAA). Conversations focused on their reasons for not joining the pilot, along with their likelihood of future participation.

CMCOA's decision not to join centered on uncertainties at the project's outset. Staff cited concerns about the unclear start and fixed end dates, which raised fears that clients referred might not be able to complete services. They also noted limited clarity on referral processes from county APS, expected workload, and the extent of case management responsibilities. Questions about whether CMCOA would need to front service costs added to their hesitation.

MNRAAA's choice was driven by internal organizational challenges. At the time, the agency was finalizing a program merger while experiencing heavy staff turnover, including retirements and leadership departures totaling 61 years of experience. These factors necessitated a focus on organizational stability rather than new projects.

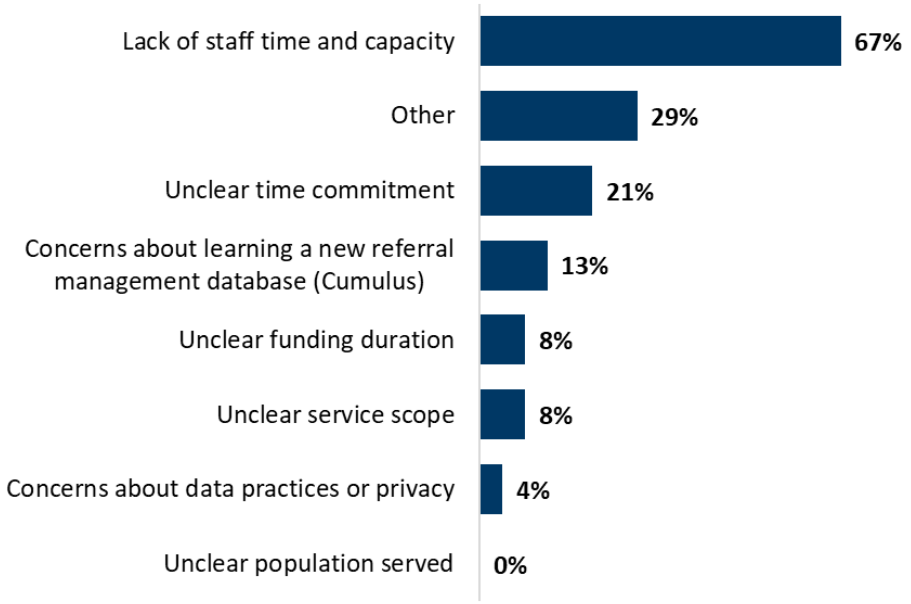
Both AAAs expressed strong interest in future involvement if funding becomes available and key issues are clarified.

- CMCOA emphasized the need for clearer program models, lessons learned from participating AAAs, and greater specificity around funding flows, referral processes, client demographics (particularly those under 65), and expectations for intake and case closure. A process map was suggested as especially useful.
- MNRAAA described its region as "fertile ground" for the program and viewed participation as an opportunity to advance its mission. Its future involvement would depend on ensuring flexibility to adapt the program through trial and error, without heavy regulatory oversight from DHS. Given limited funding and federal threats to APS, MNRAAA stressed the importance of sustaining such initiatives.

Non-participating counties

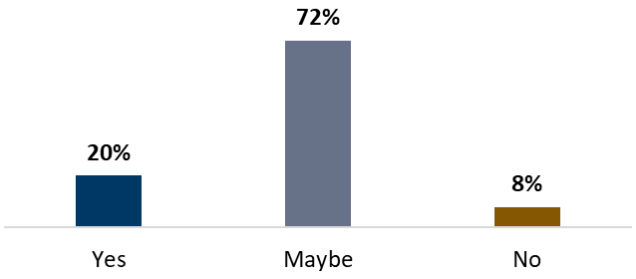
As part of the survey, non-participating counties were asked to share their reasons for not joining in the pilot (Figure 18). The most common reason provided was a "lack of staff time and capacity" (67 percent), distantly followed by "unclear time commitment" (21 percent), and "concerns about learning a new referral management database" (13 percent). Other reasons included a lack of awareness about the pilot and questions about whether participation would be worthwhile given their county's small caseload.

Figure 18. Why did your county decide not to participate in the APS–AAA Pilot Program? (Select all that apply.) (N=24)



Non-participating counties were asked if they were open to participating in the program if funding were available in the future (Figure 19). Twenty percent of the respondents said “yes”, and 72 percent said “maybe.”

Figure 19. If funding became available in the future, would your county be open to participating in the program? (N=25)



Discussion

The APS–AAA Pilot Program successfully demonstrated its capacity to deliver critical and timely support to vulnerable adults experiencing acute crises, such as displacement, financial exploitation, and abuse. The pilot's ability to stabilize housing, restore utilities, address financial exploitation, and improve personal safety for clients directly aligns with its broader goal of reducing and preventing maltreatment and strengthening coordination among APS, AAAs, and service providers.

What worked well

A key strength of the pilot was its ability to fill a longstanding service gap by providing flexible funding for immediate, often modest-cost, interventions that stabilized clients' situations and fostered independence. Both participating AAAs and counties overwhelmingly cited access to additional funding and resources as a primary motivation for involvement. Eighty-five percent of counties reported that clients gained access to services they otherwise would not have received, with 60 percent noting faster service delivery and reduced care gaps. Examples shared by AAAs highlighted the direct ways services helped stabilize clients, such as replacing exterior doors after a break-in, installing a walk-in shower for an individual with mobility issues, or assisting victims of financial fraud with bill payments and representative payees.

The pilot also strengthened partnerships and improved communication between AAAs and county APS staff. Participating AAAs reported being invited to county Multidisciplinary Teams and experiencing improved collaboration with county partners. Counties confirmed these benefits, citing improved staff satisfaction due to positive client outcomes and strengthened collaboration. This enhanced coordination is a direct testament to the pilot’s effectiveness in building interagency relationships.

Areas for improvement

Evaluation findings also highlighted several areas where program implementation could be improved, and where access to services for Minnesota’s vulnerable adults could be expanded.

Program implementation

Vendor access and management presented significant hurdles, particularly in rural areas. AAAs in these regions reported difficulty finding qualified vendors, especially for smaller jobs. In addition, those operating under Regional Development Commissions (RDC) face additional challenges meeting RDCs’ competitive bidding requirements when only one provider was available. Long travel distances for vendors in rural counties also increased service costs.

The **Cumulus referral management software received mixed feedback**. While many AAAs found it a successful tool for client management and communication, 32 percent of county respondents found it somewhat difficult to use, citing a lack of user-friendliness, excessive steps, redundant data entry, and frequent automated notifications. Consistent reminders and refreshers were also noted as necessary due to staff turnover.

Additionally, AAAs, particularly those which are non-profits, experienced financial and administrative strain related to **managing cash flow and receiving reimbursements**, which they suggested could be alleviated by more frequent reimbursement payments. Some AAAs also desired clearer and more timely communication from DHS regarding roles, responsibilities, and expectations, as initial ambiguities sometimes led to county hesitancy in engaging with the program.

Some AAAs noted uncertainty about how APS service requests aligned with clients' actual needs. Because the pilot did not require substantiated maltreatment and collected only minimal data (i.e., contact information, demographics, allegation, and APS recommendations), AAAs sometimes lacked sufficient context to tailor services effectively. Future expansions could address this by requiring additional documentation, such as service plans, to better align requests with client needs.

Program access

Some AAAs mentioned challenges related to **time needed to start the program**. Future pilot expansion for new AAAs should include an initial program implementation period to allow them to set up systems that would maximize time and efficiency, and expand access to services for more Minnesotans.

Implications for program budget and resources

While a detailed financial analysis was beyond the scope of this evaluation, **AAAs overwhelmingly shared that the funding cap for services was sufficient** to meet most client needs. They appreciated the flexibility to allocate funds across clients, as some services fell well below the dollar cap, while others exceeded it. Interviews and service data shared with MAD showed that AAAs used different approaches for providing services when costs surpassed the cap. For future expansion, DHS should consider establishing a standard approach to ensure all AAAs follow a consistent method for requesting and approving above-cap services.

Staffing and capacity challenges were a recurring theme. AAAs found it difficult to hire and retain staff due to the fluctuating nature of referrals, leading to "waves, peaks, and valleys" in workload. This was mirrored by non-participating counties, where "lack of staff time and capacity" was the most common reason for not joining the pilot. Extending the pilot with long-term funding could help stabilize staffing and better manage workload fluctuations.

Future participation

Despite challenges, the overwhelming sentiment from both participating AAAs and counties was one of strong support for the pilot's continuation. Many described it as an invaluable and effective tool that brought dignity to clients and enabled APS workers to provide meaningful assistance that would otherwise be unavailable. A vast majority of non-participating counties (92 percent) also expressed openness to future participation if funding were to become available. This strong endorsement underscores the pilot's demonstrated value and potential for broader impact.

Recommendations

Based on these evaluation findings, MAD recommends a set of actions to strengthen the APS–AAA Pilot Program, resolve identified challenges, and support future expansion. The recommendations are organized by those directed to DHS and those directed to AAAs. MAD also includes a future consideration for exploring alternative administrative models to improve program efficiency and effectiveness.

For DHS

Secure ongoing funding for pilot continuation and expansion.

- **Rationale:** There is overwhelming support from both participating AAAs and counties to continue the pilot, which is recognized as an invaluable tool for addressing critical needs of vulnerable adults and filling a significant service gap.
- **Action:** Consistent with other needs and priorities, DHS should actively pursue and secure dedicated, long-term federal or state funding to sustain the program and enable its expansion to additional counties and AAAs across Minnesota. This would allow AAAs to retain and hire staff with greater certainty.

Enhance program communication and clarify roles.

- **Rationale:** Non-participating AAAs noted an initial lack of clarity from DHS regarding roles, responsibilities, and program authority, which contributed to their hesitation to join the pilot.
- **Action:** DHS should develop and proactively disseminate clear, comprehensive guidelines and expectations to all stakeholders (AAAs and counties) at the outset of any future iteration or expansion. This should explicitly define roles, responsibilities, data-sharing protocols, and the purpose of the pilot to avoid initial ambiguities and county hesitancy.

Consider allowing the use of vetted informal supports.

- **Rationale:** A shortage of qualified vendors and increased service costs due to travel distances were significant challenges, particularly in rural regions.
- **Actions:** DHS should consider allowing the use of vetted informal supports (e.g., family, friends, neighbors, or faith-based organizations) for specific, low-risk service needs, particularly where formal providers are scarce. To ensure proper expenditure of state funds, DHS should develop clear guidance for how informal, non-professional, non-bonded, or uninsured supports can be safely and appropriately used. This could include:
    - Defining allowable service types where informal supports may be used (e.g., basic home maintenance, transportation, companionship).
    - Establishing vetting criteria (e.g., background checks, references, verification of basic skills).
    - Requiring written agreements outlining scope of work, payment terms, and accountability measures.
    - Setting reimbursement thresholds or limits for informal supports to reduce risk of misuse.

- Creating monitoring and reporting processes to safeguard against fraud while maintaining service flexibility in areas with limited vendors. Potential strategies include requiring receipts or documentation of costs, timesheets or service logs, photos of completed work, and periodic site visits, spot audits, or case reviews.

Streamline and improve the Cumulus Referral Management System.

- **Rationale:** While functional, Cumulus was identified as not user-friendly by some counties, requiring excessive steps and redundant data entry. Ongoing training is needed due to staff turnover.
- **Actions:** DHS, in collaboration with Trellis, should:
  - Conduct a thorough user experience review of Cumulus to identify and implement targeted improvements to enhance user-friendliness, reduce data entry redundancies, and streamline approval processes.
  - Provide consistent, easily accessible training and refresher courses for all AAA and county APS staff on Cumulus usage, including updates and best practices, especially to address staff turnover.
  - Ensure appropriate access levels for supervisors and staff within the system and explore options for mobile access to the referral system.

Create clear accountability processes while maintaining flexibility in the client funding cap.

- **Rationale:** While the $2,500 per-client budget was generally considered "just right," some cases, such as deep cleaning or extensive home repairs, exceeded this limit.
- **Action:** DHS should consider reviewing contract language to ensure it has clear processes for requesting exceptions or increasing the funding cap in specific, high-need circumstances, or consider a tiered funding structure for certain intensive service types.

Consider convening biannual meetings with AAA and county APS representatives to review data, discuss barriers, and identify opportunities for improvement.

- **Rationale:** DHS provided initial guidance to counties and AAAs, with AAAs leading local promotion of the pilot. While DHS met regularly with counties and AAAs separately, there were limited opportunities for joint discussion. Bringing both groups together could strengthen shared understanding, improve coordination, and address barriers more effectively.
- **Action:** DHS should establish biannual meetings with both AAAs and county APS representatives to jointly review pilot data, identify systemic challenges, and collaborate on solutions.

For AAAs

Actively manage and expand vendor relationships.

- AAAs should continue to proactively develop and expand their vendor networks, particularly in rural and underserved areas, seeking providers willing to undertake jobs of all sizes. This includes leveraging existing relationships, local directories, and actively recruiting new vendors.
- AAAs should engage with and utilize DHS's processes for vetting and onboarding vendors, ensuring compliance and reducing liabilities.

Optimize internal staffing and capacity management.

- If stable funding and longer lead times are available, AAAs should develop robust internal staffing plans to better anticipate fluctuating referral volumes and ensure consistent service delivery.

Request for a 30-day financial reimbursement schedule to improve cashflow.

- AAAs with limited cashflow should formally request a 30-day reimbursement schedule through a contract amendment with DHS.

Continue to engage with program enhancements and training.

- AAAs should continue to actively participate in training and utilize guidelines from DHS regarding Cumulus software, program roles, and vendor management to enhance efficiency and collaboration.
- Previously non-participating AAAs should connect with participating AAAs to learn about their experiences and insights from the pilot.

Advocate for client needs and program improvements.

- Continue to provide feedback to DHS on the effectiveness of funding caps, vendor access, and system usability to ensure the program remains responsive to evolving client needs and operational realities.

Future consideration

Future evaluations could explore the efficiency and effectiveness of using local AAAs to administer the program compared with shared or regional administration. While local AAAs provide valuable community knowledge and relationships, independent operations at each agency can result in duplicate staffing and administrative costs. Understanding whether the benefits of local administration outweigh these additional expenses could inform decisions about program design, resource allocation, and potential consolidation.

A cost-benefit analysis comparing current local AAA administration with alternative regional or shared models could provide insights to guide future scaling, consolidation, or adjustments to administrative structures to enhance efficiency and overall program impact.

Appendix A: Participating AAA interview guide

About this study

Thank you for agreeing to speak with us today! The Department of Human Services (DHS) is seeking feedback from AAAs which are participating and not participating in the APS–APS Pilot Program. To support this effort, DHS has engaged Management Analysis and Development (MAD), where we work, to assess the pilot's effectiveness. Specifically, we are evaluating how well the pilot supports service outcomes for adults referred to APS, enhances coordination for wraparound services, and impacts referrals and service delivery from the perspective of AAA and APS staff across the state. MAD is a section within the State of Minnesota and is a neutral third party.

Data privacy

Your insights are important, and we want to ensure you feel comfortable sharing your thoughts. This interview is governed by the Minnesota Data Practices Act. MAD has a special section in this state law (Minnesota Statutes 13.64) that helps us keep your information private. We'll take notes and summarize key themes from these conversations, but we won't include names or anything that could identify individuals in our report. To make sure we capture everything accurately, we'd like to record the conversation as a backup. We'll delete the recording once our notes are finalized. This conversation is completely voluntary. If there's anything you'd rather not answer, feel free to skip it, and if you ever want to stop, just let us know.

Interview questions

1. To start, could you tell us briefly about yourself and your organization?
    - Were you part of the staff team who decided whether to participate in the pilot?
2. Could you share why your AAA decided to participate in the pilot?
3. Could you walk us through your process for responding to adult protection referrals to your AAA?
    - How are adult protection referrals reviewed and followed up on?
    - How does your AAA coordinate services to meet each person's needs?
    - What arrangements do you have with service providers?
    - How do you engage with providers? Do you have contracts with services providers? How does this process work?
    - How or when do you enter individuals' data into your tracking database?
        - Do you use county-level data, and do you modify it after working each case?
        - Have you encountered any issues or inconsistencies with collecting the data you need?
4. What aspects of the pilot have been going well so far?
    - Implementation (e.g., process, staffing, database, etc.)
    - Partnership with counties for referrals
    - Partnerships between AAAs and counties
    - Coordination with service providers
    - Support and communication from DHS regarding the APS/AAA pilot

    - Interaction or collaboration with other participating AAAs
    - Other aspects?
5. What challenges have you encountered so far?
    - Implementation (e.g., process, staffing, database, etc.)
    - Partnership with counties for referrals
    - Ideas to strengthen collaboration with counties
    - Coordination with service providers
    - Support and communication from DHS, regarding the APS/AAA pilot
    - Interaction or collaboration with other participating AAAs
    - Other aspects?
6. What notable successes or success stories have you seen as a result of this pilot?
7. If you had a magic wand, what changes would you make to improve this pilot?
8. If funding became available, would your AAA consider continued participation in the program? Why or why not?
9. Before we wrap up, is there anything else on your mind that we haven't covered?

Appendix B: Non-participating AAA interview guide

About this study

Thank you for agreeing to speak with us today! The Department of Human Services (DHS) is seeking feedback from AAAs which are participating and not participating in the AAA/APS Pilot Program. To support this effort, DHS has engaged Management Analysis and Development (MAD), where we work, to assess the pilot's effectiveness. Specifically, we are evaluating how well the pilot supports service outcomes for adults referred to APS, enhances coordination for wraparound services, and impacts referrals and service delivery from the perspective of AAA and APS staff across the state. MAD is a section within the State of Minnesota and is a neutral third party.

Data privacy

Your insights are important, and we want to ensure you feel comfortable sharing your thoughts. This interview is governed by the Minnesota Data Practices Act. MAD has a special section in this state law (Minnesota Statutes 13.64) that helps us keep your information private. We'll take notes and summarize key themes from these conversations, but we won't include names or anything that could identify individuals in our report. To make sure we capture everything accurately, we'd like to record the conversation as a backup. We'll delete the recording once our notes are finalized. This conversation is completely voluntary. If there's anything you'd rather not answer, feel free to skip it, and if you ever want to stop, just let us know.

Interview questions

1. To start, could you tell us briefly about yourself and your organization?
    - Were you part of the staff team who decided whether to participate in the pilot?
2. Could you share why your AAA decided not to participate in the pilot?
    - Were there any specific barriers that influenced this decision? If so, what are they?
        - If staffing challenge were a factor–we understand you're facing a lot of unknowns right now. Do you anticipate having the capacity to handle/manage a program like this in the future?
    - Were there any aspects of the pilot that were unclear to your team? If so, what could have helped?
3. If those "barriers" were addressed, would your AAA be open to participating in the program in the future, if funding is possible? Why or why not?
4. Are there any changes to how the program is set up or run that would make it a better fit for your AAA? If so, what would those be?
5. Before we wrap up, is there anything else on your mind that we haven't covered?

Appendix C: County APS survey questions

Landing page

The Minnesota Department of Human Services (DHS) is conducting this survey to gather feedback from counties about the APS–AAA Pilot Program. **All counties are invited to participate in the survey, whether or not they are a part of the pilot.** Your responses will help DHS evaluate the pilot and inform future planning if funding becomes available.

DHS has contracted with Management Analysis and Development (MAD) to conduct this survey. MAD is an independent group within state government that provides consultation to state and public sector organizations.

This survey is voluntary and should take no more than 10 minutes of your time. There will be no consequence if you choose not to participate, except that DHS will not have your feedback.

Only one response per county is needed. If multiple staff are involved in this pilot, please coordinate to submit a single, shared response.

Data privacy

Any private information you provide in this survey is protected under the Minnesota Data Practices Act, Statute 13.64. Only MAD will see individual responses. MAD may share non-identifiable written comments with DHS. MAD will summarize the results into a report that will be shared with DHS.

Tips for taking this survey

- Use the "Next" and "Back" buttons at the bottom of the page to navigate the survey.
- If you cannot complete the survey at one sitting, you can leave the page and return later using the link in the invitation email. Your responses will be saved automatically.
- If you have any technical issues taking this survey, or need accommodations to complete it, please contact Mongkol Teng from MAD at mongkol.teng@state.mn.us.

Thank you for taking the time to share your valuable feedback!

Questions

1. Did your county participate in the APS–AAA Pilot Program?
    - o Yes *(Skip to Q4)*
    - o No *(continue to Q2)*

Non-participating counties

2. Why did your county decide not to participate in the APS–AAA Pilot Program? (Select all that apply.)

- Lack of staff time and capacity
- Unclear time commitment
- Unclear funding duration
- Unclear service scope
- Unclear population served
- Concerns about data practices or privacy
- Concerns about learning a new referral management database (Cumulus)
- Other (Please specify): _____

3. If funding became available in the future, would your county be open to participating in the program?
   - Yes
   - Maybe
   - No

Participating counties

4. What motivated your county to participate in the APS–AAA Pilot Program? (Select all that apply.)
   - To improve service outcomes for adults referred to APS
   - To access additional funding or resources
   - To strengthen partnerships with the AAA
   - Encouragement from DHS or other stakeholders
   - Other (Please specify): _____
5. How would you rate your county's overall experience in the pilot?
   - Very good
   - Good
   - Poor
   - Very poor
6. How would you rate the process of making referrals to your local AAA as part of the pilot?
   - Very easy *(Skip to Q8)*
   - Somewhat easy *(Skip to Q8)*
   - Somewhat difficult *(Continue to Q7)*
   - Very difficult *(Continue to Q7)*
7. What aspects of the referral process were challenging?
8. How would you rate the time commitment required to participate in the pilot?
   - Very minimal—only occasional time needed
   - Light—small, regular time commitment
   - Moderate—consistent case coordination and planning
   - Substantial—extended case coordination and planning
   - Intensive—major ongoing involvement across staff
9. This pilot uses Cumulus as its referral management software. How would you rate your experience with this software?
   - Very easy *(Skip to Q11)*
   - Somewhat easy *(Skip to Q11)*
   - Somewhat difficult *(Continue to Q10)*
   - Very difficult *(Continue to Q10)*

- Not applicable *(Skip to Q11)*

10. What aspects of using the Cumulus software were challenging?
11. How would you rate your partnership with your local AAA during the pilot?
    - Very good *(Skip to Q13)*
    - Good *(Skip to Q13)*
    - Poor *(Continue to Q12)*
    - Very poor *(Continue to Q12)*
12. Please describe what aspects of the AAA partnership were challenging or could be improved.
13. What do you think of the budget allocated to each client (i.e., $2,500) for services to stop or reduce the maltreatment?
    - Too high *(Continue to Q14)*
    - Just right *(Skip to Q15)*
    - Too low *(Continue to Q14)*
14. Please describe the reason(s) for your given rating.

In this section, we'd like your input on how the pilot has impacted your county and adults referred to APS—including what's worked, what's been challenging, and what could be improved.

15. In what ways, if any, has this pilot benefited your county? (Select all that apply.)
    - Improved outcomes for adults referred to APS
    - Improved service coordination with the AAA
    - Strengthened communication and collaboration with the AAA
    - Strengthened relationships with partner organizations
    - Increased access to resources or support for clients
    - Satisfaction of workers seeing positive outcomes for adults
    - Other (Please specify): _____
    - No noticeable benefits
16. In what ways, if any, has this pilot directly or indirectly benefited adults referred to APS? (Select all that apply.)
    - Received services more quickly
    - Received more coordinated or seamless support
    - Experienced fewer gaps in care or follow-up
    - Gained access to resources or services they might not have otherwise received
    - Received more individualized or person-centered support
    - Other (please specify): _____
    - No noticeable benefits
17. What aspects of the pilot went well?
18. What barriers, if any, did your county face in implementing the pilot program? (Select all that apply.)
    - Staffing shortages
    - Competing county priorities
    - Delays in training or guidance
    - Technology or data-sharing issues
    - Limited clarity on program expectations
    - Coordination challenges with the AAA
    - Other (please specify): _____

- No major barriers encountered

19. If you had a magic wand, what changes would you make to improve the pilot?
20. What advice would you offer to other counties if this opportunity becomes available again?
21. Is there anything else you would like us to know?