

The Vulnerable Adult Act and Adult Protective Services in Minnesota

A Review of National Models, Best Practices, and Stakeholder Insights

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Executive Summary

Introduction

The Minnesota Department of Human Services (DHS) is exploring opportunities to improve the delivery of adult protective services (APS). Minnesota DHS contracted with Public Sector Consultants (PSC) to:

- Review existing state statutes and other state models related to adult maltreatment definitions, reporting, investigation and service response, funding, and prevention
- Interview stakeholders to obtain input on the existing APS system and potential changes needed
- Develop a plan for engaging additional stakeholders to guide efforts to redesign the Vulnerable Adult Act (VAA)

A second phase of work will begin in July 2019 to engage stakeholders across the state in identifying the best model for Minnesota.

Minnesota and Other State APS Systems

PSC reviewed Minnesota's APS system and that of six other states—California, Massachusetts, Michigan, New York, Texas, and Wisconsin. The comparison states represent a wide variety of models in terms of program administration, reporting, investigation, assessment, and service delivery.

General Program Administration

A review of Minnesota's APS system reveals key similarities and differences across six other state systems. Three of these states—California, New York, and Wisconsin—have county-administered APS systems like Minnesota. However, the remaining three—Massachusetts, Michigan, and Texas—have state-administered APS systems.

The scope of responsibility for APS investigations varies by state. Some APS staff are only responsible for investigating reports of maltreatment in community settings, while others are responsible for investigating in a wider variety of settings, including assisted living centers, care/board homes, and nursing homes. The extent to which APS staff are expected to coordinate and communicate with other agencies also varies, with some states requiring the use of multidisciplinary teams and other coordination mechanisms (Massachusetts, New York, and Texas) and others only recommending their use.

Reporting Systems

Massachusetts, Michigan, New York City, and Texas—like Minnesota—have a centralized system for reports of abuse, neglect, and financial exploitation of vulnerable adults that includes a 24-hour toll-free hotline for receiving maltreatment reports by phone as well as an online reporting system. In California, Wisconsin, and New York State, reporting is decentralized, with counties typically operating their own hotlines.

Investigation, Assessment, and Service Response

The extent to which specific investigation activities are required of APS staff and the degree to which assessment processes and tools are standardized across a given state vary significantly. Massachusetts, Michigan, and Texas—like Minnesota—have rules for the time frame in which a response (and potential investigation) must take place following a report; these vary by allegation and can be immediate if the maltreatment is considered an emergency. Information on other states' approaches to timelines and assessment was not available, but is likely to vary by county.

As in Minnesota, statutes and policies in California, Massachusetts, Michigan, New York, and Texas provide for the development of a service plan that is based on the needs of the vulnerable adult, with some states requiring follow-up at specified intervals after an investigation's conclusion. The extent to which these plans are developed and adhered to in accordance with policies is unclear.

Federal Funding Sources for APS

Funding for APS is available from a variety of federal sources, including the following:

- The **Social Services Block Grant (SSBG) program**. This program is apportioned to states using a formula; states have discretion in how they prioritize its use across 29 categories, including adult protection.
- **State grants to enhance APS**. The federal Administration for Community Living (ACL) provides states funding for demonstration grants to enhance their APS systems and explore innovations and improvements in practice, services, data collection, and reporting.
- **Elder Justice Innovation Grant program**. This program, established by the ACL, supports the development and advancement of emerging practices to prevent and respond to the abuse of older adults and adults with disabilities.
- **Title III of the Older Americans Act (OAA)**. Through this act, the federal government provides pass-through grants to support state and county Area Agencies on Aging, which support older adults across a range of issues.
- **Medical assistance funds**. Through a process known as administrative claiming, the Medicaid program reimburses the state 50 percent of the cost of eligible activities, which includes investigations of abuse related to Medicaid providers.
- **Victims of Crime Act (VOCA)**. Under VOCA, the Department of Justice provides assistance to crime victims.

Evidence-based Tools and Emerging Models in APS

Promising tools and models that can be considered when refining APS statutes, policies, and protocols include the following:

- **Supported decision making**. This tool supports autonomy and self-determination by allowing individuals to make choices about their lives with the support of a trusted network of people, such as family members, friends, professionals, and advocates.

- **Promoting a culture of safety.** This is an approach that emphasizes improving safety through systems reform and root cause analysis—as opposed to individual blame. It promotes a cultural shift in how organizations approach this issue, and supports organizational learning.
- **Multidisciplinary teams.** This is one of the most promising approaches for coordination and community involvement. These teams can include APS, aging service providers, mental health professionals, law enforcement officers, prosecutors, medical professionals, attorneys, money managers, victim advocates, guardians, and long-term care ombudsman staff, among others. They are most frequently used to consult on difficult maltreatment cases, identify service gaps, and update members on new services, programs, and legislation.
- A variety of **comprehensive assessment and investigation tools** designed to limit harm, promote safety, and identify the needs of vulnerable adults while respecting their right to self-determination, such as the Structured Decision Making® model, the Elder Abuse Decision Support System (EADSS), the Tool for Risk, Interventions, and Outcomes (TRIO), and the Abuse Intervention Model (AIM).
- Strategies for **preventing maltreatment of vulnerable adults**, such as addressing ageism, advance planning, public awareness, and caregiver education and interventions, such as respite care and care management supports.

Stakeholder Insights

PSC conducted in-depth interviews with 63 APS stakeholders, including representatives from federal, state, local, and tribal agencies, county APS personnel, vulnerable adult advocacy organizations, university researchers, care providers, law enforcement, and the justice system, as well as thought leaders in other states. The interviews were primarily designed to obtain input on the intended goals of the APS system, aspects of the current system that support these goals, aspects that are barriers, and recommendations for overcoming these challenges and improving Minnesota's APS system.

Interviewees gave wide-ranging responses that included:

- Emphasizing the need to protect vulnerable adults while supporting their right to autonomy and self-determination
- Increasing available resources to address maltreatment of vulnerable adults
- Shifting the philosophy and approach of the system away from a punitive model toward a supportive model that addresses the needs of victims and alleged perpetrators
- Improving communication and coordination across agencies and organizations involved in the APS system
- Providing training to APS investigative staff and others on person-centered practices, supported decision making, promoting a culture of safety, self-determination, guardianship, and the least restrictive setting options, as well as guidelines for personal safety and protection and working with law enforcement
- Providing clear guidance without being overly prescriptive in how APS responds to reports of maltreatment
- Increasing public awareness about vulnerable adult maltreatment and APS

Report on APS National Models, Best Practices, and Stakeholder Insights

Introduction

The Minnesota Department of Human Services is exploring opportunities to improve the delivery of APS. Minnesota DHS contracted with Public Sector Consultants to:

- Review existing state statutes and other state models related to adult maltreatment definitions, reporting, investigation and service response, funding, and prevention
- Interview stakeholders to obtain input on the existing APS system and potential changes needed
- Develop a plan for engaging additional stakeholders to guide efforts to redesign the Vulnerable Adult Act

A second phase of work will begin in July 2019 to engage stakeholders across the state in identifying the best model for Minnesota.

Review of Minnesota and Other State APS Systems

PSC reviewed Minnesota's and six other states' APS systems to support the Minnesota DHS in understanding how its own system operates compared to others and to identify potential models for restructuring. A general overview of Minnesota's system, including general program administration, adult maltreatment definitions, the APS reporting system, investigation and service response process, and its primary funding model and sources is provided below. A brief overview of these same topics is provided for California, Massachusetts, Michigan, New York, Texas, and Wisconsin.

Highlights of Minnesota's VAA and APS System

General Program Administration/Organization

In Minnesota, the Vulnerable Adult Act of 1980 establishes the state's response to maltreatment of vulnerable adults—which includes the APS system—and is administered at the county level with state guidance and supervision from the DHS APS Unit. The DHS operates a statewide centralized common entry point reporting and IT system and provides standardized tools, policy guidance, training, technical assistance, and state grants, which are allocated to the 87 county APS offices.

Reports of vulnerable adult maltreatment are referred to one of three lead investigative agencies (LIAs): the Minnesota Department of Health (MDH), the DHS Division of Licensing, or a county APS office. MDH is the LIA for maltreatment reports that involve licensed facilities and providers such as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities, and any other facility licensed by the MDH. DHS is the LIA for maltreatment reports that involve licensed facilities or services such as adult daycare or foster care, community residential settings, programs for people with disabilities, adult day services, in-patient substance use disorder programs, sex offender programs, or any other facility or service licensed by DHS.

Each of Minnesota's 87 counties has an APS office that is responsible for investigating and making determinations for all other reports, including self-neglect, involving an allegation in which a family, friend, scam, or personal care provider is responsible. Regardless of the LIA, counties are responsible for responding to APS requests. They have a dual role: 1) acting as LIA and providing APS for reports of maltreatment in settings not under the jurisdiction of the MDH or the DHS and 2) providing APS when there is an assessed need under the jurisdiction of the MDH or the DHS.

Adult Maltreatment Definitions

The VAA defines the population that is eligible to receive APS (vulnerable adults) and also defines maltreatment in terms of abuse, neglect, and financial exploitation. These definitions are provided below.

- **Vulnerable adult.** A person 18 years of age or older who is a resident of a facility, receives services from a state-licensed provider or a home care provider, or has a mental or physical disability that impairs the person's ability to care for themselves without assistance and, as a result, impairs their ability to protect themselves from maltreatment.
- **Abuse.** Assault, use of drugs to injure or facilitate crime, prostitution, sexual misconduct, conduct that produces physical pain, injury, or emotional distress.
- **Neglect.** Failure to provide care or services that are necessary for a vulnerable adult's physical or mental health or safety by a caregiver, or the absence of care or services necessary to maintain their physical and mental health.
- **Financial exploitation.** The use of a vulnerable adult's person or property by another for profit or advantage, or by a fiduciary in breach or violation of their obligation, regulation, or duty owed to the vulnerable adult. This includes situations where a person obtains money, property, or services from a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud.

Reporting System

Reports are made to the Minnesota Adult Abuse Reporting Center (MAARC), which completes a standardized intake form that includes information such as the date and time of the report, risk of imminent danger to the victim, any disability of the victim, details regarding the suspected maltreatment, impacts and effects on the vulnerable adult, any actions taken by the reporter, and whether other agencies or facilities were involved.

The MAARC refers reports to the LIA responsible for conducting the civil/administrative investigation and notifies law enforcement when the suspected maltreatment may be a crime. Reports are referred to county APS when there is an immediate need to safeguard the vulnerable adult's life and health and to the county medical examiner and the Office of Ombudsman for Mental Health and Developmental Disabilities if the report contains information about a suspicious death.

Investigation and Service Response

In 2018, more than 57,000 reports of suspected adult maltreatment were made to the MAARC. Of those, 12 percent were handled by the DHS, 34 percent by the MDH, and 54 percent by county APS. When reviewing a report of maltreatment, county APS staff first decide whether to open the case for emergency protective services (EPS) or investigation. If they open the case for EPS, they must offer APS. If they open the case for investigation, APS is offered as needed during the investigation. If appropriate, APS workers

assist vulnerable adults with obtaining a restraining order to remove a perpetrator, support the appointment or replacement of a guardian or conservator to protect the vulnerable adult from serious harm, and/or refer the case for criminal prosecution.

While the investigation is underway and/or completed, APS staff can offer a variety of services and interventions to vulnerable adults, including referrals for legal counsel, case management, housing assistance, medical treatment, and other services.

Funding Model/Sources

While federal funding is available to state APS programs, there is no federal funding dedicated to APS. The state monitors APS expenditures consistent with existing state methodology; however, there are limitations to the data. In Minnesota, Vulnerable Children and Adults (VCA) grants are a source of funding for APS. These funds come from a consolidated fund of different community service grants, including federal Social Services Block Grant funds. County social service agencies use local funding and other revenue sources to supplement VCA grants (DHS 2018). In state fiscal year (FY) 2019, Minnesota allocated \$85.9 million in VCA grants to its 87 counties. Federal funding from SSBG and other sources accounted for \$30.1 (35.1 percent) of funding, and state sources accounted for \$55.8 million (64.9 percent) (Minnesota DHS n.d.). Counties can allocate funding against 29 major activities, one of which is adult protection. In FY 2017, Minnesota counties allocated \$9.9 million specifically for adult protection—with \$1.0 million coming from federal sources—and served 8,883 vulnerable adults (\$1,083 per person) (Minnesota DHS 2018).

Other State Models

PSC reviewed APS systems in California, Massachusetts, Michigan, New York, Texas, and Wisconsin to highlight the ways in which these states have organized their systems related to administration, service population, involvement and roles of other agencies, investigation management, and service delivery. Highlights, key differences, and similarities are provided below. A full profile of each of the six states can be found in the Appendix A.

General Program Administration/Organization

Administration

Like Minnesota, APS is a county-administered program in California, New York, and Wisconsin. Similarly, New York and Wisconsin also monitor and supervise the county-based systems. California, however, does not monitor or oversee county APS programs. In other states, the state administers APS, with APS staff stationed in county or regional field offices (Massachusetts for adults with disabilities, Michigan, and Texas) or employed by designated agencies (Massachusetts for older adults and Wisconsin). In Massachusetts, the Executive Office of Elder Affairs designates protective services agencies (PSAs) to investigate maltreatment reports and deliver APS. These PSAs can be any public agency or private nonprofit with the capability to carry out required activities. In Wisconsin, county boards are required to designate lead adult-at-risk agencies to receive reports of maltreatment, conduct investigations, and deliver services.

Eligible Clients

All six states in this review serve adults aged 18 and older who are unable to protect themselves due to physical or mental disability or advanced age. In Massachusetts, elder adults aged 60 and above who live in the community are served by designated PSAs, whereas adults under the age of 60 with a disability fall under the jurisdiction of the Disabled Persons Protection Commission. The five remaining states either do not indicate a specific age at which a person is considered an elder adult (Michigan, New York, and Wisconsin) or indicate that services are available to adults aged 18 to 64 who have a disability and to any adult aged 65 and older (California and Texas).

Investigation Settings

The scope of responsibility for investigations conducted by APS staff varies significantly by state. For example, like Minnesota, APS staff in New York and Wisconsin are only responsible for investigating reports of adult maltreatment in community settings. In California, Massachusetts, Michigan, and Texas, APS staff are responsible for investigations in broader settings, including assisted living facilities, care/board homes, and nursing homes (California only).

Coordination with Other Agencies

In all six states, APS must report any instances of criminal activity to law enforcement if an investigation is initiated. In California, APS must also report instances of criminal activity to the appropriate licensing agency when an alleged perpetrator is a licensed healthcare professional.

In Massachusetts, the Department of Public Health investigates cases of reported abuse of a person by nursing home or hospital. In Michigan, maltreatment allegations in adult foster care homes and homes for the aged must be reported to the appropriate Bureau of Community and Health Systems consultant who will also investigate. APS is precluded from investigating allegations of maltreatment in facilities licensed by the Michigan Department of Licensing and Regulatory Affairs (LARA); all reports of maltreatment made to APS or the central intake unit that occur in licensed facilities must be referred to LARA.

The Texas Department of Aging and Disability Services investigates reports of abuse, neglect, and exploitation in nursing homes. APS will investigate exploitation allegations involving nursing home residents if the alleged perpetrator is not an employee of the facility and is someone who has an ongoing relationship with the resident.

In Wisconsin, investigations of reports of maltreatment that do not occur in community settings are handled by the agencies or departments that license and/or certify the entity or person accused of maltreatment. APS staff in the adult-at-risk agencies may refer reports to these entities as appropriate.

Multidisciplinary Teams and Other Coordination

Beyond coordinating with law enforcement and licensing agencies, some states routinely use multidisciplinary teams or similar processes to support case reviews and/or conduct investigations.

Per the Michigan Model Vulnerable Adult Protocol (MI-MVP), each county should implement a coordinated investigative team approach. Team members should include APS, law enforcement, prosecuting attorneys, and other professionals, including medical professionals, aging services providers, mental health providers, and emergency services providers. Written protocols should be drafted and signed by team members to clarify roles and expectations.

Per state policy, Texas and Massachusetts require the use of multidisciplinary teams. In Massachusetts, these teams are only required for protective services work for adults with disabilities. Massachusetts reports regular participation from law enforcement; legal/courts/criminal justice representatives; and medical, mental health, and developmental disabilities service providers. Texas also reports regular participation from these entities as well; however, they also extend to domestic violence, financial, coroner, and animal control/humane society services as well as an extensive array of community-based providers and agencies.

In New York, state law calls for coordination and engagement with public, private, and voluntary agencies in the fields of health, mental health, aging, law, and law enforcement. Each APS county office is required to prepare a district-wide plan for the provision of APS that includes coordination with other agencies.

Adult Maltreatment Definitions

Every state included in this review defines abuse, neglect, and financial exploitation in the statute that establishes APS. While some use the term “abuse” to describe any type of physical, sexual, or emotional harm, New York provides specific definitions for each type, while Texas separately defines sexual abuse (Human Resources Code 2009). Moreover, Massachusetts, New York, and Wisconsin provide definitions for self-neglect and neglect from a caregiver, with New York differentiating between active and passive neglect on the part of a caregiver (State of New York n.d.).

In each state, abuse typically includes the use of physical force that results in bodily injury and unreasonable physical confinement or constraint and, where it is not provided, offered as a separate form of abuse, emotional abuse, and sexual abuse.

Definitions of neglect refer to a caregiver’s negligence to exercise an appropriate degree of care, including securing food, clothing, shelter, physical or mental health. Self-neglect, when it is not included in the broader definition of neglect, generally refers to adults’ inability to care for themselves.

Financial exploitation or abuse typically refers to a caregiver or entity taking financial or physical property from a vulnerable adult through deceit, force, or coercion and/or with the intent of wrongful use or intent to defraud.

Reporting System

Centralized Reporting System

Massachusetts, Michigan, and Texas—like Minnesota—have a common entry point for reports of abuse, neglect, and financial exploitation of vulnerable adults. Each state has a 24-hour toll-free hotline for receiving reports of maltreatment by phone as well as an online reporting system. In Massachusetts, hotline staff determine whether the allegation constitutes a reportable condition and whether an emergency, rapid, or routine response is necessary before notifying the appropriate PSA (Commonwealth of Massachusetts July 2018). In Michigan, a Michigan Department of Health and Human Services (MDHHS) intake unit supervisor determines whether the report meets the criteria for an APS investigation—using a standardized decision-making tool—and refers the case to the appropriate agency (MDHHS 2019). While New York State has a decentralized system (described below), in New York City, reports are made through a centralized common entry point, either by phone, email, or online submission. The central intake unit then determines eligibility for services and contacts the appropriate APS office (one in each borough) (New York City Human Resources Administration n.d.).

Decentralized Reporting System

In California, Wisconsin, and New York, reporting is decentralized. In California, each APS agency provides a 24-hour hotline to receive reports of maltreatment, and mandated reporters may also submit written reports through an online system (State of California Health and Human Services Agency 2019). In Wisconsin, each county operates an elder agency and adult at-risk agency where individuals may report maltreatment, with each agency having its own helpline. The Wisconsin Division of Quality Assurance accepts reports of maltreatment in nursing homes and other long-term care facilities (State of Wisconsin 2019). In New York, a statewide helpline is available—for 11.5 hours a day—and provides general and contact information for local APS offices. Reports can be made directly to local APS offices, the New York State Office for the Aging, Area Agencies on Aging, or law enforcement (New York State Office of Children and Family Services 2019).

Investigation, Assessment, and Service Response

Assessment and Investigation

The sections below reflect readily available information in statutes, policy manuals, and websites for the six states included in this analysis. States where APS is administered at the county level were less likely to have information readily available about how investigations and assessments are conducted.

Massachusetts

In Massachusetts, elder maltreatment investigators assess any allegations made, evaluate the condition of the elder, and establish a basis for offering services if the allegations are substantiated. At a minimum, the investigation would include home visits or in-person interviews with the elder. Reports considered an emergency are responded to within 24 hours, with services provided to alleviate the situation—including a petition to the court for protective services—and are completed within 30 days. For reports screened as rapid response, the agency initiates the investigation and assesses the elder within 72 hours—including providing services to alleviate the situation—and completes the investigation within 30 days. PSA staff use the Client Assessment and Risk Evaluation and the Geriatric Depression Scale, among others, to assess elder adults' capacity and needs (Commonwealth of Massachusetts April 2018).

Investigations conducted based on reports of maltreatment of adults with disabilities include, at a minimum, an interview with the client; a site visit and evaluation; a determination of the nature, extent, and cause of injury; use of evidence to substantiate or disprove the allegation; confirmation of the identity of the alleged perpetrator and anyone who was responsible for the client when the incident occurred; assessment for needs of services; interviews with witnesses, the alleged perpetrator, and the reporter; and a review of all relevant documents (Commonwealth of Massachusetts April 2018).

Michigan

APS has implemented promptness standards that define clear time frames for initiating and conducting investigations. For all cases assigned for investigation, APS staff must make contact by phone or in person to the client or collateral contact within 24 hours. A face-to-face interview with the client must be made within 72 hours. APS workers must also conduct a risk assessment to evaluate the adult's risk of harm based on the adult themselves, their environment, their support network, their caregiver(s), and the perpetrator(s).

Per the MDHHS Adult Services Policy Manuals, APS workers must conduct a risk assessment to evaluate the adult's risk of harm based on the adult themselves, their environment, their support network, their caregiver(s), and perpetrator(s). These risk factors are evaluated based on a scale ranging from no risk to high risk, with options for not applicable or insufficient when APS is unable to evaluate. Risk assessments are required at case opening, case closing, and whenever there is a perceived change in harm or vulnerability. APS workers also must conduct a comprehensive assessment to identify risks, needs and desires, and service delivery options (MDHHS 2019).

Texas

APS specialists investigate reports of alleged abuse, neglect, or financial exploitation to determine if the reported situation exists and to what extent it adversely affects the vulnerable adult. The specialist initiates an investigation of all reports within 24 hours of receipt of the department's report. Allegation priorities are based on severity and immediacy of the alleged threat to the life or physical safety of the alleged victim. The specialist completes a comprehensive assessment to determine the alleged victim's eligibility, current situation, and needs (Texas Department of Family and Protective Services 2019).

Wisconsin

Both adult-at-risk and elder agency investigations may include a home visit, observation, and interview of the client; an interview with the guardian or agent with the power of attorney for healthcare; and a review of health and financial records. The agency may provide referrals to agencies and organizations that offer healthcare, aging, transportation, domestic violence/sexual assault, and criminal justice services. When there is reason to believe that a client has been the subject of maltreatment, the agency may take emergency protective actions, including protective placements and notifying other appropriate agencies (e.g., law enforcement, licensing authorities). The agency may also petition for guardianship or review of an existing guardianship to prevent further maltreatment (State of Wisconsin 2019).

Service Response

California

In California, case management services conducted by APS include an inquiry and examination of the protection issues, including the client's social, medical, environmental, physical, emotional, socioeconomic, and developmental needs; an assessment; development of a service plan; counseling, service plan monitoring; any reassessment and modification of the service plan. The client's input should be included in the service plan's development, and the plan is delivered only with the client's consent (State of California Health and Human Services Agency 2019).

Massachusetts

In Massachusetts, if an allegation is substantiated, the PSA develops a service plan in consultation with the elder, which should be regularly reassessed to reflect any changes in need should they occur (Commonwealth of Massachusetts July 2018).

Michigan

Michigan APS workers are responsible for developing and enhancing the adult's coping abilities, exploring and maximizing the use of an adult's social network for assistance, and ensuring that the adult's best interests remain foremost and that their confidentiality and due process rights be respected (MDHHS 2019).

New York

New York APS best practice guidelines recommend service plans be developed with clients to establish mutual goals. After a plan is developed, APS workers should conduct monthly in-person client visits, in-home visits every three months, and update the plan as needed (New York State Office of Children and Family Services, n.d.).

Texas

In Texas, when reports are validated and protective services are appropriate, APS specialists provide or arrange for services to alleviate or prevent further maltreatment. Services may be provided directly by specialists—through arrangements with other community resources—or purchased by APS on a short-term emergency basis (Texas Department of Family and Protective Services 2019).

Federal Funding Sources for APS

Social Services Block Grant Program

Federal funding for APS originated with the passage of Title XX of the Social Security Act in 1974, which permitted states to use SSBG funds for adult protection. The U.S. Department of Health and Human Services Administration for Children and Families administers the SSBG, which is apportioned to states based on a formula and allows states discretion in how they prioritize its use across 29 different categories. The SSBG uniform definition of APS stipulates that funds may be used to address abuse or neglect allegations with the following component services and activities:

- Investigation
- Immediate intervention
- Emergency medical services and shelter
- Case management and referral to service providers
- Initiation of legal action
- Counseling for the individual and family
- Assessment and evaluation of family circumstances
- Alternative or improved living arrangements (Office of Community Services January 2009)

In FY 2016, the latest year for which data are available, 36 states reported using the SSBG for APS; these expenditures represented \$207 million of the \$2.75 billion in total SSBG expenditures. States may transfer up to 10 percent of its annual Temporary Assistance for Needy Families (TANF) funds into the SSBG. Of the \$2.75 billion in SSBG expenditures reported in FY 2016, about \$1.61 billion was awarded from the SSBG, with an additional \$1.14 billion transferred via TANF. The FY 2019 appropriation for the SSBG is \$1.7 billion (Office of Community Services November 2018.).

The SSBG has traditionally been the only source of federal funding used to provide APS; however, additional funding has come through the Administration for Community Living and the Older Americans Act.

State Grants to Enhance APS

The ACL provides funding for demonstration grants to states for APS system enhancements and for innovations and improvements in practice, services, data collection, and reporting. In 2018, Minnesota received grant funding under the ACL grant program to improve APS data quality, increase case-level reporting capacity, and promote consistency in adult protection assessment and screening response for vulnerable adults (ACL n.d.).

Elder Justice Innovation Grants

In FY 2016, the ACL established the Elder Justice Innovation Grants program to support the development and advancement of emerging practices to prevent and respond to the abuse of older adults and adults with disabilities. Grants are for two years, and they are awarded to projects that improve the well-being of abuse survivors, study outcomes of APS interventions, and test promising practices related to APS work. Each grant must include an evaluation component. ACL awarded eight grants in FY 2016 and five grants in FY 2017 (ACL 2018).

In 2016, the Volunteers of America of Minnesota and Wisconsin received funding to develop and establish a replicable statewide model—based on supported decision making—to provide alternatives to guardianship and conservatorship. Currently, Minnesota is establishing a Center for Excellence in Supported Decision Making (CESDM) to provide training and services to families, professionals, and community groups for guardianship mediation and other diversion programs using the supportive decision-making model (ACL n.d.).

Older Americans Act

Through Title III of the OAA, the federal government provides pass-through grants to support state units on aging and Area Agencies on Aging, which provide support to older persons across a range of issues. In FY 2019, OAA Title III received \$1.49 billion (79 percent of the budget).

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Under Title VII of the OAA, the federal government provides funding to protect the rights of vulnerable older adults. For FY 2019, Title VII programs received a total of \$21.7 million (1 percent of the total OAA budget). The majority of Title VII funding (78 percent in FY 2019) is directed at the Long-term Care Ombudsman Program, which advocates for the needs of residents in nursing facilities, board and care facilities, and other adult care homes. In FY 2016, ombudsmen handled more than 199,000 complaints and provided almost 520,000 consultations to individuals and long-term care facilities (CRS November 2018).

Medical Assistance Funding

Medicaid Administrative Claiming

Medicaid reimburses states for certain administrative activities taken on behalf of Medicaid clients. This process is known as administrative claiming. To receive these funds, states must develop a cost allocation plan for federal approval from the U.S. Department of Health and Human Services Division of Cost

Allocation. According to the National Adult Protective Services Association, or NAPSA, the Medicaid program reimburses the state 50 percent of the cost of eligible activities, which include eligibility determinations, coordination, as well as all investigations of abuse related to Medicaid providers.

Other Funding Sources

Victims of Crime Assistance

Victims of Crime Assistance is a U.S. Department of Justice program that provides funding directly to crime victims as well as to states for compensating and assisting these victims. The program also provides funding to agencies that offer crime victim services for training and technical assistance. APS programs are eligible to receive this funding (NAPSA December 2015).

Evidence-based and Emerging Models in APS

While APS is administered in a variety of ways across states, some tools and models have emerged as evidence-based or promising practices that can be considered when refining APS statute, policies, and protocols.

Person-centered Service Planning and Delivery

NAPSA, the ACL, and the Council on Accreditation (COA) promote APS because of its person-centered approach to investigation, assessment, and service planning and delivery. For example, NAPSA's recommendations include the principles that all adults have the right to be safe, to retain their civil and constitutional rights, to make decisions that do not conform with societal norms, and to accept or refuse services. Additionally, both NAPSA and the COA state that APS actions must balance the need to protect vulnerable adults with respect to their right of self-determination. The COA service philosophy standards also state that services should meet recipients' needs and be based on the best available evidence of service effectiveness.

NAPSA standards and ACL guidelines recommend that APS programs develop a service plan that respects the integrity and authority of victims to make their own life choices, holds perpetrators accountable for the abuse while avoiding victim blaming, considers victims' concepts of safety and quality of life, honors victims' past strategies to protect themselves, and allows victims to define success.

Supported Decision Making

Supported decision making is a tool that promotes a person-centered approach and allows individuals to make choices about their lives with the support of a trusted network of people, such as family members, friends, professionals, and advocates (CPR 2019). It is an alternative to guardianship where someone else makes decisions on behalf of the individual. Supported decision making can increase self-determination, which has been proven to improve quality of life for older adults and adults with disabilities (Blanck and Martinis March 2015).

Recognizing the benefits of supported decision making over guardianship, the ACL provided funding for the first training and technical assistance center focused on this approach in 2014—the National Resource Center for Supported Decision-Making (NRC-SDM). Since its inception, the NRC-SDM and its partners

have applied supported decision making in groundbreaking legal cases, developed evidence-based outcome measures, advocated for law, policy, and practice changes, and shown that this tool is a less restrictive alternative to guardianship (CPR 2019).

The NRC-SDM has provided grants for supported decision-making projects in several states, including one to the Volunteers of America of Minnesota and Wisconsin. This grant led to the CESDM in Minnesota. CESDM staff provide in-depth consultation to families and professionals, emphasizing suitable alternatives to guardianship for vulnerable adults when appropriate. The CESDM convened a group of stakeholders called WINGS, or Working Interdisciplinary Network of Guardianship Stakeholders, that includes membership from legal, advocacy, court, state, county, and social service organizations. WINGS supports guardians and conservators by providing education about best practices and their responsibility to the vulnerable adult; builds awareness and processes that ensure less restrictive service alternatives are the default choice; and sustains a cooperative conversation among members to improve outcomes and increase self-determination for vulnerable adults who need assistance making legal and medical choices (Volunteers of America of Minnesota and Wisconsin 2019).

Promoting a Culture of Safety

Promoting a culture of safety emphasizes improving safety through systems reform and root cause analysis as opposed to individual blame. Collaborative Safety™ has developed a model for promoting a culture of safety based in human factors and systems safety science that has been adopted by various industries, including healthcare, aviation, shipping, military, railways, and nuclear power. It promotes a cultural shift in how organizations approach safety issues:

- **From a culture of blame to accountability.** Instead of focusing on who was at fault following systems failure, research has shown that this approach promotes organizational learning. A culture of accountability engages staff in problem solving to determine how adverse events may have occurred and how they can be avoided in the future.
- **From simple to systemic methods of learning and investigation.** Instead of focusing on superficial analysis, the Collaborative Safety™ model calls for different approaches such as reviewing systemic critical incidents and establishing safety reporting systems to help agencies identify, track, and respond to safety issues.
- **From using quick fixes to addressing underlying systemic issues.** Instead of using quick fixes, such as employee termination and more training, an approach that promotes a culture of safety uses root cause analysis to identify the systemic factors that lead to adverse events and are likely to be present in the future (Collaborative Safety n.d.)

The Minnesota DHS is undertaking a pilot project to test this model with Collaborative Safety, LLC. One goal of the project is to improve quality of life and increase community involvement for people with disabilities. The DHS plans to implement trainings and orientations on safety science coupled with pilot projects in Blue Earth, Hennepin, and St. Louis Counties at more than 245 licensed settings from May 15, 2019, to December 31, 2019 (DHS 2019). The goal is to evaluate 40 to 60 cases through 2019 using a collaborative safety approach, where newly trained staff will map the issues surrounding critical incidents and develop a more complete analysis of the systemic issues that led to these cases. Based on the success of these pilots, DHS will make further decisions about the model.

Coordination and Community Partnerships

NAPSA, the ACL, and COA recommend that APS programs coordinate with other agencies and community partners to provide assessment and services to those in need of protection. This can include the use of multidisciplinary teams as well as strategies to engage the community in protecting vulnerable adults.

Multidisciplinary Teams

One of the most promising approaches for coordination and community involvement is to develop multidisciplinary teams (Wang et al. May 2015). These teams can include APS, aging service providers, mental health professionals, law enforcement officers, prosecutors, medical professionals, attorneys, money managers, victim advocates, guardians, and long-term care ombudsman staff (Lachs and Pillemar 2004; Wang et al. May 2015; Connecticut's Legislative Commission on Aging January 2016).

The structure and use of these teams vary across APS systems; however, they are most frequently used to provide consultations on difficult maltreatment cases, identify service gaps, and update members on new services, programs, and legislation (Teaster et al. September 2008). While research on the effectiveness of multidisciplinary teams is limited, a few studies have shown positive outcomes. For example, a 2010 study found that these teams increase collaboration, promote efficiency in handling complex elder abuse cases, and help educate the public about elder abuse (Twomey et al. 2010). Additionally, states with language related to these teams in their vulnerable adult legislation had a significantly higher investigation rate for elder abuse cases than those without such language (Daly and Jogerst January 2014).

Examples of states that use multidisciplinary teams are provided below.

Los Angeles County Elder Abuse Forensic Center

The Los Angeles County Elder Abuse Forensic Center brought together representatives of traditional client wellness systems (e.g., APS, mental health, ombudsman, medical care, public guardian) and judicial systems (e.g., law enforcement officers, prosecutors and civil attorneys, victim advocates) to review cases, engage in problem solving, and facilitate action. A 2014 evaluation of this model found that, when compared to systems using only APS usual care, usage of the elder abuse forensic model along with APS usual care significantly increased prosecution rates and conservatorships and reduced the rate at which these cases re-entered the APS system (Wilber et al. April 2014).

Michigan Model Vulnerable Adult Protocol

The MI-MVP for Joint Investigations of Vulnerable Adult Abuse, Neglect, and Exploitation was created out of a mandate by Public Act 175 of 2012 (MDHHS 2013). The philosophy of the MI-MVP is to consider what is best for vulnerable adults while respecting their capacity for self-determination. Some goals of the model are to ensure that cases are effectively investigated and prosecuted, reduce trauma and provide continued protection and support, improve coordination among professionals and agencies, encourage open communication between parties, increase awareness and reporting of suspected cases, and promote workforce training. The model brings together APS, law enforcement, prosecuting attorneys and the attorney general, the Children and Adult Licensing Division, the Office of Recipient Rights, emergency medical services, and investigative partners, such as aging services, long-term care ombudsman staff,

medical and mental health providers, and courts and financial institutions to meet these goals (MDHHS 2013). The MI-MVP is meant to serve as a customizable blueprint for communities, based on local resources and needs, to help make systemic changes that ensure adult maltreatment victims are effectively referred to necessary social and health services.

Other examples of multidisciplinary teams being used in APS include:

- The Rapid Response Team in Ventura County, California, a multidisciplinary/agency group coordinated by APS that meets twice a month to discuss difficult cases and strategize interventions. Ventura County also has a Rapid Response Expert Team, an expansion of the Rapid Response Team, that brings medical expertise to resolve complex medical, health, and mental health issues (County of Ventura 2011).
- The New York City Elder Abuse Center (NYCEAC) brings together APS, healthcare providers, banks, and criminal justice agencies to improve investigation and resolution of vulnerable adult maltreatment cases (NYCEAC n.d.).

Community Engagement

Adult Services Policy and Practice Initiative

The Adult Services Policy and Practice Initiative (PPI) in Maryland, which began in May 2013, engages the community to help ensure the elderly population's independence, health, and safety in their homes (Maryland Department of Human Services 2015). The model includes three tiers, two of which address coordination and community partners—caseload priority analysis and a family-centered and community-based plan. The third tier addresses workforce well-being.

Caseload priority analysis uses regular reviews of older adults' risks, needs, and strengths to create a service plan with concrete objectives for reducing the need for public services and increasing linkage to informal, community-based support services. The family-centered and community-based plan is used to create a true partnership between APS, the older adult, and the community to provide the adult with needed support and assistance. In this plan, APS and community partners work together to identify service gaps and find ways to fill them. The PPI also provides knowledge, skills, and tools to help staff build resilience to and recover from secondary trauma—the emotional distress that occurs when a person hears about someone else's firsthand trauma (Maryland Department of Human Services 2015).

Texas APS Community Engagement Program

The Texas APS Statewide Community Engagement Program is a cooperative effort among communities across Texas and APS to help frontline caseworkers assist adult abuse victims with support and materials. The program establishes volunteer boards to help bridge service gaps for APS clients and to support APS caseworkers through fundraising, educational campaigns, and the provision of supplies for clients. Many of the volunteer boards are nonprofit organizations and can assist with nontraditional requests when APS may be restricted by state laws, such as the purchase of musical instruments. In counties with more than 250,000 residents, APS Special Task Units were created to include representatives of key agencies and community organizations to serve older adults and identify service gaps, with community organizations providing services where the government is unable. There are currently 20 boards across Texas and one statewide board. These efforts are supported by the Texas APS Statewide Community Partners Initiative (National APS Resource Center n.d.).

Comprehensive Assessment and Investigation

The ACL guidelines and NAPSA minimum standards recommend that APS systems have a systematic method, means, and ability to promptly receive reports of maltreatment. The guidelines recommend prompt, standardized screening, triaging, and case assignment protocols to quickly and carefully decide if the report should be assigned for investigation, referred to other providers, reported to other authorities for possible legal action, or screened out. For cases requiring investigation, ACL guidelines recommend a consistent protocol for initiating that effort. The investigation should be used to collect information about the allegations, assess the risk of the situation, determine if the vulnerable adult is eligible for services, and determine whether there is maltreatment.

Structured Decision Making® Model

One approach that can help APS meet ACL-recommended guidelines for intake and investigation is the use of standardized decision-making tools. According to the National Council on Crime and Delinquency (NCCD), use of these tools should limit variation in how assessments and investigations are conducted in an APS system, reduce harm, promote safety, and identify the needs of vulnerable adults while respecting their right to final decision making and self-determination. The goal is to increase consistency and accuracy in the assessment of vulnerable adults at critical points during APS involvement (Connecticut's Legislative Commission on Aging January 2016).

The most widely used standardized decision-making process is the NCCD's Structured Decision Making® Model. This evidence-based model uses four assessments—an intake assessment, a safety assessment, a risk assessment, and a strengths and needs assessment—to ensure a systematic, consistent method for addressing adult maltreatment cases.

The most widely used standardized decision-making process is the NCCD's Structured Decision Making® Model.

APS staff use the intake assessment to determine if an incoming maltreatment report requires an investigation, and, if so, how quickly it must be initiated. The safety assessment helps staff determine if the vulnerable adult is safe in their current

situation, and, if threats are identified, engage the vulnerable adult and caregivers (if applicable) in a safety planning process to contain the threat. The risk assessment estimates the likelihood of future harm to determine whether a case should be recommended for ongoing services and long-term case management. The strengths and needs assessment looks at both the vulnerable adult and, if applicable, their primary caregiver. This assessment informs case planning to improve the vulnerable adult's long-term safety by prioritizing areas of need and determining what existing strengths can be used to address those needs (NCCD 2019).

In 2010, APS staff from six Minnesota counties worked with the NCCD to develop and implement assessments using the Structured Decision Making® model. The goals of this pilot were to create clear criteria for screening and investigating reports of vulnerable adult maltreatment and improve consistency in assessment practices across agencies. In 2013, based on the successful outcomes of the pilot, Minnesota implemented the model statewide (Connecticut's Legislative Commission on Aging January 2016). Other states using a standardized decision-making model include California, Nebraska, New Hampshire, Texas, and Virginia.

Elder Abuse Decision Support System

The EADSS is a comprehensive questionnaire focused on substantiating older adult maltreatment (Beach et al. 2017). The system was field tested in six Illinois agencies and was proven to effectively help APS caseworkers substantiate reports of alleged abuse. However, interviews with those caseworkers found that the series of EADSS abuse measures was too time consuming to administer. Given the need for a less time-consuming assessment, a group of researchers developed EADSS short forms and field tested them. They found that the short forms offer a concise and effective measure of financial, emotional, and physical maltreatment and neglect at a much lighter burden on caseworkers and clients. They concluded that the use of these short forms improve the efficiency of elder abuse investigations without compromising substantiation rates (Beach et al. 2017).

Tool for Risk, Interventions, and Outcomes

While other tools exist that address parts of APS practice (e.g., assessment and investigation), the TRIO addresses all areas of an APS episode from intake to case closure and beyond (Sommerfeld et al. October 2014). APS administrators and social workers in Ventura County, California, designed the tool with the goal of developing one instrument to document and collect data related to all dimensions of a typical APS client interaction, including investigation and assessment of allegations, identification of abuse and neglect risk factors, delivery of a range of potential interventions, the achievement of specific outcomes, and the identification of those at high risk for future APS recurrence. It can be used to facilitate consistent APS practice in all typical interactions with APS clients. Findings from the initial tests of the TRIO were promising. For example, the TRIO was found to help APS social workers assess clients more thoroughly, guide referrals and interventions, and increase work satisfaction. In addition to help standardize core activities of APS social workers, the TRIO also provides the means to advance APS practice and knowledge by systematically collecting multidimensional APS data (Sommerfeld et al. October 2014).

Abuse Intervention Model

The AIM is a risk assessment model that helps APS workers and other professionals identify, investigate, and address risk factors for older adult maltreatment. The model assesses those risk factors in the vulnerable older adult and a trusted other (family member, neighbor, friend, paid caregiver, household employee, financial advisor), as well as the context in which the two interact (Mosqueda et al. September 2016).

Under the AIM, risk factors for the vulnerable adult and the trusted other include impairments in physical function and cognition as well as the presence of emotional distress and/or mental illness. For trusted others, their dependency—whether financial or emotional—on the vulnerable adult is assessed because these may increase the risk for maltreatment. Assessed risks in the context in which the vulnerable adult and the trusted other interact include a low-quality or strained relationship, social isolation of the vulnerable adult, and cultural norms in which cultures or groups may have differing views on what constitutes maltreatment (Mosqueda et al. September 2016).

In 2015, the University of Southern California's Keck School of Medicine piloted the AIM in partnership with the Elder Abuse Forensic Center of Orange County. The pilot was specifically aimed at preventing elder abuse among adults with dementia. Unfortunately, it did not yield significant evidence that the AIM prevented maltreatment in the target population and concluded that more research is needed to determine the model's effectiveness (ACL July 2015).

Prevention of Vulnerable Adult Maltreatment

The National Center on Elder Abuse (NCEA) identifies four prevention strategies that communities are implementing across the country: abuse registries and criminal background checks, addressing ageism, advance planning, and public awareness efforts (NCEA n.d.). NAPSA standards state that APS programs should take an active role in educating communities about the need for protection from and prevention of vulnerable adult maltreatment. Similarly, ACL guidelines and COA standards recommend educating the community about maltreatment; how to prevent, recognize, and report maltreatment; the legal responsibilities of mandated reporters; APS authority and limitations; and the services available. The NCEA emphasizes that caregiver education is also important. Attempts should be made to educate caregivers about the challenges of taking care of older adults with disabilities. Caregivers need to recognize their own limitations and be able to ask for help from friends and family when the situation becomes overwhelming.

One review found that programs with the greatest potential to prevent elder abuse provided:

- Helplines for potential victims
- Financial management for elders at risk of financial exploitation
- Supportive interventions for caregivers
- Emergency shelter for victims
- Support from a multidisciplinary team (Pillemer et al. 2016)

Stakeholder Insights

The DHS provided PSC with an initial list of stakeholders in the Minnesota APS system, including representatives from federal, state, local, and tribal agencies, county APS personnel, vulnerable adult advocacy organizations, university researchers, care providers, law enforcement, and the justice system, as well as thought leaders in other states. PSC conducted in-depth interviews with organizational representatives, asking for their perspectives on the goals and outcomes of the state's APS system, the aspects of the current system that support these goals, the barriers to achieving these goals, and how to overcome these barriers. PSC also asked interviewees for their thoughts on how the state can best protect vulnerable adults while allowing them to maintain an appropriate level of autonomy and self-determination.

PSC contacted 135 individuals and successfully completed 63 interviews that encompassed 53 organizations or state divisions. The interviews included 11 personnel from county APS agencies, 44 from state divisions and organizations, and eight from national organizations. The interview guide and full list of organizations interviewed are available in Appendices B and C.

135

Individuals

63

Interviews

53

Organizations or
State Divisions

The numbers included in parentheses in the sections below represent the number of stakeholders who raised a particular issue during their interview and are for informational purposes only. They are based on PSC's analysis of open-ended responses from participants across a wide range of organizations, backgrounds, and perspectives, and are not intended to reflect consensus or a democratic process.

Goals and Outcomes

When asked what the goal of Minnesota's VAA and APS system should be, interviewees focused on several key aspects. While the majority noted protection of vulnerable adults as a key goal, most emphasized the need to balance vulnerable adult protection with the individual's right to self-determination. Interviewees also shared a desire to shift the goal of the current system to one that emphasizes prevention of harm. Other goals included providing services, authorizing investigations, holding perpetrators accountable, and providing statutory guidance to APS personnel and others on their roles and responsibilities.

Protect Vulnerable Adults

The majority of stakeholders (46) included protection as one of the key goals of the VAA and APS. Other goals included clarifying policies and procedures, providing services, or holding perpetrators accountable; however, emphasis on the protection and safety of vulnerable adults was consistent across all interviewees. According to one advocacy stakeholder:

"It's simple: Protect vulnerable adults and protect others from harm."

While some prioritize the safety of vulnerable adults above everything else, more than half of those emphasized that this priority needs to be balanced with vulnerable adults' right to self-determination and autonomy. During this conversation, stakeholders stressed the importance of the dignity of risk, or the right to make choices and take reasonable risks that are critical to overall health and well-being. Stakeholders equated this balanced perspective with the shift to a more a person-centered approach. One county APS stakeholder stated:

"The primary goal should be the protection of vulnerable adults, but this needs to be balanced with self-determination and the right to choose, which comes down to dignity for that person."

One stakeholder from the advocacy community highlighted the current shift in working with vulnerable adults:

"We are moving into a different realm. Before we were focused on protection, and now we are focused on empowering and informing people."

Another government stakeholder provided more context:

"Traditionally, we have kept [vulnerable adults] safe and free of risk, but this has led them to have less fulfilling lives. The dignity of risk allows people to take risks, but not every risk is so big that it should be prevented. Acknowledge the person-centered side of it, and balance what is important to the person so that they can have control over their life and the dignity of their preference."

Another stakeholder highlighted the need for an end-to-end system to adequately protect vulnerable adults. This system includes actions to prevent maltreatment, investigate allegations of abuse, neglect, and exploitation, and focus on providing trauma recovery services to victims after enduring maltreatment.

Clarify Policies and Procedures

Several interviewees (17) shared the importance of having clear policies and procedures for what must and can happen as it relates to APS and protecting vulnerable adults. They highlighted the need for clear guidance across several areas, including mandated reporting for professionals, APS staff training, multidisciplinary teams, and information-sharing guidance to support collaboration and clarification on LIA responsibility and sentencing. The VAA should also make clear allowance for investigations and the ability to provide services and policies related to both those activities.

While a few APS staff emphasized the need to have local flexibility and not have a one-size-fits-all approach to guidelines, others were concerned about the differences across counties based on local resources and statute interpretation. Interviewees also highlighted the need for the policies and procedures to complement—not contradict—federal policy. Aligning Minnesota's statute more closely with federal law, they said, would help address confusion and inefficiencies. One interviewee remarked:

"Federal laws are the gold standard and are just as good and strict [as the VAA], but stakeholders don't know or understand this. The VAA should be updated and aligned with existing laws to fulfill and fill in."

Prevent Harm

Stakeholders (13) across many organizations discussed the need for more effort to prevent maltreatment altogether. For some, this means a shift from a reactionary system that responds to abuse through investigation and holding perpetrators accountable to one that focuses on prevention. According to one stakeholder from academia:

"[The goal is] to prevent harm from happening in the first place. We need to have response systems that are person-centered and that take effective measures to address the victim's needs and what went wrong. We currently have a wait-and-see system, instead of one focused on upstream prevention."

In the context of prevention, stakeholders emphasized the importance of supportive and informed decision making for vulnerable adults, training for providers and caregivers, and education for communities as a means to prevent maltreatment later on. These stakeholders also mentioned the value of community integration and the role the community can play in preventing abuse and neglect. Some also promoted the use of a safety science approach, referencing the Collaborative Safety™ model, that focuses on learning over punishment to encourage caregivers to learn how they can better prevent these issues. While APS is currently viewed as a punitive process, stakeholders see opportunities to incorporate the approach that is used for reporting adverse health events, which comes from a perspective of learning and growing and is addressed through a separate statute.

Investigate and Hold Perpetrators Accountable

While it was not a point of consistent emphasis, some stakeholders (nine) mentioned the need for fair and appropriate corrective action, including punishment for perpetrators, as a key goal of the VAA.

Perpetrators need to be held accountable, which interviewees acknowledged most often in financial exploitation cases, but added that punitive action is less helpful when caregivers are accused.

Interviewees noted that many APS caseworkers have to concurrently provide services to ensure the vulnerable adult's safety and conduct an investigation without falling short on the response to harm. One stakeholder recommended that the VAA address this duality of APS' role.

Provide Services

Some stakeholders (nine) thought the goal of the VAA is to provide or connect vulnerable adults to services in order to meet the needs of vulnerable adults. Two ombudsmen shared this view, considering their role in the system as specifically focused on meeting the needs of vulnerable adults and identifying the right agencies to meet those needs. As one stated:

"It is trying to assess what is needed and get those services as quickly as possible to the seniors."

Goal Achievement Supports

Those familiar with Minnesota's APS system identified attributes that support achieving recommended goals and outcomes, including the MAARC, legal authority, individualized response, and staffing.

The Minnesota Adult Abuse Reporting Center

Half of all Minnesota-based stakeholders (26) recognized that the MAARC strongly supports APS. Interviewees cited the ease of reporting maltreatment and abuse, its effectiveness as a single point of entry for reports across the state, and its 24-hour access—both over the phone and online—that leads to quick response. While stakeholders emphasized that it was clear where to report, others mentioned the helpfulness of staff when someone does not know this information and their willingness to provide guidance over the phone. Stakeholders highlighted that, with a single entry point, there is more clarity around lead agency responsibility, more support for cross-agency partnerships, and more ability to follow up on the status of a report. One stakeholder noted there is a robust reporting system.

Legal Authority

Some stakeholders (12) identified the VAA's authorizations as a strength to supporting the goals of the APS system. A couple of interviewees considered their ability to investigate and provide services as important, while others focused on their ability to use multidisciplinary teams for addressing alleged maltreatment and for sharing information across agencies during an investigation. This collaboration includes leveraging different partners, including medical providers, law enforcement, prosecutors, and financial institutions (for financial exploitation cases).

However, others cited restrictions in sharing information between agencies outside of law enforcement, such as the Minnesota Department of Commerce, as a barrier. One interviewee added that, although the law allows some partners to share information, it could be made more explicit so that there was no question among those involved. A few other interviewees added that financial institutions often charge APS for sending bank information needed for an investigation. Although this is not a significant cost, some counties do not have funding for this purpose, which poses a barrier for quickly accessing relevant information.

Stakeholders also shared that state definitions of abuse and maltreatment, statutes pertaining to penalties, and mandated reporting of professional staff all support the goals of the current APS system. Beyond these, two stakeholders noted the capabilities of VAA grants to address financial abuse, and one cited a recent legislative change that allows institutions to freeze accounts in certain cases.

Individualized Response

Several interviewees (ten) highlighted APS staff's ability to support vulnerable adults based on individual needs as a strength. One reflected on this flexibility:

"Our law currently allows flexibility to allow APS workers to do more in a situation and ask the question, 'How can we support this person?' APS goes beyond substantiating [the allegation] to case management and supportive decision making."

Another stakeholder remarked:

"When we go for an investigation, we can talk to the individual and find the best solution for the individual. We can move beyond a determination to [offering] services."

This theme prevailed across stakeholders' descriptions of using supported decision making, the Structured Decision Making® model, a collaborative safety approach and root cause analysis, abuse prevention plans, and restorative justice. The APS system also permits alternative options to ensure the vulnerable adult maintains autonomy whenever possible. Interviewees stated that guardianship occurs only when necessary and requires a court determination process, which limits how often it is used. One interviewee shared that the Home- and Community-based Settings Rule insists that people live in the most integrated way possible, and another said allowing the investigation response not to be criminal or punitive is key to supporting the vulnerable adult. All options or frequency of their use, however, may depend on local availability of services and resources.

Staffing

According to some interviewees (seven), staff knowledge, dedication, willingness to address maltreatment allegations, and training all support the APS system's success. A few stakeholders referenced the knowledge and desire of staff at all levels—from the DHS, the MDH, and the county APS—to respond to every allegation with purpose and commitment for the vulnerable adult's protection. Another identified APS staff's use of state technical experts as resources to organize and determine how to respond to difficult situations.

Barriers to Achieving Goals

Minnesota-based interviewees acknowledged several barriers to achieving the state's VAA goals, which included strained resources, a demanding focus on reporting and investigation instead of prevention and individual support, limited communication and coordination across agencies, and challenges with the reporting system. Representatives of national organizations echoed many of these issues and noted their pervasiveness across other states' APS systems.

Limited Resources

Stakeholders (28) most frequently cited funding, staffing, and training resources as challenges within the current system. These individuals noted that limited funding affects their overall ability to provide services, hire and deploy staff, and increase their effectiveness through training and public education. Several stakeholders from national organizations see funding and staffing as an issue across many states, adding that there is no dedicated federal funding for APS.

Staffing Shortages and Increased Caseloads

Stakeholders frequently cited staffing shortages as a growing concern and challenge, which is—according to these individuals—compounded by an increasing caseload that leads to backlogs in processing and, potentially, having to choose which cases to investigate. These shortages are tied in part to low compensation for the difficult work that staff perform and are likely to be exacerbated by an aging population. Several stakeholders noted these issues:

“We are required to provide these services, but we need more staff to do this work, and we don't have it.”

“We are seeing more cases and more difficult cases, but our budgets are not necessarily growing accordingly.”

“We have a huge staffing crisis. We have about 8,000 open cases in the state. How could the state help? It could put additional resources into the system to help support direct care staff in a bigger way. These staff make \$12 per hour, and they could work elsewhere.”

According to stakeholders, the number of cases going to county APS is increasing as more vulnerable adults are living in other settings, such as at home, instead of institutional and congregate care facilities, which would be investigated by the MDH. This increase in caseload, however, has not been met with adequate funding to support the work required:

“We don't fully appreciate how much investigative burden falls to APS because of their ever-growing share of the universe of reported abuse and because of the decrease in congregate care.”

County APS must lead investigations while also supporting vulnerable adults, which is difficult to successfully execute when faced with increased workloads and limited resources. One stakeholder asked if there should be a separation of duties between APS as an investigative and safety entity and as ongoing family support provider. In many counties, particularly rural ones, APS has responsibilities in both areas. Due to the involuntary nature of most APS interventions, county APS must limit their involvement without the consent of the vulnerable adult; however, stakeholders, when possible, would like to provide publicly funded case management services for those who cooperate with follow-up services to assist victims in maintaining safety and promoting healing. Presently, most counties will not provide

case management services to older persons who do not qualify for federally funded waiver programs or for other specific case management programs, such as for persons with developmental and intellectual disabilities or mental health disorders. One stakeholder remarked on this gap:

“A serious gap exists in providing follow-up services to victims of maltreatment after APS has completed its investigation and implemented a protective plan.”

Lack of Staff Training

Interviewees also emphasized the need for increased training and education resources as well as opportunities for APS personnel, ombudsmen, law enforcement, judicial system representatives, and caregivers. One interviewee added that the best way to encourage collaboration and focus on self-determination is not through statutory requirements but through state-aided guidance, training, and resources.

According to an interviewee, the commissioner of human services is required to provide training to the public and to employees on APS. Additionally, employees conducting investigations must complete eight hours of training related to this work. Another interviewee shared that the DHS provides webinars and some in-person training, including APS 101 and 201. Stakeholders, however, do not see these as comprehensive for the scope of APS duties. One stakeholder expressed frustration that the DHS does not provide a state-sponsored “boot camp” training program for county APS investigators that is similar to those offered in other states. Because APS training is the responsibility of the county, stakeholders noted that this can lead to inconsistent implementation across Minnesota’s 87 counties. Two county APS personnel cited the Minnesota Adult Protection Policy and Procedure Manual as helpful, particularly the 2019 version, which allows for county-specific approaches. As one stakeholder described the issue:

“We don’t have a lot of training, so each county is left to interpret policies and statutes on their own.”

Another interviewee highlighted the need to prioritize worker safety to promote job retention, as these workers often face dangerous situations, including interacting with “drug dealers, toxicity, rats, and flooding.”

Misaligned Philosophy and Approach

For many interviewees (29), the VAA’s approach to APS and vulnerable adults is not as it should be. While many frequently identified an important goal of the VAA to balance protection and self-determination, a number of stakeholders stated that the VAA lacks a person-centered approach to reflect that balance. They shared that the system is focused on reporting maltreatment, investigating, and finding fault and blame, including in cases of self-neglect. One stakeholder expressed a desire for people to admit they made a mistake, but the current culture, which is focused on assigning blame, discourages this.

According to one stakeholder, the current system is reactionary and punitive; it waits for something bad to happen and then investigates it, instead of focusing on identifying what the vulnerable adult wants after being the victim of maltreatment in terms of prosecution, restorative justice, or protection. Another stakeholder discussed how the VAA focuses on whether cases are adjudicated in a timely manner but does not consider what is important to the vulnerable adult. These stakeholders want a system focused on preventing maltreatment using a person-centered approach that honors decision making and avoids ageism. Several interviewees commented on this:

"The current system determines if something went wrong, and then the statutory infrastructure has to assign blame."

"[The VAA] treats each complaint as special as opposed to each person as special."

"Some people are vulnerable adults due to the services they receive, but they still have the capacity to make decisions."

"The state does not efficiently honor self-determination. Two 80-year-old people begin a romantic relationship, but the daughter and son don't like it. If the children are not the lawful guardians, they do not get a say, and neither does DHS or MDH. It is ageist to think that people cannot make decisions for themselves."

This focus on assigning blame is particularly problematic for cases of self-neglect, an issue raised by several interviewees. They questioned whether self-neglect should be in a statute or part of APS because it makes people focus on the morality of it rather than the cause. By placing it in the VAA, Minnesota criminalizes self-neglect by involving APS and issuing determinations. One stakeholder recommended changing the approach, asking:

"How can we come around to support them without reporting it to the state agencies? [Self-neglect] is more of a community and community services issue, and we are not going to solve those cases with APS."

A county APS stakeholder added a need to change how these cases are investigated to better balance the vulnerable adult status with their ability to make decisions.

With the focus on investigation, some stakeholders also expressed concern with what they perceive as limitations in APS' ability to provide case management, which can be an opportunity to ensure the vulnerable adult is connected to needed services for limiting or eliminating further harm. APS, however, is limited in its ability to assess situations before a formal investigation has been initiated, stating that they cannot offer services without an investigation occurring first.

Lack of Communication and Coordination

Several stakeholders (19) raised concerns with communication and coordination across agencies and organizations. Many stressed the need for interagency cooperation and the use of multidisciplinary teams, which are currently lacking. Some stakeholders noted that interdisciplinary language needs to be strengthened so it clearly delineates that multiple agencies should work together through multidisciplinary teams, especially with law enforcement. In some counties and agencies, the statute is misinterpreted, and multidisciplinary teams are seen as necessary. Stakeholders noted these communication and coordination issues:

"You can't achieve the purpose of the VAA without a multidisciplinary approach."

"There are things that we all specialize in certain areas. We are law enforcement; we are not social services. That is not our area. I could really work with more people from social services. Others have legal knowledge; I can't give legal advice, but I need to get people connected to those that can."

"[The VAA's] interdisciplinary language can be strengthened. It has to mean multiple people and agencies working together: county attorney, police, MDH, DHS, physicians, and healthcare professionals. You can't achieve the purpose of the VAA without a multidisciplinary approach. Unless stakeholders are mandated to create this collaborative approach, I am unsure it will happen to the extent needed, especially with police on the criminal justice side."

Information-sharing Restrictions

Multiple stakeholders cited information-sharing restrictions as a barrier to better coordination, which limits support to vulnerable adults. According to stakeholders, there are different rules for information sharing by agency in addition to legal and privacy restrictions, such as the Health Insurance Portability and Accountability Act. Some agencies that provide support to vulnerable adults, such as the Minnesota Department of Commerce, are not part of the information-sharing system, which limits their ability to contribute to investigations. One respondent advocated for a law change to allow for information sharing between agencies:

"Our conclusion was one daughter was maltreating a vulnerable adult, and we needed a guardian, but we couldn't tell them why, so it was hard to get their buy-in. We run into this a lot. Our hands are tied at critical times."

Stakeholders pointed to information-sharing restrictions as a potential cause of APS failing to follow up with reporters after an investigation, which is a source of tension and a barrier to improved service delivery. According to one reporter:

"The only information we get back is a 'yes' or 'no' that APS is investigating. They make a report, and it goes into the netherworld."

Stakeholders stated that they understand the need for privacy, but not hearing about the determination, regardless of outcome, hinders the ability of social workers to effectively deliver services.

Reporting Challenges

Although the MAARC was highlighted by stakeholders as an improvement to and a strength of the APS system, many (11) also want to see both the system and general reporting improve.

Incomplete Report Information

APS staff shared that the information disseminated in reports is often not complete enough to determine if the case should be investigated. As a result, APS staff frequently have to call the reporter back for additional information to better understand the situation and determine whether to open and investigate the case. This may be due in part to call center staff not being trained social workers. APS stakeholders want additional information, such as medical records, to be sent through the MAARC, especially in cases when the reporter is using ancillary information to make the abuse or neglect report.

Excessive Reporting

Stakeholders also raised issues with how many cases are being reported and questioned if all they were necessary. Some attributed this to reporting system changes, such as requiring immediate reporting and limiting assessment and screening of issues, particularly for those that are for concerns that do not meet the threshold of maltreatment. Another stakeholder questioned whether mandatory reporting has led to improved outcomes for vulnerable adults. Others gave examples of this issue:

"The current system logs all reports as maltreatment. Big mistake. Previously, you could report below maltreatment using the six statutory factors. Now you are forced to report as maltreatment and agencies have to come out and investigate."

"If a resident's wedding ring is missing, the facility is not supposed to investigate it; they are to report it immediately. This is insane and leads to an increased number of reports. Let the provider evaluate first to see if the ring was taken without permission. [Report] numbers are increasing because of how the system is set up; we don't need to report a stolen ring when it wasn't stolen."

"Under the law, [we] have to file a report in 24 hours. [This is] not the way the law is enforced. Providers are not given 24 hours to evaluate if an injury came from maltreatment or something else. Under current DHS and MDH rules, if you see a bruise, you are required to report it immediately in the MAARC. The way the VAA was written, facilities had 24 hours to determine what might have caused the bruise. The lack of the 24-hour investigation period has caused providers to submit more reports than they should. If you fail to report, there is a risk that you are criminally responsible. This should be taken out. One prosecution can have a chilling effect on the industry and escalates the number of reports."

Delayed Emergency Report Response

Law enforcement and others raised a concern about emergencies going through the MAARC instead of 9-1-1. This is an issue because when the emergency reports from the MAARC go to law enforcement, there is not a good system in place for them to triage these cases appropriately and ensure a timely response. Law enforcement does not respond as quickly to reports through the MAARC when compared to 9-1-1, and this secondary reporting system creates a parallel emergency response system.

Inconsistent and Prescriptive Responses

Stakeholders (12) raised issues with both the inconsistencies in APS across the counties and with APS' prescriptive nature, which does not allow for flexibility or a common-sense approach to handle some situations. Under the VAA prioritization guidelines, each LIA is tasked with developing guidelines on what to investigate. According to some stakeholders, this is an issue because it leads to inconsistencies across the state in terms of investigations. One respondent cited an example from a county that does not investigate financial exploitation if it is under \$500, as opposed to other counties, and questioned why a vulnerable adult would get a different response across the state. Other differences noted were if and when services can be offered if abuse is not substantiated and APS' ability to use multidisciplinary teams.

Additionally, some APS stakeholders discussed the VAA's prescriptive nature and how it can limit staff's ability to respond in situations. Two stakeholders expressed concerns about the VAA's shift to a more legal approach to determining what is conclusive, as opposed to a more common-sense approach that allows for interpretation on the part of the APS staff. Another stakeholder noted this prescriptive nature with regard to information sharing in an investigation and how this limits information gathering and safety planning. For example, if APS is required to share information with families, this could be difficult when the family is involved in perpetuating abuse. However, in another case, APS was not allowed to tell the family that the guardian was the perpetrator, which made it difficult to communicate why a new guardian was needed.

Limited Public Awareness

Some stakeholders (12) identified public awareness and education about APS as an issue impacting vulnerable adults. The inadequate understanding of what constitutes abuse, neglect, self-neglect, and financial abuse limit reporting and prevention of maltreatment before it occurs. According to one respondent, it is important to clarify in the VAA how vulnerable adults should be treated, and what constitutes a violation; this could represent an abuse prevention plan on the part of the state. Some stakeholders remarked:

"People need to better understand what we do. We save lives and get people out of bad situations."

"We are not sure what APS does in the community. We make referrals to APS, and in some instances APS case management is opened, but it is unknown what they actually do. What are their case criteria and why do they open or not? There is a lot more we could learn about APS beyond whether the allegation is substantiated or not."

"If you asked a person walking down the street, 'Does Minnesota have a law to protect vulnerable adults?' They would have no idea. People know there are laws to protect children, but little knowledge about vulnerable adults and the VAA."

With limited public understanding, even vulnerable adults are uninformed about the system, which further limits autonomy or their ability to make decisions about their future. One stakeholder emphasized that there is nothing in the current system that explains to vulnerable adults what mandated reporters are, and they often do not understand what happens when they share something with a mandated reporter. This differs from victims of rape or domestic violence, as these victims can visit a rape or domestic abuse center, share their story, and learn about their options.

Vulnerable adults and mandated reporters also do not necessarily understand the steps that could follow from making a report in terms of their autonomy. For example, if someone is a victim of financial abuse and is taken advantage of, then their ability to manage their money will be taken away from them, putting the responsibility on them as opposed to the system. They have to earn their way out of the situation, instead of reviewing how the system failed. This puts the onus of vulnerability on the victim, not necessarily on the system, and is a barrier to establishing a person-centered system.

A couple of stakeholders discussed recent press coverage that has increased public awareness of vulnerable adults and their issues. They noted this is beneficial because of its influence on political will for reform, as evidenced by the recent legislative change. However, they felt more awareness is still needed.

Recommendations for Improving the APS System

Many stakeholders made recommendations on how to address the barriers identified and how to strengthen the current APS system. These recommendations followed in similar categories of resources, philosophy and approach to APS, training, communication and coordination, data analysis and evaluation, state-led guidance with flexibility, reporting, guideline clarification and public awareness.

Provide Resources

Multiple stakeholders called for additional funding or a dedicated funding stream for APS at the federal and state levels. Funding is the key factor in enhancing staffing and practice in APS programs, which are largely financed by county taxpayer dollars.

To source additional funding, one APS stakeholder called for strong advocacy and leadership at the state and national levels to secure federal funding through existing legislation, such as the Elder Justice Act and the OAA, grants to states through the ACL, and other sources. This stakeholder recommended working with NAPSA and state and local lobbyists to advocate for such funds. One stakeholder noted that California, New York, and Texas have established a dedicated funding stream for APS, and also referenced national philanthropic foundations as potential funding sources. Others recommended earmarking state grants and funding specifically for APS. According to one stakeholder from the justice system:

"Money. Money. Money. [We need] advocacy at the state and federal levels."

Another one said:

"The only way we can overcome this is by getting a direct appropriation. We need the legislature on board and deciding what goes to each agency."

Alter the Philosophy and Approach

A significant number of interviewees recommended the VAA reflect a person-centered approach that uses supported decision making, emphasizes prevention, allows for the dignity of risk, and addresses the root causes of maltreatment. This approach is a shift from a system that focuses on investigations and assigning blame, even in cases of human error or mistakes. Interviewees made several recommendations on how best to achieve this shift.

- **Engage vulnerable adults and their families about what they want and how to best protect them.** Interviewees stated that better educated and more informed people reduce risk. According to one interviewee, “People will endure harm and get used to being treated poorly. If we do not talk to people about it, they don't think they have any options, or that they would be believed. We need to talk to them as individuals and give them real decisions.” Another interviewee suggested creating a “plain-language version of the bill of rights” to replace the ten different ones used across the state.
- **Employ processes that focus on preventing further harm, such as the Collaborative Safety™ model, which is being piloted in Minnesota’s Children and Family Services’ Child Safety and Permanency Division.** The Collaborative Safety™ model looks at the root causes of maltreatment and aims to limit or prevent further harm, instead of responding with a punitive approach. Interviewees said that a shift to this will encourage vulnerable adults, caregivers, and nursing staff to acknowledge and report issues when they happen and to seek out assistance without fear of punishment.
- **Use supported decision making and create and use person-centered plans, which underscore that vulnerable adults have autonomy, can take risk, and make their own decisions.** While people with disabilities may make mistakes, a person-centered approach emphasizes that vulnerable adults can learn from their mistakes and grow from them, and the VAA needs to allow for this.
- **Emphasize less restrictive alternatives than guardianship, even for those with a disability or those in special education services.** These situations do not automatically mean an alternative decision maker is needed. In all cases, there should a gradual approach to restricted decision making with guardianship as a last resort. There should also be a consistent process across counties to enter a guardianship arrangement. Additionally, restrictions should not be permanent; there should be a process to remove restrictions or make them temporary. Moreover, it is important to educate health workers, social workers, schools, and other staff on less restrictive alternatives, recognizing that everyone makes mistakes.
- **Provide and offer more complete services, including those that address social determinants of health.** This may include engaging the vulnerable adult’s community to take on more supportive roles, as appropriate and requested, improve case management, and provide an end-to-end system that offers preventive services on the front end and ongoing and follow-up services on the back end.
- **Adhere to NAPSA’s code of ethics.** This governing approach has a guiding value that states the following: “Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult’s right to self-determination.”
- **Change the VAA to deemphasize the need to assign responsibility, including in cases of self-neglect.** Focusing on who is at fault for the allegation does not address the underlying issues of why it happened or how to keep the vulnerable adult safe in the future.

- **Work with perpetrators through social services instead of penalizing or punishing them.** As described previously, interviewees highlighted that this approach will do more to reduce the likelihood of future abuse allegations.
- **Shift from a provider-driven system, where providers receive funding, to a consumer-driven system, where consumers receive the funding.** This shifts the power to the vulnerable adult and allows them to make decisions about their care and choose their service providers. The current system places the vulnerable adult at the disposal of the provider, which can be an issue if staff are inexperienced.

Provide Training

Stakeholders identified training as a key avenue to balancing vulnerable adults' safety with their right to self-determination and autonomy. Interviewees recommended APS investigative staff and others be trained in person-centered practices, supported decision making, collaborative safety and root cause analysis approach, self-determination, guardianship and the least restrictive options, as well as guidelines for personal safety and protection from hazards and working with law enforcement. Stakeholders said that the state should take a lead on training.

Interviewees acknowledged that the DHS has been offering two to four trainings per year (APS 101 and 201) but recommended adding more. A county APS stakeholder recommended the state should require APS investigators to complete the 23 core competency modules sponsored by the NAPSA, and that the DHS should support funding for this training or lead the training themselves. Another recommended that the DHS create a training video, similar to Arizona, that instructs staff on safety measures and can be distributed to all the counties. One stakeholder from an advocacy organization stressed the importance of training people in how to work with people with dementia. Another suggested looking at training resources provided through the NCCD and another recommended looking at Texas' APS trainings.

One county APS stakeholder recommended making master's degrees a requirement for APS, noting the significant amount of nuance required for the position and the level of assessment and evaluation required during investigations.

Improve Communication and Coordination

Stakeholders recommended improving communication, information sharing, and coordination through multidisciplinary teams. Some stakeholders stated that the interdisciplinary language in the VAA needs to be strengthened to clearly delineate which agencies are working together and clear up any misinterpretations. Another stakeholder recommended that the state be involved in fostering ongoing collaboration, including cross-training opportunities between law enforcement, APS, and other agencies such as Minnesota Department of Commerce. Another stakeholder recommended that the state review models of multidisciplinary cooperation in other states as well as some counties.

Stakeholders recommended that the state identify ways to increase information sharing and the APS feedback loop, but specific recommendations were not clearly provided. Another stakeholder emphasized finding ways to share information with outside parties like the Minnesota Elder Justice Center. While stakeholders are aware of the legal challenges and ramifications of data sharing, they see it as a necessary change to the VAA.

Increase Data Analysis and Evaluation

Stakeholders recommend that the state increase its evaluation and data analysis efforts. This could include trend analysis of complaints and substantiations, where the state can provide recommendations or advisories to prevent harm based on identified issues. Others suggested developing new metrics around person-centered care and to incorporate quality assurance surveys or interviews with people who participated in an APS investigation.

Provide State-led Guidance with Flexibility

Stakeholders recommended reviewing the Minnesota Adult Protection Policy and Procedure Manual—ensuring guidance is clear and appropriate without being too prescriptive—to allow APS flexibility in how cases are handled and how they approach families. As one interviewee described it, there should be parameters and a framework for investigations but being too rigid can lead to lawsuits.

Several interviewees suggested clarifying definitions of what a vulnerable adult is and what is meant by suspected abuse, neglect, and maltreatment. Stakeholders who work with healthcare recommended removing hospital inpatients as being automatically considered a vulnerable adult, or that this population should have separate reporting. One stakeholder recommended expanding the list of who APS can engage in the screening process to better inform the process.

Other Suggestions

Individual interviewees highlighted a handful of other suggestions for system improvement.

- Engage the community in public awareness efforts of elder abuse to prevent maltreatment. The general public can notice when something is wrong, question when behavior is inappropriate, and report it. According to one stakeholder, vulnerable adults need someone who will notice, ask questions, and advocate.
- Address emergency MAARC reports and identify the best approach to handle these, given limited APS and law enforcement staff resources and the existing 9-1-1 system
- Reduce APS caseload size to dedicate more time to each individual situation
- Separate out VOCA grants in reporting to better show their impact

Recommended Stakeholder Engagement Strategies for Phase Two

The information gathered in phase one—including the ideas from a May 10 session with approximately 30 stakeholders (Appendix D), stakeholder insights from key informant interviews, information about other states' models, as well as information about emerging best practices in APS systems—provides a strong foundation for engaging stakeholders in a meaningful effort to ensure that Minnesota's APS system can effectively address the needs of vulnerable adults, their caregivers, and the systems in which they operate. The following outlines potential topics for discussion and research, people and organizations who should be involved in the effort, and potential strategies for engaging them.

Potential Topics for Research and Discussion

Other State Models

While information on other states' models is included in this report, conversations with APS stakeholders in one or more of these states may be useful if Minnesota is considering a shift in its program administration model or would like more detail on how the other states approach investigation, assessment, or service delivery. These interviews would also allow the state to probe for stakeholders' assessment of how well their model is working.

Best and Promising Practices in APS

It may be useful to identify and reach out to states or agencies that have implemented models and approaches described in this report to gain insights on lessons learned in implementing the approaches and determine what success they have had. Identifying successful prevention strategies may be of particular interest since little evidence of effectiveness is available.

Specific Topics and Issues Identified by Stakeholders

Stakeholders who were interviewed in phase one identified many issues that can be explored in greater depth and used to inform a redesign of the VAA. These include:

- Clarifying policies and procedures
- Prevention strategies
- Root cause analysis/collaborative safety
- Communication and coordination across agencies
- Data and information sharing
- Flexibility in APS response
- Public awareness
- Workforce training opportunities

People and Organizations That Should Be Involved

Minnesota DHS should plan to engage everyone who participated in interviews during the first phase of research as well as those who are on the stakeholder list but were not interviewed. They should also work with these partners to identify and engage much broader groups of stakeholders, representing a wide array of expertise and a variety of perspectives.

It will be critical to include vulnerable adults (older adults and people living with disabilities) who have and have not already engaged with the APS system in Minnesota. This should be done very carefully so as to ensure the adults are comfortable sharing honest opinions (talking to them without direct caregivers, if possible) and that having these conversations does not retraumatize them. PSC recommends working with a facilitator who is trained to work with these populations to either conduct the focus groups or provide guidance on setting up and facilitating the sessions in a way that will be safe and effective.

Potential Strategies for Engaging Stakeholders

Interviews

Interviews can be conducted with a wide range of stakeholders. These can be informal calls with specific people who can provide information on a certain topic or structured conversations with a variety of people around a common set of questions. As noted above, interviews with APS system stakeholders in other states may be useful to learn more details about their systems.

Surveys

Surveys can be used to reach a wide range of stakeholders on a common set of questions. They can have multiple choice and/or open-ended questions. Depending on the number of people surveyed, it can be useful to limit the number of open-ended questions for ease of analysis. One option for Minnesota DHS is to design a survey based on the primary topics/issues identified by stakeholders in phase one to get reactions to or help prioritize these issues. For example, a question could be asked about what the primary goal of the VAA should be with multiple choice options that list those offered by stakeholders in phase one. Or questions could be used to gauge interest in the use of specific models or approaches.

Surveys can be designed for a broad or specific audience, depending on the information being sought. For example, a survey could be sent to the entire stakeholder list in Appendix C and more, or a survey could be sent only to APS staff.

Regional Town-hall Meetings

While surveys can reach a large number of people, it can be especially useful and effective to meet people in person to share information about the research and efforts to redesign the system and to obtain immediate feedback on those efforts. DHS should identify state regions in which to conduct town-hall style meetings with broad groups of stakeholders. These meetings typically range in size from 20 to 100 stakeholders and include only a handful of questions that people are invited to respond to with limited back-and-forth discussion. If people do not have an opportunity to share their ideas or would prefer not to share them publicly, DHS can offer a way to submit responses in writing.

Focus Groups

Focus groups can offer an opportunity for a more intimate conversation with a specific set of stakeholders; for example, vulnerable adults, APS workers, facility staff, law enforcement, and any others whose specific input is needed to better understand their needs and how they think the system can be improved. As noted above, DHS should engage vulnerable adults through focus groups, if possible. Hearing from other stakeholder groups, such as those listed above, may allow for deeper engagement with individuals who may feel that their voice is generally left out of APS system-based conversations.

Workgroups

As DHS clarifies specific strategies or approaches it is interested in implementing, it may want to convene a small number of workgroups around specific topics. Workgroups could serve as a forum to discuss the use of multidisciplinary teams, root cause analysis/collaborative safety models, specific assessment tools and approaches, APS workforce education and training, and/or new funding models, among others.

Public-facing Webpage or Listserv

One option for keeping stakeholders informed, whether they are directly engaged in outreach efforts or not, is to develop a public-facing webpage or a listserv where people can sign up to receive notifications. The information shared here can include notices of opportunities to participate in public forums and surveys as well as key findings from these types of activities. A webpage could also provide a link for people to share their ideas or ask questions about the process.

Immediate Next Steps

Before engaging in the efforts described above, leaders within the state departments and agencies responsible for investigating and providing services related to the maltreatment of vulnerable adults should outline a framework for engaging other stakeholders in the conversation. For example, they should identify what is possible to do within the confines of state and federal law/policy so that stakeholders know what is up for debate and what is not. They may also want to make other decisions that can shape these discussions, such as whether they are interested in moving toward a root cause analysis or collaborative safety approach to responding to reports of maltreatment. This level of decision making can also be done iteratively, meaning after some additional input is gathered but before engaging stakeholders in workgroups.

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Appendix A: State Profiles

California

The following information for California APS was compiled using the Manual of Policies and Procedures for the Adult Protective Services Program by the California Health and Human Services Agency within the Department of Social Services.

General Program Administration and Organization	<ul style="list-style-type: none">APS is administered by each county; the California Department of Social Services provides regulatory guidance and funding for APS training but does not directly monitor APS services.Eligible clients include dependent adults aged 18 to 64 and elder adults aged 65 and above.APS is responsible for investigations in nursing homes, community settings, assisted living settings, and care homes/board homes.
Adult Maltreatment Definitions	<ul style="list-style-type: none">Dependent adult—any person between the ages of 18 and 64 who has physical or mental limitations that restrict their ability to carry out normal activities or to protect their rights.Elder—any person who is 65 years or older.Financial abuse—when a person or entity assists or takes real or personal property from an elder or dependent adult for wrongful use or intent to defraud.Neglect—the negligent failure by any person who has the care or custody of an elder or dependent adult or the adult themselves to exercise a degree of care that a reasonable person in a like situation would exercise.Physical abuse—includes assault, battery, assault with a deadly weapon or force likely to produce bodily injury, unreasonable physical constraint, continual deprivation of food or water, sexual assault, or physical or chemical restraints.Abuse of an elder or dependent adult—physical abuse, neglect, financial abuse, abandonment, isolation, and abduction or other treatment that results in physical harm, pain, mental suffering, or deprivation of goods or services that are necessary to avoid physical harm or mental suffering by a care custodian.
Reporting System	<ul style="list-style-type: none">Each APS agency provides access to a 24-hour toll-free hotline that receives reports of maltreatment by anyone. Mandated reporters may also submit a written report through an online reporting system.APS workers conduct an initial evaluation of the maltreatment report to determine if the incident meets the definition of abuse or neglect and if the county APS agency has jurisdiction to investigate.
Investigation and Service Response	<ul style="list-style-type: none">When an investigation is initiated, APS must report any instances of criminal activity to law enforcement and the appropriate licensing agency when an alleged perpetrator is a licensed healthcare professional.Case management services conducted by APS include an inquiry and examination of the protection issues, including the client's social, medical, environmental, physical, emotional, socioeconomic, and developmental needs; an assessment; development of a service plan; counseling, monitoring of service plan; and any reassessment and modification of the service plan. The client's input should be considered in the development on the service plan, which is delivered only with the client's consent.

Massachusetts

The following information for Massachusetts APS was compiled using Title 118 and Title 651 of the Code of Massachusetts Regulations, along with information provided by the Executive Office of Elder Affairs.

General Program Administration and Organization	<ul style="list-style-type: none">APS is administered at the state level by the Executive Office of Elder Affairs (EOEA) for adults aged 60 and above and by the Disabled Persons Protection Commission (DPPC) for adults under age 60 with a disability.The EOEA designates and contracts with protective service agencies (PSAs) to conduct local investigations. PSAs can be any public agency or private nonprofit with the capability to carry out required activities.PSAs are responsible for investigations in community settings, assisted living settings, and care/board homes; the Massachusetts Department of Public Health investigates cases of reported abuse of a person by nursing home or hospital.DPPC staff (employed by the state) investigate reports of maltreatment of adults with a disability under the age of 60; DPPC-APS staff are responsible for investigations in community settings, care/board homes, state developmental disability facilities, state mental illness facilities, and correctional facilities.
Adult Maltreatment Definitions	<ul style="list-style-type: none">Abuse—physical abuse, emotional abuse, sexual abuse, treatment without consent, or unreasonable confinement or restraint.Adult at risk—an adult who has a physical or mental condition that substantially impairs their ability to care for their needs and who has, is currently, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.Financial exploitation—the obtainment an individual's money or property through deceit, force, or coercion.Neglect—the failure of a caregiver to secure or maintain adequate care, services, or supervision of an individual, including food, clothing, shelter, and physical or mental healthcare, which creates significant risk or danger to the individual's physical or mental health.Self-neglect—significant danger to an individual's physical or mental health because the individual is responsible for their own care but fails to obtain basic necessities, such as food, clothing, shelter, or medical care.
Reporting System	<ul style="list-style-type: none">EOEA<ul style="list-style-type: none">The EOEA operates a toll-free hotline available 24 hours a day, seven days a week, 365 days a year. Reports can also be made online.Hotline staff determine whether the allegation constitutes a reportable condition and whether an emergency, rapid, or routine response is needed before notifying the appropriate PSA.DPPC<ul style="list-style-type: none">The DPPC operates a toll-free hotline available 24 hours a day, seven days a week, 365 days a year. Written reports must also be submitted within 48 hours of a verbal report made to the hotline.Upon receipt of a report, staff determine the appropriate jurisdiction and level of urgency and refer the report accordingly.

Investigation and Service Response	<ul style="list-style-type: none"> • EOEA <ul style="list-style-type: none"> • Elder maltreatment investigations gather information to assess any allegations made, evaluate the condition of the elder, and establish a basis for offering services if the allegations are substantiated. An investigation, at a minimum, would include home visits or in-person interviews with the elder. • If an allegation is substantiated, the agency develops a service plan in consultation with the elder and is reassessed on a regular basis to reflect any changes in need if they occur. • DPPC <ul style="list-style-type: none"> • Investigations conducted based on reports of maltreatment of disabled adults include, at a minimum, an interview with the client; a visit and evaluation of the site of alleged abuse; a determination of the nature, extent, and cause of injury; use of evidence to substantiate or disprove the allegation; confirmation of the identity of the alleged perpetrator and anyone who was responsible for the client when the incident occurred; assessment for needs of services; interviews with witnesses, the alleged perpetrator, and the reporter; and review of all relevant documents.
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Michigan

The following information for Michigan APS was compiled using the Michigan Model Vulnerable Adult Protocol and the Adult Services Policy Manuals from the Michigan Department of Health and Human Services.

General Program Administration and Organization	<ul style="list-style-type: none"> • APS is administered by the state and housed in the Aging and Adult Services Agency within the MDHHS; local investigations are conducted by state-employed APS staff in county departments of health and human services. • Eligible clients include vulnerable adults aged 18 and above who are unable to protect themselves due to mental or physical impairment or advanced age and who are being or are believed to be abused, neglected, or exploited. • APS is responsible for investigations in community settings, assisted living settings, and care/board homes; allegations of maltreatment in adult foster care homes and homes for the aged must be reported to the appropriate Bureau of Community and Health Systems consultant who will also conduct an investigation.
Adult Maltreatment Definitions	<ul style="list-style-type: none"> • Abuse—harm or threatened harm to an adult's health or welfare that is caused by another person. This also includes physical or mental injury, sexual abuse, or maltreatment. • Neglect—harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who is responsible for the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care. • Exploitation—the misuse of an adult's funds, property, or personal dignity by another person. • Vulnerable—a condition where the adult is unable to protect themselves from abuse, neglect, or exploitation due to a mental or physical disability or advanced age. • Adult in need of protective services—a vulnerable adult (18 years or older) who is suspected of being or believed to be abused, neglected, or exploited.
Reporting System	<ul style="list-style-type: none"> • MDHHS operates the Centralized Intake for Abuse and Neglect unit, which receives all abuse, neglect, and exploitation referrals regarding vulnerable adults. The statewide toll-free number operates 24 hours a day, seven days a week, 365 days a year. • The intake unit supervisor determines whether the report meets criteria for an APS investigation using a standardized decision-making tool.

Investigation and Service Response	<ul style="list-style-type: none"> • Investigations are required to include: <ul style="list-style-type: none"> • A determination of the nature, extent, and cause of the maltreatment • Examination of evidence • Identification of the perpetrator, if applicable • Names and conditions of other adults in the place of residence • Evaluation of person(s) responsible for the care of the adult, if applicable • Environment of the residence • Relationship of the adult to the person(s) responsible for their care • Evaluation of whether the adult would or would not consent to receiving protective services • Evaluation of the adult's capacity for self-care and management of personal and financial affairs, and their willingness and capacity to use available resources and services • Extent to which the adult has a network of friends, relatives, or neighbors who are available, capable, and willing to provide help and protection • Extent to which needed community resources are available and willing to provide services • Feasibility of developing resources required • APS workers also must conduct a risk assessment to evaluate the adult's risk of harm based on the adult themselves, their environment, their support network, their caregiver(s), and the perpetrator(s). • APS workers are responsible for developing and enhancing the adult's coping abilities, exploring and maximizing the use of an adult's social network for assistance, and ensuring that the adult's best interests remain foremost and that their rights of confidentiality and due process be respected.
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New York

The following information for New York APS was compiled from New York Social Services Law 473, Article 9-B: Adult Protective Services, along with information from the Office of Children and Family Services (OCFS) and the New York City Human Resources Administration.

General Program Administration and Organization	<ul style="list-style-type: none"> • APS is housed in the New York Bureau of Adult Services in the OCFS and is administered at the county level in departments of social services outside of New York City and in APS offices in each of New York City's five boroughs. • Eligible clients include adults aged 18 and above who live in the community and are at risk of abuse, neglect, or exploitation due to a physical or mental impairment; this includes elderly adults and those with dementia, developmental disabilities, mental illness, physical disabilities, or substance abuse problems. • APS is only responsible for investigations in community settings; state law calls for coordination and engagement with public, private, and voluntary agencies in the fields of health, mental health, aging, legal, and law enforcement.
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Adult Maltreatment Definitions	<ul style="list-style-type: none"> • Physical abuse—nonaccidental use of force that results in bodily injury, pain, or impairment. • Sexual abuse—any nonconsensual sexual contact. • Emotional abuse—the willful infliction of mental or physical anguish by threat, humiliation, intimidation, or other abusive conduct. • Active neglect—willful failure to fulfill the care-taking functions and responsibilities by a caregiver. • Passive neglect—the nonwillful failure to fulfill care-taking functions and responsibilities by a caregiver. • Self-neglect—an adult's inability to perform tasks essential to caring for oneself due to a physical and/or mental impairment. • Financial exploitation—the improper use of an adult's funds, property, or resources by another individual.
Reporting System	<ul style="list-style-type: none"> • New York State: OCFS Human Services Call Center Bureau of Adult Services Helpline; open 8:30 AM to 8:00 PM; provides general and contact information for local APS offices. Anyone can file a report by contacting the local APS bureau in the county's social services department. Reports can also be made to the Office for the Aging, the designated Area Agency on Aging, or law enforcement. • New York City: Reports are made through a centralized common entry point, either by phone, email, or online submission. The central intake unit then determines eligibility for services and contacts appropriate APS office (one in each borough).
Investigation and Service Response	<ul style="list-style-type: none"> • APS notifies law enforcement if there is a suspicion of a crime committed against the adult. • APS workers must conduct a comprehensive assessment to identify risks, needs and desires, and service delivery options. • APS workers develop service plans with clients to develop mutual goals. After a plan is developed, APS workers conduct monthly in-person client visits; in-home visits every three months; and update the plan as needed.

Texas

The following information for Texas APS was compiled from the Texas Human Resources Code and information from the Texas Department of Family and Protective Services (DFPS).

General Program Administration and Organization	<ul style="list-style-type: none"> • APS is administered at the state level and is a component of the Texas DFPS, an agency under the authority of the Texas Health and Human Services executive commissioner. • Eligible clients include adults with disabilities aged 18 to 64 and adults aged 65 and older. • APS in-home caseworkers are responsible for investigations in community settings; APS facility staff investigate abuse, neglect, and exploitation of clients receiving services in state-operated and/or contracted settings that serve adults and children with mental illness or intellectual or development disabilities. • The Texas Department of Aging and Disability Services investigates reports of abuse, neglect, and exploitation in nursing homes. APS will investigate exploitation allegations involving nursing home residents if the alleged perpetrator is not an employee of the facility and is someone who has an ongoing relationship with the resident.
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Adult Maltreatment Definitions	<ul style="list-style-type: none"> • Elderly person—anyone age 65 years or older. • Abuse—the negligent or willful infliction of injury, confinement, intimidation, or cruel punishment that results in physical or emotional harm or pain to an elderly person or person with a disability by that person's caretaker, family member, or any other individual with an ongoing relationship with that person. • Sexual abuse—any involuntary or nonconsensual sexual conduct committed by a person's caretaker, family member, or any other individual with an ongoing relationship with that person. • Exploitation—illegal or improper acts that involve using or attempting to use resources for monetary or personal benefit, profit, or gain without the informed consent of that person by a person's caretaker, family member, or any other individual with an ongoing relationship with that person. • Neglect—failure to provide for one's self the goods and services necessary to avoid physical or emotional harm or pain, or the failure of a caretaker to provide those goods or services.
Reporting System	<ul style="list-style-type: none"> • DFPS operates the Texas Abuse Hotline, which is available 24 hours a day, seven days a week, 365 days a year, as well as a secure online reporting system. The hotline/website is a central place for reporting abuse, neglect, self-neglect, and exploitation of vulnerable adults.
Investigation and Service Response	<ul style="list-style-type: none"> • APS specialists investigate reports of alleged abuse, neglect, or financial exploitation to determine if the reported situation exists and to what extent it adversely affects the alleged victim. • Allegation priorities are based on severity and immediacy of alleged threat to the life or physical safety of the alleged victim. • The specialist completes a comprehensive assessment to determine the alleged victim's eligibility, current situation, and needs. • When reports are validated on cases in the community and protective services are appropriate, APS specialists provide or arrange for services to alleviate or prevent further maltreatment. Services may be provided directly by specialists through arrangements with other community resources or purchased by APS on a short-term emergency basis.

Wisconsin

The following information for Wisconsin APS was compiled from the Wisconsin State Legislature.

General Program Administration and Organization	<ul style="list-style-type: none">APS is housed within the Wisconsin Department of Health and Human Services and is administered at the county level; counties designate lead APS agencies to conduct local investigations.Eligible clients include adults aged 18 and older who have a physical or mental condition that impairs their ability to care for their needs and elder adults aged 60 or older who have experienced, are experiencing, or are at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.APS is only responsible for conducting investigations in community settings. Reports of maltreatment that do not occur in community settings are handled by the agencies or departments that license and/or certify the entity or person accused of maltreatment.
Adult Maltreatment Definitions	<ul style="list-style-type: none">Abuse—physical abuse, emotional abuse, sexual abuse, treatment without consent, or unreasonable confinement or restraint.Adult at risk—an adult who has a physical or mental condition that substantially impairs their ability to care for their needs and who has, is currently, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.Financial exploitation—obtaining an individual's money or property through deceit, force, or coercion.Neglect—the failure of a caregiver to secure or maintain adequate care, services, or supervision of an individual, including food, clothing, shelter, physical or mental healthcare and creates significant risk or danger to the individual's physical or mental health.Self-neglect—a significant danger to an individual's physical or mental health because the individual is responsible for their own care but fails to obtain adequate necessities, such as food, clothing, shelter, or medical care.
Reporting System	<ul style="list-style-type: none">Each county operates an elder agency and an adult-at-risk agency where an individual may make a report for maltreatment. Each agency has its own helpline to receive reports.If an alleged perpetrator is a caregiver employed by a long-term care facility, reports should be made to the Department of Health Services' Office of Caregiver Quality.The Division of Quality Assurance accepts reports of maltreatment in nursing homes and other long-term care facilities.
Investigation and Service Response	<ul style="list-style-type: none">Both adult-at-risk and elder agency investigations of clients who are deemed at risk for maltreatment may include a home visit, observation, and interview of the client; an interview with the guardian or agent with the power of attorney for healthcare; and a review of health and financial records. The agency may provide referrals to agencies and organizations that provide healthcare, aging, transportation, domestic violence/sexual assault, and criminal justice services.When there is reason to believe that a client has been the subject of maltreatment, the agency may take emergency protective actions, including protective placements and notifying other appropriate agencies, such as law enforcement, licensing authorities, and others. The agency may also petition guardianship or review of an existing guardianship to prevent further maltreatment.

Appendix B: Interview Instruments

Minnesota Department of Human Services Vulnerable Adult Act Interview Guide

Background

The Minnesota Department of Human Services is exploring strategies and concepts to support the first phase of a two-phase effort to redesign its Vulnerable Adult Act (VAA) and adult protective services (APS) system. For the first phase, it hired Public Sector Consultants (PSC), a nonpartisan research and public policy consulting firm, to research Minnesota's and other states' models and best practices. PSC will also develop a stakeholder engagement plan that will be implemented in the second phase. To begin this work, PSC is interviewing stakeholders to understand the goals of the APS system and how best to design a system to support those goals, as well as to capture suggestions of how best to engage stakeholders in the system redesign.

You were recommended to participate in this phone interview. Your responses to these questions are anonymous and will not be attributed to you or your organization. The interview is expected to take about 30 minutes.

Interview Questions: Minnesota-based Stakeholders

The first set of questions start with the goals of the APS system and how to achieve those goals.

1. What should be the primary goals and outcomes of Minnesota's VAA?
2. What aspects of the current system support achieving those goals and outcomes?
3. What are the barriers to achieving those goals and outcomes? How can these barriers be overcome?
4. How can the state best protect vulnerable adults while allowing them to maintain an appropriate level of autonomy and self-determination?

[If APS personnel, please continue with questions 5–12. For all others, skip to question 13. The next set of questions are specific to your experience within APS and how determinations are made.]

5. Could you walk through your process for handling a report of maltreatment?
6. How do you decide whether or not to investigate a report?
7. For reports that you investigate, how do you make a determination? (Probe: How do you assess the situation? What type of information do you gather? What guidance do you follow?)
8. Are there times when it is more difficult to determine if maltreatment has occurred? If so, what makes it difficult?
9. What do you do after you make a determination? [Probe for whether they offer services and/or make referrals and how, if at all, they interact with law enforcement.]
10. How do you handle reports that you decide not to investigate? [Probe for whether they offer services and/or make referrals.]
11. What could prevent people from entering the APS system in the first place? Please describe any existing prevention efforts or resources in your county.
12. What resources or services are needed to better support vulnerable adults and their caregivers, either before or after they are in the APS system?

The last set of questions are about engaging stakeholders to provide input on the VAA and APS system.

13. How should stakeholders be involved in redesigning the APS system?
14. Who else would you recommend we speak with about Minnesota's VAA or APS systems best practices?
15. Are there any reports or articles you would recommend we look at as we continue to research best practices? If so, can you share these with me?
16. Is there anything else you'd like to share about improving the APS system or engaging partners in the system redesign?

Interview Questions: National Organization Representatives

1. What should be the primary goals and outcomes of a state's APS System?
2. Which states have systems in place that will lead to these goals and outcomes?
3. What elements or approaches do these states have in common? In other words, what makes their systems likely to achieve these goals and outcomes? Are there any notable differences among their approaches?
4. When looking across states, what have been the primary barriers to an effective APS system? How, if at all, have states overcome these barriers?
5. How can states best protect vulnerable adults while also allowing them to maintain an appropriate level of autonomy and self-determination?
6. How, if at all, have states involved stakeholders in providing input and feedback on APS systems?
7. Who else would you recommend we speak with about APS systems best practices?
8. Are there any reports or articles you would recommend we look at as research best practices? If so, can you share these with me?
9. Is there anything else you'd like to share about improving APS or engaging partners in a system redesign?

Appendix C. List of Organizations Interviewed

Advocates

- Minnesota River Area Agency on Aging
- Independent APS consultant
- Minnesota Elder Justice Center
- Mitchell Hamline School of Law
- Office of Ombudsman for Mental Health and Developmental Disabilities
- Minnesota Office of Ombudsman for Long-term Care
- Little Brothers Friends of the Elderly
- Association of Residential Resources in Minnesota (ARRM)
- The Arc Minnesota

Associations

- Minnesota State University, Mankato
- National Adult Protective Services Association
- The National Association of State Directors of Developmental Disabilities Services
- Minnesota Hospital Association
- Minnesota Leadership Council on Aging

City Prosecutors

- St. Paul City Attorney's Office

County APS

- Beltrami County Health and Human Services–Adult Protective Services
- Blue Earth County Adult Protective Services
- Carlton County Adult Protective Services
- Crow Wing County Adult Protective Services
- Dakota County Adult Protection
- Hennepin County Adult Protective Services
- Polk County Adult Protective Services
- Scott County Adult Protective Services
- San Francisco Department of Aging and Adult Services
- St. Louis County Public Health and Human Services
- Yellow Medicine County Family Services

Federal Agency

- Administration for Community Living

Law Enforcement

- St. Paul Police Department

Legal

- Mid-Minnesota Legal Aid
- Frederikson and Byron, P.A.
- Scheller Legal Solutions LLC
- Voigt, Rodè, and Boxeth LLC

National Organizations

- Alzheimer's Association
- Adult Protective Services Technical Assistance Resource Center
- University of Minnesota, Institute on Community Integration
- Stanford Center on Longevity
- Catholic Charities of St. Paul and Minneapolis
- Volunteers of America Center for Excellence in Supported Decision Making/Protective Services
- WRMA

Providers

- Hennepin County Medical Center
- LeadingAge Minnesota
- Essentia Health
- WACOSA

State Agencies

- Minnesota Judicial Branch–State Court Administration
- Minnesota Department of Commerce
- Minnesota Department of Health–Health Facility Division
- Minnesota Department of Health–Health Regulation Division
- Minnesota Department of Human Services–Disability Services Division
- Minnesota Department of Human Services–Licensing Division
- Minnesota Department of Human Services– Aging and Adult Services Division
- Minnesota Department of Human Services Continuing Care for Older Adults
- Minnesota Area Geriatric Education Center
- Minnesota Governor's Council on Developmental Disabilities

Appendix D: Key Findings from May 10 Information-gathering Session

On May 10, 2019, Public Sector Consultants facilitated an information session with participants from across the different aspects of the Minnesota Adult Protective Services system. Below is a list of the key themes from the group discussion, as well as responses sorted by theme.

	Themes
Goals and Outcomes	<ul style="list-style-type: none">• Ensure balance between protection and autonomy• Provide clarity/consistency in goals, guidance, and reporting• Supportive, not punitive• Enable upstream focus/education• Use a multidisciplinary approach• Ensure sufficient resources for the effort• Provide stronger enforcement/accountability*• Focus on prevention*• Enable investigation*
Supporting Aspects	<ul style="list-style-type: none">• System fundamentals in place (definitions, reporting, investigations)• Common entry point/MAARC system• Support for multidisciplinary teams**• Willingness to improve the system
Barriers	<ul style="list-style-type: none">• Limited resources (funding, people, time)• Lack of understanding of system by multiple stakeholders• Restrictions on information sharing/data accessibility• Lack of upstream focus• Dual role of APS• Reactive vs. proactive• Not person-centered• Reporting issues*

*Theme from the detailed notes but not the group discussion.

**Theme from the group discussion but not the detailed notes.

Group Discussion

What Should Be the Primary Goals or Outcomes of the VAA?

Balance Between Protection and Autonomy

- Protection—sufficient remedies so vulnerable adults can take reasonable risks
- Safety—balance with self determination
- Live with dignity and support

Clarity/Consistency in Goals, Guidance, and Reporting

- Defining maltreatment
- Specifying what is reportable
- Including a federal perspective

- Providing consistency across the state
- Providing clarity for end users (consistency)

Supportive, Not Punitive

- Promote constructive fact-finding that allows for community collaboration (collaborative safety)
- Be supportive of caregivers rather than “catching” them
- Use a person-centered approach

Upstream Focus/Education

- Identifying trends and themes
- Building respect for vulnerable adults at the societal level
- Being data-informed
- Focusing upstream—educate providers, families, employees so that we can be more effective

Multidisciplinary

- Streamline coordination

Resource the Effort

- Obtain the necessary funding for delivering services
- Provide additional training

What Aspects of the Current System Support Those Goals/Outcomes?

System Fundamentals in Place (Definitions, Reporting, Investigations)

- Safety framework around licensure actions
- Usefully prescriptive around investigations, which provides for consistency
- Ombudsman authority
- Programs for people who need it
- Minnesota VAA establishes APS
- Reporting (mandatory and voluntary)
- MAARC system
- VAA represents years of work
- Defines maltreatment
- Core values

Common Entry Point/MAARC System

- Access to data
- Common entry point reforms
- MAARC system

Multidisciplinary Teams

- Use multidisciplinary teams and approach

Willingness to Improve the System

- Willingness to improve on behalf of the different partners involved

What Are the Barriers to Achieving Those Goals/Outcomes?

Limited Resources (Funding, People, Time)

- Funding—limited resources make you focus on crises only
- Resources—staffing systems
- Timelines impacted by resources

Lack of Understanding of System by Multiple Stakeholders

- Lack of legal understanding by law enforcement
- Incompetence/ignorance
- Differentiation between crime and systems issues (intentional harm vs. errors)
- Limited multidisciplinary focus

Information Sharing/Data Accessibility

- Accessibility to data
- Data sharing and protections

Lack of Upstream Focus

- How do we get upstream to prevention?
- Do we have consensus with the public?

Dual Role of APS

- County dual purpose—investigation and services

Reactive vs. Proactive

- Limited service provision to support vulnerable adults and their caregivers; focus tends to be on reacting to reports of maltreatment

Not Person-centered

- Public perception on security ignores self-determination
- Family burnout
- Walk the line between a cold and unfriendly process with objectivity and need for nuance and common sense
- Not person-centered

Detailed Responses

What Should Be the Primary Goal or Outcome of the VAA?

Balance Between Protection and Autonomy

- Clearly define Minnesota's responsibility in supporting the autonomy and safety of vulnerable adults
- Protect people and allow them to live with dignity and support them

- Protect vulnerable adults without hindering self-determination
- Use a collaborative safety approach
- Protect vulnerable adults, including remedies to promote safety
- Promote balancing risk with autonomy
- The VAA supports balancing what is important *to* the vulnerable adult (i.e., what is meaningful) with important *for* the vulnerable adult (health and safety)
- The VAA promotes power with vulnerable adult, rather than power over planning and implementing protective services
- The VAA promotes supported decision making
- Develop remedies to protect vulnerable adults
- Promote dignity
- Promote self-determination
- Support the person
- Provide necessary protection
- Emphasize person's right to make decisions
- Provide systems/policies that are updated and effective for protection of vulnerable adults
- Provide safety and protection options to those who need it
- Protect persons
- Support people and allow them to live with dignity
- Balance safety vs. self-determination and autonomy
 - Liability
 - Consequences
 - Risk
 - Provider push back
- Ensure people are safe, respected
- Protect vulnerable adults

Stronger Enforcement/Accountability

- Disqualifying individual perpetrators from caring for vulnerable adults
- Implementing stronger rules
- Implementing stronger punishment for offenders
- Facilitating prosecution and accountability of perpetrators
- Strengthening rules and punishment with thoughtful exceptions
- Tracking and disciplining those found guilty of abuse, neglect, and fraud to ensure they do not continue these acts
- Provide options for holding persons accountable

Prevention

- Prevent fraud
- Prevent abuse/neglect
- Prevent future harm

- Implement proactive policy and procedures to prevent abuse and reduce vulnerability of people who are at risk of abuse, neglect, or financial coercion
- Prevent future maltreatment
- Facilitate access to medical and bank records and share with law enforcement
- Design to support interactions between client and those reporting and investigating
 - Reduce repeat maltreatment
 - Fewer people in system

Enable Investigation

- Ability to investigate
- Systems to monitor allegations of abuse, investigate incidents, and analyze trends to reduce future allegation
- Respond to and validate people

Clarity/Consistency in Goals, Guidance, and Reporting

- Provide clarity for end users and professionals
- Align with federal law/timelines and reduce duplication of effort. Analyze overlapping legal requirements
- Ensure consistent processes/procedures
- Ensure consistency in implementing the VAA statewide
- Able to litigate after death
- Specify penalties for crimes
- Clarify facility rules and regulations
- Evaluate the definition of and clearly define maltreatment
- Identify policy/guidelines on what is reportable

Supportive, Not Punitive

- Restorative justice that empowers the victim, usually the vulnerable adult, and minimizes the disruption of their life
- Respond and validate vulnerable adults' experience even if no formal finding was made; promote constructive communication about the process with people involved; promote constructive communication about the process with people involved;
- Communication/information sharing is protected, but there is an ability to share and work with needed support systems
- Reporting/screening system that is more detailed and flexible regarding timelines
- Utilize supportive problem-solving approach and less of a "gotcha" approach
- Human error

Upstream Focus/Education

- Share information with caregivers that can improve safety
- Publish data and study trends to inform prevention measures
- Educate society
- Reduce stigma

- Ensure ongoing consideration of best practices to implement the VAA (continuous quality improvement)
- Emphasize respect for elderly at societal level
- Focus on the upstream (data-driven/trends to inform prevention), including
 - Outreach, education—providers, families, care employees
 - Collaborative safety approach

Multidisciplinary

- Support multidisciplinary efforts
- Update the VAA with other agencies interacting
- Coordinate services among professionals
- Streamline collaboration and coordination between parties
 - Investigative partners
 - Prevention, intervention, protection
 - Clear statements of accountability among entities
- Implement multidisciplinary teams within counties

Resource the Effort

- Fund the work
- Extend support for people who do not qualify for funding or lack a support network
- Extend service or provide oversight to individuals who do not qualify for other services
- Provide more resources, more people, more funding
- Provide more public program funding and support population

Outcomes

- Resources and options/less limitation of funding
- Accountability for perpetrators, especially repeat offenders
- Workforce training, identification, and funding
- Get the repeat offenders out
- Data-informed metrics for prevention
- Specialized skills developed for county attorneys/law enforcement
- Fewer people in system
- More collaboration
- More education and reduced stigma
- More of an assessment approach and focus on substantiated outcomes
- Interdisciplinary teams/more collaboration among entities
- The VAA is deployed consistently throughout the state
- Need funding for VAA to carry out goals

What Aspects of the Current System Support Those Goals/Outcomes?

System Fundamentals in Place (Definitions, Reporting, Investigations)

- Safety framework (some of) around license disqualifications
- Established APS/EPS as a system
- Systems are in place with staff
- Clarity around what constitutes treatment
- Promotes public policy to create voluntary and mandatory reporting
- VAA reflects many years of work and consensus
- Can collaborate
- Core values support self-determination, choices, assumption of risk/NAPSA core values
- Core values support autonomy
- Encourages reporting
- Nice experiment, streamline next iteration
- Prescriptive in basic investigative process
- Court system is trying to encourage consistency
- System partners are engaged
- People are reporting (even if overreporting)
- Some enforcement actions/options available
- Authority to complete investigations
- Public programs and services
- Ability to access medical and bank records
- Surveys
- Ombudsman—long-term care statewide
- Good working relationships between counties and the DHS APS
- Minnesota statute establishes APS throughout the state
- State prompts flexibility which is so valuable
- Definition of the VAA is pretty clear but leaves some room to open cases
- Safety framework around license disqualifications
- Allows for the ability to leave multidisciplinary team

Common Entry Point/MAARC System

- Access to data to define problems (numbers, reports, types of abuse)
- Made progress with the MAARC being 24/7 and that is important for reporters and counties. Counties can better prioritize.
- Change to common entry point very helpful
- Statewide MAARC system and overlap of systems
- Decent access to data to define problems (numbers of reports, types of abuse)

Willingness to Improve the System

- People are interested in doing this work—passion/motivation
- Courts proactively attempt to implement improvements
 - Checklist

- Training
- New review program
- Guardianship system—assist monitoring
- Outreach
- Supported decision making—options in reports
- Allowance of multidisciplinary teams to educate, build rapport, and practice within a community/county
- Increased visibility with vulnerable adult issues
- Passion within leadership
- We are all here today and taking the courage to keep trying, learning, and taking away lessons

What Are the Barriers to Achieving Those Goals/Outcomes?

Limited Resources (Funding, People, Time)

- Not enough people
- High demand, not enough resources for nonemergent collaboration
- Forced prioritization of reports due to volume and limited resources to address issues
- Limited resources, funding, staffing, legacy IT systems, databases, some inconsistent deployment to support VAA, timeliness
- Funding balanced with needs/wants of all stakeholders
- Underfunded/lack of quality assurance
- Public programs do not fit all people (gaps)
- Funding gaps
- Workforce shortage/low wages
- Limited funding for adult protection (why doesn't Medicaid pay for it?)
- Limited resources to address reports. Prioritizing reports can impact outcomes; referring to case management can help.
- Staffing shortages
- APS is mandated but not funded
- Staff shortage
- Funding
- Limited state funding, which affects outcomes

Lack of Understanding of System by Multiple Stakeholders

- Clarity for both end user and professionals
- Recognize when things are not right: respond, correct, and prevent
- Lack of societal awareness about vulnerable adult abuse and systemic resources
- Lack of knowledge; what is available?
- Law enforcement/county attorneys do not understand the law
- There is an inconsistency across counties and agencies on interpretation of some of the VAA's terms
- Focus on multidisciplinary team collaboration is too limited; it should expand the approaches and teams

Lack of Upstream Focus

- Public awareness: What resources are available? How do people (professionals and consumers as well as vulnerable adults and supporters) know how to find what is needed?
- Lack of awareness/knowledge—service options, county attorney, less restrictive options

Information Sharing/Data Accessibility

- Better information sharing; more in-depth responses when reports are made and responses issued; broaden reporter understanding of internal decision-making processes
- Collaborative/process challenges: Data-sharing restrictions (fine line—pros and cons); process can feel cold and unfriendly—language needed
- Limitations of communication/data sharing
- MAARC's inability to deviate from script; lost opportunity for further information up front
- Accessibility of data
- Data classification and accessibility/privacy

Dual Role of APS

- Reliance upon APS for two roles: investigation and services
- Dueling priorities: creating safety and investigations
- Roles as investigators and supportive role
- Lack of emphasis on service provision
- No or limited focus on prevention

Reactive vs. Proactive

- APS needs a report from MAARC to act
- Focus on problem identification, does not get to prevention
- Proscriptive
- Reactive rather than proactive—language needed
- Very crisis-oriented

Not Person-centered

- VAA based on self-determination and many in the public have different expectations about it all being protection-oriented without self-determination; this creates friction
- More restrictive environment to keep people safe vs. dignity and risk
- People in too restrictive situations, which does not allow choice
- Results in more restrictive settings
- Language is not person-centered; ageism and ableism are significant throughout the VAA
- Family gets burned out even when they want to help
- Not much help for families/legal part of attorney as source of mistakes
- The MAARC system's inability to go off script/provide grief counseling
- Permissive parts vs. mandated
- Some problems with one-size-fits-all approach—nuance that is not allowed for
- Differentiate between crime and systems

Reporting Issues

- It is an old system, process leads to over reporting
- Overreporting because of fear of not reporting something
- Fear of consequences

Other

- Dementia training made available and support for professionals and families
- Inconsistent practices
- Politics
- Engrained culture—always-done-that-way thinking
- Substantiations have limited applicability
- Timelines are difficult
- HR/procurement—hiring and contracts
- Do we have consensus? Where is it made?
- Case management
- Deeper dive into language/definitions we use
- What's the intent?
- Redefining vulnerable adult
- What brings best success?

Who Else Should We Talk To?

- The people who need the VAA: service recipients, family members, small providers
- Consider someone to represent in-home service providers
- Prosecutors
- Law enforcement
- Joel Olsen—referee – Minnesota judicial branch of Ramsey County
- Jenny Miller—Hennepin County—Minnesota judicial branch probate supervisor
- Some specialized judicial officers in Hennepin County
- Older and vulnerable adults and persons living with disabilities
- Family members of these groups
- Legislators or staff? Need state money, which means they hold keys to the coffers
- Carmen Castaneda from Hennepin County



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