
Recommendations and stakeholder input for redesigning the Vulnerable Adult Act

Department of Human Services—Aging and Adult Services
Updated September 2020



Project Team

Stacy Sjogren

Lizzie McNamara

Enterprise Director, MAD

Ryan Church

Assistant Director

Beth Bibus

Contact Information

Telephone: 651-259-3800

Email: Management.Analysis@state.mn.us

Fax: 651-797-1311

Website: mn.gov/mmb/mad

Address:

658 Cedar Street

Centennial Office Building

Room 300

Saint Paul, Minnesota 55155

Management Analysis and Development

Management Analysis and Development is Minnesota government's in-house fee-for-service management consulting group. We have 35 years of experience helping public managers increase their organizations' effectiveness and efficiency. We provide quality management consultation services to local, regional, state, and federal government agencies and public institutions.

Alternative Formats

This document can be made available in alternative formats upon request. Call 651-259-3800.

Table of contents

Executive Summary.....	4
Introduction	5
Solution Group recommendations.....	7
Detailed findings from stakeholder engagement prior to the Solution Groups	17
VAA Redesign process.....	27
Appendix A: Solution Group questions and recommendations by group.....	34
Appendix B: Summary of public comment	57

Executive Summary

Over the course of a year, the Department of Human Services (DHS) Continuing Care Administration, Aging and Adult Services Division worked to get input from a variety of stakeholders on how to develop a more person-centered and equity-based adult protection system through redesign of the Vulnerable Adult Act (VAA). The VAA establishes state policy for the reporting, investigation, and service response to suspected abuse, neglect, or financial exploitation of a person meeting the definition of a vulnerable adult. The redesign focused on the impact to vulnerable adults when the Adult Protective Services (APS) system, currently administered by counties, was responsible for the response. Each year, APS is responsible for responding to the majority of reports received about alleged maltreatment of vulnerable adults through the Minnesota Adult Abuse Reporting Center (MAARC).

The VAA Redesign effort gathered feedback from community members, including older Minnesotans and people with disabilities. Feedback also came from advocates, providers, APS workers, law enforcement, national experts, and others. This work culminated in spring 2020 when diverse groups of knowledgeable stakeholders worked together to develop a set of recommendations for how to best redesign the VAA, as it relates to APS response.

Generally, these groups recommend that the VAA should:

- Increase public awareness and empowerment.
- Allow for an alternative to investigating reports.
- Allow for more data sharing during intake process but not mandate what requires an investigation.
- Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.
- Allow preventive services to be offered at any point in the process.
- Allow preventive services to be offered to a vulnerable adult's support network.
- Support and expand multidisciplinary teams but do not require them in statute.
- Maintain the rights of individuals involved in the process.
- Protect privacy while allowing access to necessary information to increase safety.
- Increase collaboration and data sharing between partner agencies.
- Consider changes to current time requirements for APS response.
- Update current definitions and develop new ones.
- Maintain APS ability to implement restrictive interventions.
- Review how emergencies are determined and who should have responsibility for making that determination.
- Ensure APS workers have basic introductory training.
- Provide education to mandated reporters.
- Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.
- Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.

Introduction

The VAA, Minnesota Statutes 626.557, which was passed in 1980, establishes state policy for the protection of vulnerable adults. The VAA has not been substantially reviewed since it was passed 40 years ago.

Overview of the VAA

As established in the VAA, Minnesota's adult protection system receives reports of alleged abuse, neglect, and financial exploitation of vulnerable adults. The system responds to those reports and provides social services when needed to ensure vulnerable adults are safe and protected from further maltreatment. The VAA is a civil and administrative statute that gives identified Lead Investigative Agencies (LIAs) the authority to investigate and issue a decision regarding whether maltreatment has occurred. LIAs work in collaboration with law enforcement when maltreatment may also be criminal because crimes against vulnerable adults are prosecuted using criminal statutes.

The system in Minnesota is complex. DHS, the Minnesota Department of Health (MDH), and county-based APS are each identified in the VAA as LIAs. Which agency is responsible for responding to a report of maltreatment of a vulnerable adult depends on where the alleged maltreatment occurred and who is alleged to be responsible.

Overview of the VAA Redesign process

The focus of the VAA Redesign effort is on APS, the LIA for reports of maltreatment of vulnerable adults in community settings and where the alleged perpetrator is not a licensed care provider or employee of a licensed care facility. The majority of reports received about alleged maltreatment of vulnerable adults are referred to APS.¹

In the summer of 2019, the DHS Aging and Adult Services unit contracted with Public Sector Consultants (PSC) to complete Phase I of the VAA review process. Phase I involved reviewing other state models and interviewing over 60 stakeholders to gather preliminary input on the existing adult protection system.

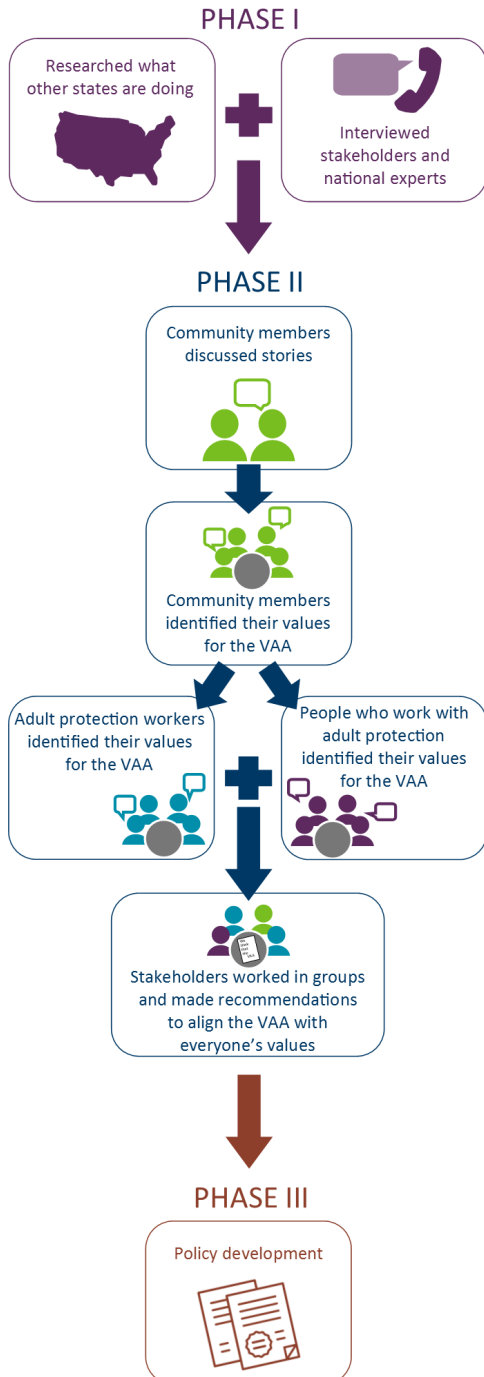
Starting in the fall of 2019, DHS Aging and Adult Services contracted with Management Analysis and Development (MAD) to conduct Phase II. MAD designed, facilitated, and gathered feedback through a Community Conversations process, as well as through in-person events with community and institutional stakeholders.

In February and March 2020, MAD facilitated five Solution Groups through a process to develop recommendations based on stakeholder input to better align APS with stakeholders' values.

¹ DHS Vulnerable Adult Protection Dashboard: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/adult-protection/dashboard.jsp>

This report first explains the recommendations developed by the Solution Groups. It then provides the full findings from community and institutional stakeholder engagements conducted in 2019 as additional context for the recommendations. Finally, the report provides a detailed description of the processes used in Phase I and Phase II to engage stakeholders in the VAA Redesign, including the Solution Group membership and recommendation development process. [Appendix A](#) contains the full list of questions the Solution Groups considered as well as the verbatim recommendations they developed.

Figure 1. VAA Redesign process



Solution Group recommendations

Below is a summary of recommendations from the five Solution Groups. Every Solution Group included at least two APS workers or supervisors. Those who were not APS workers either had previous APS experience or worked for provider or advocacy organizations or another LIA. Members were selected because they had a strong understanding of the current VAA.

Because Solution Groups members have specialized knowledge, the wording of some of their recommendations may not be easily understood by the general public. In this section, the Solution Group recommendations are categorized by theme and rewritten in plainer language and with more context for a broader audience. Some Solution Groups developed similar recommendations, which have been combined in this section.

The full list of recommendations, as written by the Solution Groups and organized by Solution Group topic area, is in [Appendix A](#). [Appendix A](#) also identifies how much support each recommendation received from its Solution Group members, along with reservations or comments members had about some recommendations. Every recommendation was supported by at least half of the members of the Solution Group that developed it.

Recommendations may be included in this section that are already in statute, already being implemented by some counties, already an available service, currently in policy, or part of standardized tools provided by DHS to APS. In those cases, Solution Group members who developed the recommendation may not have been aware of this or may have intended to increase consistency of implementation across APS.

Increase public awareness and empowerment

Increase public awareness of the adult protection system. There should be public education and empowerment campaigns that increase the public's understanding of:

- Who is considered a vulnerable adult
- The definitions of maltreatment, including examples of what counts as maltreatment that may be less well known (e.g., internet scams, restricting access to friends or community)
- Requirements for reporting and how to make a report to the Minnesota Adult Abuse Reporting Center (MAARC)
- The fact that anyone can make a report; they do not need to be a mandated reporter
- Rules about the use of information, such as the reporter's name
- Vulnerable adults' rights to self-determination
- Person-centered decision-making
- The general steps of the screening, intake, and investigation process

Increase funding for education and public awareness. There needs to be additional funding to educate the public, providers, and others on the adult protection system.

Make sure public awareness and empowerment campaigns are culturally responsive, reduce stigma, and encourage community involvement. Any messaging about adult protection should be culturally responsive. There should be a focus on reaching underserved communities, including communities of color and immigrant communities, using best practice methods for engaging and reaching these communities. Messaging in public awareness campaigns should encourage reporting by reducing stigma and help the public feel more comfortable with their social responsibility to report. It should also educate the public on the role they can play in increasing safety for vulnerable adults, including both reporting potential maltreatment and taking actions that prevent maltreatment. These campaigns should highlight positive stories and examples.

Create a hotline for the public to learn about resources and services for vulnerable adults. MAARC is set up to receive reports of alleged maltreatment of vulnerable adults. There should be a well-publicized resource, such as a hotline similar to MAARC, to call and learn about resources and social services for vulnerable adults. This could be used in a case in which someone does not have maltreatment to report but wants to connect themselves or someone they know to preventive services.

Educate the public about mandated reporters. There should be public education on who is considered a mandated reporter in the adult protection system and what that role requires.

Allow for an alternative to investigating reports

At least in cases of self-neglect, if not more broadly, an alternative to an investigation should be allowed. Instead of focusing on substantiating an allegation of maltreatment, some cases—potentially only cases of self-neglect—should focus solely on assessing the situation, engaging in safety planning, and providing social services. The investigative process, as implemented through standardized assessment and decision-making tools and in policy, should include safety planning and providing social services. Statute also requires a determination of whether the allegation of maltreatment is substantiated. Investigation findings may not serve all situations and all vulnerable adults well, especially when honoring trauma-informed practices, self-determination and person-centered approaches. In cases of self-neglect, it may better serve the vulnerable adult to require an assessment, rather than an investigation that results in a finding. APS should maintain the ability to change an assessment to an investigation at any point.

Allow for more data sharing during the intake process, but do not mandate what requires an investigation

During the intake process, APS staff should be allowed to disclose that a report was made and gather information from people beyond the reporter. APS staff should be able to contact people such as the vulnerable adult and others, even if it means revealing that a report was made, in order to determine whether an investigation should be opened. Some APS workers, depending on the county, may already do this. However, data sharing before the initiation of an investigation is currently not clearly allowed in the VAA.

There should not be a “bottom line” for opening an investigation. While standardized decision-making tools and policy should support consistency across APS, statute should not define which situations require an

investigation. APS staff should be able to use their tools, county prioritization processes, and their professional judgment to determine whether an investigation is required.

Revise investigation determinations and options but do not allow vulnerable adults to decline an investigation

There should be three investigation determinations. These should be:

1. The maltreatment happened
2. The maltreatment did not happen
3. APS cannot say whether it did or did not happen

Currently in the VAA, an investigation determines whether a report of maltreatment is “substantiated, inconclusive, false, or that no determination will be made.”² What is defined as maltreatment is in the VAA. The terms substantiated, inconclusive, and false are also defined in the VAA, based on what “a preponderance of evidence” collected during the investigation shows. This recommended change to plain language would be more easily understood by the general public but would need to be accompanied by plain language information on what the law defines as maltreatment.

If an investigation determines that maltreatment occurred, but the maltreatment was not criminal, a vulnerable adult should be able to request a restorative justice response. The Minnesota Department of Corrections website on victim-initiated restorative practices³ states that “restorative practices encourage offenders to take responsibility for their actions and to repair the harm caused the victim and community. Victims and the community assist in setting the terms of accountability and monitoring and supporting completion of the offender’s obligation. In the end, the offender is held accountable to the victim, community, and state.”

Vulnerable adults should not be able to decline an investigation. A vulnerable adult may not have the capacity to decide whether an investigation should occur or may make such a decision under duress. APS should have responsibility for screening reports and opening investigations, using standardized decision-making tools and county prioritization processes.

Allow preventive services to be offered at any point in the process

APS staff should be able to offer social services to prevent harm at any point in the process. If it would increase safety for the vulnerable adult, APS should be able to offer social services before an investigation is opened, even if APS decides not to open an investigation. APS should also be able to offer these preventive

² Minnesota Statutes 626.5572, subd. 8

³ <https://mn.gov/doc/victims/restorative-justice/victim-initiated-restorative-practices/>

social services to someone even if it means APS must reveal a report was made. Some APS workers, depending on the county, may already do this. However, it is currently not clearly allowed in the VAA and is inconsistent with federal guidelines for service offerings related to substantiated maltreatment.

Allow preventive services to be offered to a vulnerable adult's support network

APS staff should be able to offer social services to a vulnerable adult's support network. This should include the ability to offer social services to a caregiver who has been alleged to have maltreated a vulnerable adult, if providing social services to the caregiver aligns with the vulnerable adult's wishes and would lead to increased dignity or safety for the vulnerable adult, or could prevent future maltreatment.

Support and expand multidisciplinary teams, but do not require them

The use of multidisciplinary teams (MDTs)⁴ should not be mandated in the VAA. Currently in the VAA, counties are allowed to develop MDTs but are not required to do so.⁵ MDTs should remain an option for counties, but not required, as some counties may not have the capacity.

What is allowed for MDTs in statute should be expanded. The duties of MDTs currently in statute should remain the same. In addition:

- MDTs should include law enforcement.
- Specialized MDTs, for example, focused on nursing homes, should be allowed.
- MDTs that operate as investigative workgroups should be allowed.
- Anyone on an MDT should be allowed to be the organizer.

Statewide, regional, or cross-country specialty multidisciplinary teams should be developed.

DHS should finance and support the administration of county-based MDTs.

Maintain the rights of individuals involved

The rights of an alleged perpetrator should not infringe on the right of an alleged victim, including the alleged victim's right to a thorough and comprehensive investigation that does not compromise their safety.

⁴ MDTs usually include professionals from different agencies or organizations to review adult protection cases on a regular basis and provide recommendations for how to handle those cases.

⁵ Minnesota Statutes 626.5571

A person who is the subject of a report of alleged maltreatment should have specific rights when an investigation is opened. The person should be told what their rights are. Those rights should include:

- The right to participate in the investigation
- The right to know how information will be handled
- The right to know what the allegation is
- The right to know about the investigation process
- The right to know what records are gathered
- The right to know the outcome

Two different Solution Groups developed conflicting recommendations regarding the rights of a person who is alleged to be responsible for maltreatment of a vulnerable adult. These two recommendations were:

1. If someone is alleged to be responsible for maltreatment, APS should let them know they are the subject of an investigation, and inform them of their due process rights and the potential consequences of the investigation.
2. The current rights established in the VAA of someone who is alleged to be responsible for maltreatment should remain the same. If an alleged perpetrator is notified that an investigation is being opened, there may be a risk of loss of evidence. Once a report has been substantiated, the person found to be responsible should be informed of their obligations and rights.

Protect privacy while allowing access to necessary information to increase safety

APS staff should be allowed to share information without the vulnerable adult's consent, if sharing that information protects the health, safety, or property of the vulnerable adult or aids in screening or investigation.

Seeking consent from a vulnerable adult to share information should be best practice, but it should not be required in order to share information.

A statewide workgroup should help establish standards for data sharing within the adult protection system.

This group should help address liability while ensuring data can be collected and shared that will lead to increased safety for vulnerable adults.

Two different Solution Groups developed conflicting recommendations regarding what information should be provided to reporters. These two recommendations were:

1. A reporter should receive the following information, without needing the vulnerable adult's consent: the initial disposition, whether the report was screened in or out for investigation, and general information about the process of an investigation.
2. The reporter should only be notified that their report was received. This should be clarified in communication about the reporting process, including in the letter or communication provided to the reporter.

Increase collaboration and data sharing between partner agencies

APS should be able to share information with partner agencies if it helps protect the health and safety of a vulnerable adult or aids in an investigation. Data sharing should be authorized with such agencies as tribal governments, state courts, and community agencies.

A common data platform should be created to share information between authorized partner organizations. For example, a data platform to share case and investigation information between APS and law enforcement, or between authorized members of a multidisciplinary team.

Increase opportunities for APS and professionals who interact with APS to collaborate and share best practices.

Data that is shared between agencies should be classified by the rules of the agency where the data originated.

If a vulnerable adult who is the subject of a report has an assigned case manager, APS should respond differently depending on whether the allegation is for self-neglect or caregiver neglect. When APS receives a report of self-neglect for a vulnerable adult who has an assigned case manager, APS should be able to decide not to investigate and instead refer it to the vulnerable adult's case manager. When APS receives a report of caregiver neglect for a vulnerable adult who has an assigned case manager, APS should assess the allegation independently but should have the ability to decide not to investigate based on information provided by the case manager.

Consider changes to current time requirements for response

The recommendations developed by different Solution Groups related to time requirements for APS response are potentially contradictory. These recommendations are provided below:

- **Investigations should be completed within 60 days.** This is the timeline currently in the VAA.⁶ APS should have the ability to extend beyond 60 days with justification.
- **The appropriate time it takes for APS to respond and investigate should be based on potential harm.** These timelines should be defined in standardized decision-making tools, remain based on county prioritization, and not be required in statute.
- **APS should attempt to visit a vulnerable adult face-to-face within 24 hours,** if county prioritization determines the vulnerable adult is in imminent danger. Otherwise, APS should visit within five business days, unless there are extenuating circumstances, which should be documented.

⁶ Minnesota Statutes 626.557, subd. 9c, part e

- **APS should review any report it receives from central entry point within 24 hours.** If it is an emergency report, it should be screened in or out for investigation immediately. If it is not an emergency report, it should be screened in or out for investigation within five business days.
- **The completion of an assessment and safety planning should take as long as necessary to meet the needs of the vulnerable adult.**

Update current definitions and develop new ones

Conduct further discussion with stakeholders to decide whether and how to define APS in the VAA. Currently in the VAA, there is no definition of APS.

APS in Minnesota should align with guidelines from the federal Administration for Community Living (ACL).

The ACL is the federal agency responsible for increasing access to community supports, focusing on the unique needs of older Americans and people with disabilities. The ACL has developed and published National Voluntary Consensus Guidelines for State Adult Protective Services Systems.⁷

Update the definitions in the VAA to use more current language, and to make definitions more culturally relevant and aligned with a person-centered philosophy.

The definition of a “functional” vulnerable adult should be revised. Currently in the VAA, there are two main ways someone is considered a vulnerable adult. First, a person who is 18 years of age or older can meet the definition of a vulnerable adult if they are a resident of a facility or receive services from a licensed provider, with some exceptions.⁸ Second, a person who is 18 or older is considered a vulnerable adult if they “possess a physical or mental infirmity or other physical, mental, or emotional disfunction” that prevents them from providing adequately for their own care without assistance, and because they need assistance, they do not have the ability to protect themselves from maltreatment.⁹ This second category, referred to as a “functional” vulnerable adult, is the definition that should be revised in the VAA.

The VAA should separately define self-neglect and neglect by a caregiver. Currently in the VAA, there is no definition of self-neglect.

The definition of caregiver should be revised. Currently in the VAA, caregiver is defined as “an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.”¹⁰ The reference to “family relationship” should be removed, so that anyone who is a caregiver, regardless of whether they are a family member, needs to have assumed responsibility for care of a vulnerable adult. The definition should focus more on explaining what it means to have “assumed responsibility” and what a “portion of the care” means.

⁷ <https://acl.gov/sites/default/files/programs/2017-03/APS-Guidelines-Document-2017.pdf>

⁸ Minnesota Statutes 626.5572, subd. 21, parts 1–3

⁹ Minnesota Statutes 626.5572, subd. 21, part 4

¹⁰ Minnesota Statutes 626.5572, subd. 4

If the definition of caregiver is revised, as noted above, then it should be possible for any caregiver to be found to have neglected a vulnerable adult, regardless of whether they are formally compensated for the care they provide. This is only recommended if the definition of caregiver is revised. If so, any caregiver may then be investigated for neglect and have that report substantiated based on evidence. Caregivers who are formally compensated, for example by being paid, should not be held to a different standard than those who are not compensated.

If the definition of caregiver is revised, as noted above, then the exemption to neglect as a result of an accident should apply to any caregiver. Some actions that would be considered neglect can currently be exempt under the VAA if the action is the result of an accident.¹¹ This exemption should apply to any caregiver.

A vulnerable adult should not have to experience harm or detriment for an action to be considered financial exploitation by a fiduciary. Currently in the VAA, financial exploitation must “result” or be “likely to result” in detriment to the vulnerable adult.¹² This should be removed from the definition of financial exploitation so that unauthorized expenditure of funds or failure to provide food, clothing, shelter, health care, therapeutic conduct, or supervision would be considered financial exploitation even if there was no detriment or likely detriment to the vulnerable adult.

Actions that meet the definition of neglect should not be elevated to be considered abuse based on intent.

Maintain APS ability to implement restrictive interventions

APS staff should have the ability to implement the entire range of interventions, from least restrictive supported decision-making to the most restrictive (such as Guardianship), based on assessment of need. APS’s scope of action should not be limited when it comes to restricting a vulnerable adult’s rights if an investigation done by APS indicates restrictive action is necessary to keep the vulnerable adult safe.

The degree of harm or potential harm needed to implement restrictive interventions should not matter. Harm may not need to occur in order to justify restrictive interventions.

If no other funding source is available, counties could fund less restrictive interventions, in addition to funding Guardianship services.

Review how emergencies are determined and who should have responsibility for making that determination

Two different Solution Groups developed conflicting recommendations regarding how emergencies should be identified and who should have responsibility for making that decision. The two recommendations are:

¹¹ Minnesota Statutes 626.5572, subd. 17, part a

¹² Minnesota Statutes 626.5572, subd. 9, part a

1. When APS is the lead investigative agency, APS should have the authority to determine whether a report is an emergency. APS must do this within 24 hours of receiving a report from MAARC.
2. MAARC should review reports and triage emergencies. MAARC should not just identify emergencies based on whether the reporter said it is an emergency but should review the full contents of the report to make that decision. If MAARC identifies a report that needs an emergency response after standard business hours, MAARC should refer the report to the county's APS after-hours response. The after-hours response may be law enforcement in some counties.

Ensure APS workers have basic introductory training

APS workers should have a basic level of introductory trainings before working independently. Currently in the VAA, the commissioners of health, human services, and public safety are required to develop a program for educating investigators on the appropriate techniques for investigation of complaints of maltreatment.¹³ The VAA specifies what that training should include, and it requires investigators to complete the education program within the first 12 months of working as an investigator. The VAA also requires investigators to receive a minimum of eight hours of continuing education or in-service training each year.

Provide education to mandated reporters

Ensure that mandated reporters know they are mandated reporters and what that means. Target educational institutions for specific majors to prepare people before they enter a field in which they are likely to be a mandated reporter (e.g., social work, medical professionals, lawyers).

Educate mandated reporters on:

- How to explain their role to vulnerable adults
- The APS process and how to explain that process to vulnerable adults
- Resources for vulnerable adults in the community and how to connect people with them

Maintain 24/7 reporting and improve the common entry point for reporting

People should be able to submit reports 24/7. Based on the VAA, a common entry point for receiving reports of alleged maltreatment of vulnerable adults had to be established by July 1, 2015.¹⁴ Since that time, the MAARC has acted as the common entry point. Currently, the VAA requires the common entry point to be available 24 hours per day to take calls from reporters of suspected maltreatment.

¹³ Minnesota Statutes 626.557, subd. 9e

¹⁴ Minnesota Statutes 626.557, subd. 9

Improve the MAARC intake function to increase consistency. Currently, the VAA lists what needs to be included in the standard intake form used by the common entry point.¹⁵ The VAA also currently requires common entry point staff to receive training on how to screen and dispatch reports.

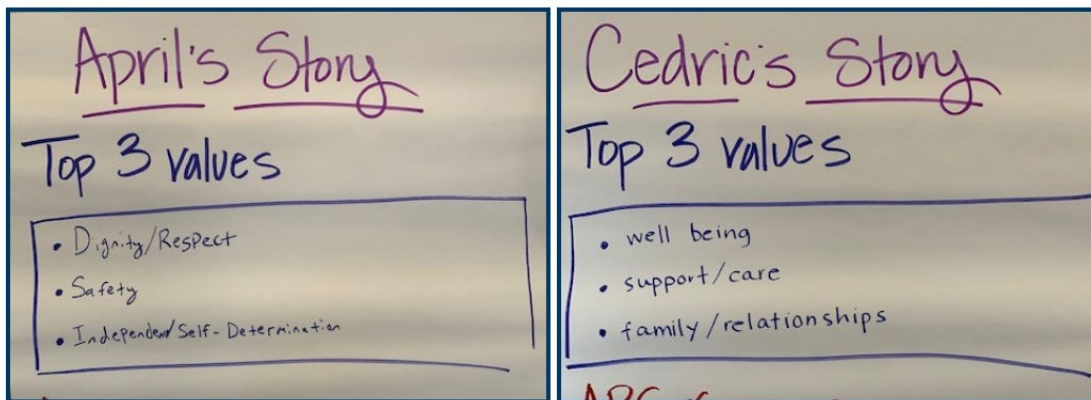
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy

The Commissioner of DHS should have the authority to oversee and provide guidance to ensure consistent application of investigations and services.

Establish a quality assurance function. This process should review APS screening decisions, including reviewing data, and provide guidance for increasing consistency across APS. This could be modeled after other case review processes.

The common entry point should be staffed by social workers. This would allow the MAARC to support, or even conduct, screening of reports.

Evidence-based and promising practices should be recommended in policy, not mandated in statute.



This picture shows some of the top values that community members identified for the VAA by reflecting on stories. More pictures like this one can be found throughout the report.

¹⁵ Minnesota Statutes 626.557, subd. 9, part b

Detailed findings from stakeholder engagement prior to the Solution Groups

Below is more detail on the findings that emerged through community and institutional stakeholder engagement in 2019, prior to the formation of the Solution Groups. This additional detail provides more context for understanding the Solution Group recommendations and their level of alignment with stakeholder views and values. Solution Group members were asked to review these findings prior to starting their recommendation process.

More information on how these findings were gathered is located in the next section: VAA Redesign process. Overall, there were five major activities referenced below that led to these findings:

1. **Phase I interviews**, which were conducted with over 60 stakeholders, including national experts
2. **Community Conversations**, where community members read fictionalized stories about vulnerable adults' experiences with APS and talked about them in a group
3. **Community Stakeholders Summit**, an in-person event held for community members and people who work with or advocate for vulnerable adults
4. **Institutional Stakeholders Summit**, an in-person event held for people who work in or alongside APS (such as law enforcement, advocates, and providers)
5. **APS Stakeholders Summit**, an in-person and virtual event held for APS workers and supervisors from counties around the state

First general findings are presented first, followed by findings related to specific areas of the VAA or APS.

General findings

Overall, community and institutional stakeholders' values do not align with the current VAA

At the Summit events with both community and institutional stakeholders, participants were asked to identify the values they think are essential for APS. Generally, stakeholders identified a disconnect between the values they think are important and the current VAA and how APS operates based on the statute. The majority of the findings described in this report serve to demonstrate the ways stakeholders feel this divide appears in practice.

Safety and protection are highly valued, but they need to be balanced with vulnerable adults’ right of self-determination

The majority of stakeholders interviewed during Phase I agreed that the goal of the VAA and APS is to protect vulnerable adults. In the Community Conversations and the Community Stakeholders Summit, safety was mentioned most often across all the stories as a value that is important to the individuals involved.

However, at the Community Stakeholders Summit, participants identified that while community members—especially those who work with and support vulnerable adults—may feel safety is most important, the vulnerable adult may value independence and self-determination above all. In the Community Conversations, the value identified most often as important to the vulnerable adult in the story was independence, autonomy, self-determination, or freedom, while the value identified most often as important to the reporter in the story was safety.

Several Community Conversations also identified dignity of risk as an important value for vulnerable adults. Participants at the General Institutional Stakeholders Summit identified choice and balancing independence and self-determination with safety and protection as essential values. Both community and general institutional stakeholders acknowledged the challenge APS faces when a vulnerable adult makes a choice that could be considered “bad” or puts their safety at risk. However, participants generally agreed that it should be the vulnerable adult’s right to make that choice if it is an informed one.

APS workers who participated in the APS Stakeholders Summit echoed the values of person-centered approaches and balancing safety and self-determination. However, it was only in the APS Stakeholders Summit that some participants said the authority to take away decision-making power from individuals was important to maintain or even strengthen. One APS worker said it is too difficult in Minnesota to have someone civilly committed or to have a guardian appointed.

The current system is seen as punitive and focused on blame, but APS workers are concerned about losing real or perceived authority to take action to protect vulnerable adults

In Phase I interviews and throughout Phase II engagements with community and general institutional stakeholders, there was consensus that the current VAA results in APS being too focused on investigations and assigning blame. Many stakeholders described the system as punitive. The Phase I report recommends altering the philosophy and approach of the VAA, and community and general institutional stakeholders engaged in Phase II echoed the need to focus more on support and services.

Emphasizing the need for a system that really addresses the root causes of maltreatment, many stakeholders recommended that APS should be able to offer services and supports to caregivers and family members—even if they have been accused of maltreating the vulnerable adult—if that is what the vulnerable adult wants and it would lead to their increased safety.

Many stakeholders, both community and institutional, referenced Child Protective Services (CPS) workers’ ability to make an initial assessment of a situation before either opening an investigation or offering an optional family

assessment, depending on whether there is a substantial safety risk to the child. Several stakeholders recommended that the VAA establish a similar dual-track system for adult protection.

Both community and general institutional stakeholders indicated the term “investigation” is scary, and “investigation and services” could instead be called “assessment and support.” General institutional stakeholders also recommended that the term “report” be changed to something that seems less threatening, such as “request help.”

Many APS workers supported moving to a system similar to CPS, with choice involved in how to respond depending on the situation. At least some of the participants at the APS Stakeholders Summit noted that being able to do an assessment and still offer services, even when an investigation is not warranted, would benefit vulnerable adults and could prevent future maltreatment.

However, there was general consensus among APS workers that their ability to perform investigations was not something they wanted taken away. While most participants at the APS Stakeholders Summit were supportive of a response that does not involve investigation in cases of self-neglect, participants were very vocal about needing to be able to perform investigative functions in other cases. These issues are discussed below in findings related to investigations and services.

There is disagreement over whether evidence-based and promising practices should be mandated by the VAA

Evidence-based and promising practices reviewed during Phase I included supported decision-making, the Collaborative Safety™ model, use of multidisciplinary teams, and use of standardized decision-making tools. Stakeholders who were interviewed in Phase I recommended the state train APS staff on many of these best practices. In Phase II, institutional stakeholders identified “person-centered” as an essential value for APS. The use of multidisciplinary teams, shared accountability, and root cause analysis were also recommendations that emerged from institutional stakeholders.

This finding is closely related to the two previous findings. Many of the evidence-based and promising practices involve shifting away from assigning blame toward addressing underlying issues. Many of the best practices also involve using the least restrictive method to achieve safety for the vulnerable adult.

According to DHS and APS workers, the use of person-centered approaches, trauma-informed practices, multidisciplinary teams, and supported decision-making is already happening in many places within the adult protection system. However, the VAA does not mandate the use of these practices. While the VAA does require DHS to develop and train APS staff on standardized decision-making tools, there is no real accountability if APS staff do not use them. Also, while multidisciplinary teams are identified in the VAA as an option, their use is not required.

While many community and institutional stakeholders recommended that evidence-based and promising practices should be required in the statute, some APS workers who participated in the APS Stakeholders Summit voiced disagreement. Instead, these stakeholders recommended that best practices continue to be part of training and resources provided to APS, but not mandated in statute.

The system is not culturally responsive

In additional interviews conducted at the end of Phase I, many interviewees' comments raised issues concerning the current system's lack of cultural responsiveness. The system was described by interviewees, and during Phase II by community and institutional stakeholders, as "one size fits all." The current system is not seen as responsive to the needs of *all* vulnerable adults, their families, or their communities—especially those who are immigrants or people of color. These stakeholders recommended that all solutions to improve the VAA be viewed through an equity lens to help ensure the entire system is culturally relevant and responsive.

Participants in Community Conversations and the Community Stakeholders Summit echoed these recommendations, and they also called on APS to hire workers who are representative of the communities they serve. Equity and cultural responsiveness were also identified as important values for APS at the General Institutional Stakeholders Summit.

Cultural responsiveness, cultural relevancy, and equity did not rise to the top as a major concern in feedback at the APS Stakeholders Summit, which may emphasize the current disconnect between what community members desire from the system and APS's current institutional positionality, with a majority white, female workforce.

Adult protection is underresourced, resulting in funding inequities

Throughout Phase I and Phase II, there was clear consensus across all stakeholders that APS lacks the dedicated resources it needs to be most effective.

According to stakeholders, without a dedicated funding source for APS from the state or federal level, there are inequities in resources from county to county, where property taxes and local revenue provide the majority of funding for each county's APS unit—and APS is just one of the many social services that compete for funding within a county. There is also a general sense among stakeholders that child protection receives more attention and funding than adult protection, and the lack of resources increases risk within adult protection. At the APS Stakeholders Summit, APS workers from counties in Greater Minnesota with smaller tax bases expressed dismay when hearing about the resources available to colleagues from better-funded counties.

Interviewees during Phase I identified staffing shortages—at a time when caseloads are growing—as a major concern and challenge. Stakeholders see staffing shortages as a result of low compensation for the difficult work APS staff does with little support.

APS workers were generally not supportive of having investigation duties taken away from them. However, at least one interviewee in Phase I wondered if a separation of duties between investigation and service provision could help address increased caseloads and limited resources, since most APS workers are currently responsible for both.

APS workers also indicated that additional resources and staff would be needed to implement many of the changes community and institutional stakeholders want to happen. For example, being more proactive and offering social services to people who may not be vulnerable adults, or in instances where an investigation is not needed, would require additional staff and funding. More funding would also be needed to provide case management to people who do not qualify for federally funded waiver programs or other specific programs.

Many of the best practices noted previously could also require spending more time on cases, which would necessitate more resources and staff.

Many critical definitions are outdated or need revision

An update to the VAA in 1995 added definitions of terms. However, many stakeholders raised issues with current definitions, and identified specific terms that should be reviewed and revised, including “vulnerable adult” (functional and categorical), “self-neglect,” “financial exploitation” (fiduciary versus nonfiduciary), “immediate,” and “emergency.”

Based on stakeholder input, a general review of all current definitions and terms may be required to ensure alignment between the VAA and many of the other findings presented here.

Findings related to prevention, public awareness, and reporting

The VAA should focus more on prevention

As described above, many stakeholders believe the current VAA results in a system that is overly focused on investigation and assigning blame. Many stakeholders, from community members to institutional stakeholders, expressed a desire to see the system—and additional resources—more focused on prevention.

Public awareness and education on adult protection are needed

In order to prevent maltreatment, and to ensure reports are made when really needed, stakeholders agreed that more public awareness and education are necessary. It was agreed that the general public largely do not know about adult protection, nor how and when to formally share their concerns.

According to DHS data, mandated reporters make the majority of reports of vulnerable adult maltreatment; however, this could be because most people who are not mandated reporters may not know about adult protection, or people do not understand—or are afraid of—what will happen when a report is made.

One recommendation from the General Institutional Stakeholders Summit was to create a hotline for prevention, parallel to the MAARC, so someone can call to find out about the reporting process and potentially get access to resources, especially if it is clear their report would not be screened in for investigation and services.

Mandated reporters face challenges and may benefit from more training and education

At the Community Stakeholders Summit, several stakeholders raised issues mandated reporters face. As noted below under findings related to intake and prioritization, some stakeholders said the system response is

inconsistent—even within the same county—from one report to the next. Therefore, mandated reporters are put in a difficult position of betraying a client or patient’s confidence by making a report, especially if they feel ill-equipped to tell the vulnerable adult what will happen next.

Training and education for mandated reporters was recommended by both community and institutional stakeholders, especially regarding how to explain their role and legal responsibilities to people, and how to support someone once a report is made. Public awareness and education were also recommended to help vulnerable adults and others understand the role of mandated reporters.

Mandated reporters may overreport and the public may underreport

Institutional stakeholders raised concerns regarding overreporting. However, many of these concerns were more specific to reports of maltreatment occurring in licensed facilities or when a licensed caregiver is responsible, which is outside the scope of this current review of the VAA.

There were some more general concerns from stakeholders regarding mandated reporters overreporting, which was linked to the need identified above for more training and education for mandated reporters. Timelines and definitions of “immediate” and “urgency” were also linked to overreporting by some institutional stakeholders. These stakeholders said the need for mandated reporters to report something “immediately” does not allow enough time to truly assess the situation and make a good determination of whether a report is warranted. There was also a recommendation from the General Institutional Stakeholders Summit to review what is required to be reported and whether more prioritization is needed in statute.

As noted above, currently most reports of alleged maltreatment are made by mandated reporters. However, some community stakeholders believe there may be underreporting from the general population if people largely do not know about adult protection, what types of incidents should be reported, or how to report them. Community stakeholders also identified that underreporting may occur because of fear over what adult protection will do, especially if the person maltreating a vulnerable adult is a spouse, family member, or other person with whom the vulnerable adult wants to maintain a relationship. This may be related to the current sense among stakeholders generally that adult protection is too punitive and focused on assigning blame. It could also be related to the need for more public education on what adult protection is and can provide.

The central entry point for reporting is generally viewed positively

Most of the stakeholders interviewed in Phase I viewed the central entry point for reporting (MAARC) positively. Interviewees cited the ease of reporting and helpfulness of staff. The general sense that MAARC is a positive support for adult protection was echoed in Phase II, although there were some recommendations for improvement, such as simplifying the process of reporting; creating a phone-based app for easy reporting; and ensuring there is an accessible, online reporting process for people with disabilities.

Findings related to intake and prioritization

There is a lack of consistency in screening and intake, resulting in stakeholders not knowing what to expect from the system after making a report

Some participants at the Community Stakeholders Summit noted they have experienced a lack of consistency when making a report of maltreatment. They expressed frustration with not being able to predict whether a report will be screened in for investigation, even when making similar types of reports within the same county. As noted in the previous section, this caused issues for mandated reporters and their relationships with clients or patients. One recommendation from the General Institutional Stakeholders Summit was to define “bottom lines” for opening investigations, while still leaving room for consideration for county resources and professional judgment.

There should be more time for screening, intake, and prioritization

Institutional stakeholders noted that timelines required in the VAA may not result in the best outcomes. With more time to assess a situation, it is more likely that APS resources would target those cases truly needing intervention and ensuring nothing falls through the cracks. As with definitions of terms in the VAA, required timelines may need to be reviewed and revised.

APS workers would like the common entry point for reporting to perform social work functions

APS workers were the only stakeholder group to raise major concerns about the central entry point for reporting (MAARC). While interviewees in Phase I noted the helpfulness of staff who receive MAARC reports, some APS staff recommended increasing the requirements for MAARC staff, including that they be a social service professional or more highly trained or experienced, so they can screen reports and offer consultation. This recommendation was related to a sense that too many reports from MAARC are referred to APS that should not be, and that this would be mitigated if MAARC staff could perform social work functions. There was also a recommendation at the APS Stakeholders Summit to maintain screening at the local level.

Findings related to investigations and services

APS workers want to maintain investigative functions

As identified in the first section on general findings, many participants at the APS Stakeholders Summit were vocal about their concern over losing authority to investigate and to hold people accountable, especially when a crime is committed. One APS worker said turning all investigations over to law enforcement would be

detrimental, as this person believes law enforcement is seen as having an even more punitive focus and lack the social work skills of APS workers.

The system needs an alternative response in cases of self-neglect

As noted above, while APS workers did not fully support moving away from investigations, they agreed with community and general institutional stakeholders that a different response is needed in cases of self-neglect. Stakeholders agreed that cases of self-neglect do not deserve to be investigated, and substantiating maltreatment in these cases is not helpful to the vulnerable adult. APS stakeholders agreed with other stakeholders that an assessment track is needed for this area rather than an investigative one. There were some stakeholders who advocated for removing self-neglect as a form of maltreatment from the VAA entirely, although it is unclear how vulnerable adults in these types of situations would then be guaranteed access to social services.

There should be more options for resolving reports of maltreatment

Several of the recommendations, especially from institutional stakeholders, were related to the desire for more options for resolving reports of maltreatment. One recommendation from the General Institutional Stakeholders Summit was to have an option for restorative justice. At the APS Stakeholders Summit, a few comments requested that “no maltreatment” be an available finding for cases. There was also a request that vulnerable adults capable of making an informed decision be able to decline an investigation.

There is disagreement over whether support and services should extend beyond the vulnerable adult

As identified in the general findings above, community stakeholders drew attention to the fact that sometimes the people around the vulnerable adult—including someone who has been found to be responsible for maltreatment—need support and social services. This was tied to honoring the vulnerable adult’s self-determination while addressing root causes and ensuring continued safety for the vulnerable adult (for example, in an instance where the vulnerable adult desires to stay in the care of a family member who neglected them due to lack of resources or education). This recommendation was echoed by general institutional stakeholders, suggesting the “client” may need to be viewed as the whole family or the support network around the vulnerable adult.

While many of the participants in the APS Stakeholders Summit supported the idea of being able to provide services to a vulnerable adult even when an investigation is not warranted, there was not resounding support for the idea of providing support and services to those *around* a vulnerable adult. A written comment submitted at the APS Summit said APS is not family case management.

Findings related to collaboration and data sharing

Data sharing restrictions hinder collaboration and trust building, but privacy is also important

Stakeholders, especially APS workers, expressed the importance of protecting the privacy of vulnerable adults and reporters. An APS worker emphasized that just because someone is a vulnerable adult does not mean they should have to give up their right to privacy. There was also a concern from an APS worker about a “rumor” that in the future the identity of reporters would be required to be disclosed.

However, there were also many concerns from stakeholders about how data privacy rules hinder collaboration between agencies and hurt the ability of the system to build trust with people, especially reporters. Many comments from the Community Conversations expressed frustration with the fact that reporters in the stories could receive only very limited information from APS after making a report, which stakeholders believed could make people less likely to report potential maltreatment in the future. More information sharing with a vulnerable adult’s support network was echoed at the APS Stakeholders Summit as necessary for safety planning.

During Phase I and Phase II institutional stakeholders cited restrictions on sharing data as barriers to effective collaboration between agencies that need to cooperate during investigations. It was recommended that data sharing laws be made more explicit, so sharing is more consistent, and data sharing be allowed for APS partners beyond law enforcement. There were also recommendations from the General Institutional Stakeholders Summit to establish a common database or case management system and to eliminate data silos.

APS workers identified the challenge with getting records from banks. One recommendation was to give statutory authority to obtain bank records without a subpoena. In the Phase I interviews, it was noted that financial institutions often charge APS for sending bank information needed for an investigation, and some counties do not have funding for this purpose, resulting in delays.

Communication is essential for effective collaboration

When asked how to deal with challenging situations in which values conflict, stakeholders agreed that communication is essential and should be the first priority. Collaboration relies on communication, and as noted above, sometimes data sharing restrictions limit communication or delay it. One recommendation from the General Institutional Stakeholders Summit was to identify point people within each collaborating agency or organization in order to streamline communication. Another was to have a process for conflict resolution, especially in cases in which responsibility is in question. Finally, multidisciplinary teams, which were mentioned above in the general findings, were also identified as a way to improve communication and collaboration across agencies.

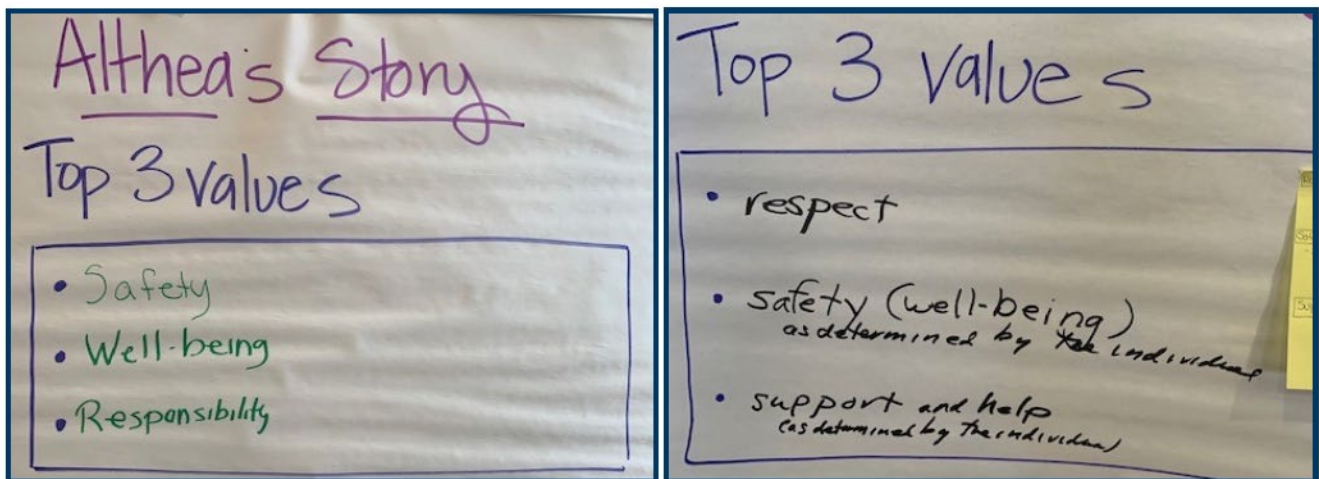
Findings related to outcomes measurement

Data should be used for continuous improvement, but caution should be used when selecting measures

Related to the topic of data sharing, a recommendation from the General Institutional Stakeholders Summit was to use data to be more proactive and transparent. Better data usage was also identified as a way to help track trends, make resource allocation decisions, and support evaluation of the system.

There were recommendations to measure both quantitative and qualitative indicators of success and to ensure outcome measures are aligned to community values. Specific recommendations for outcome measures included cost-benefit analysis, risk reduction, quality of life improvements, and allocation of resources.

One of the recommendations from the General Institutional Stakeholders Summit was to use caution when selecting outcome measures because tracking such measures can change behavior. This recommendation seemed to point out that measuring something—and especially tying accountability to it—places value on the measure itself, which can have unintended consequences. For example, when standardized test scores were tied to teacher evaluation and school performance in the United States, significant cases of cheating were uncovered in places such as Atlanta.



VAA Redesign process

The DHS Aging and Adult Services department contracted with PSC to complete Phase I of the VAA review process, which involved reviewing other state models and interviewing stakeholders to gather preliminary input on the existing adult protection system.

When PSC's Phase I work was completed in the summer of 2019, DHS then brought in MAD to develop and facilitate Phase II of the VAA Redesign process, including gathering broader stakeholder input to develop recommendations that could inform future revisions to the VAA.

Stakeholder engagement process

Phase I

In Phase I, PSC interviewed 63 stakeholders of adult protective services, representing 53 organizations or state divisions, including experts within and outside Minnesota, researchers, advocates, social service providers, state agency staff, law enforcement, attorneys, and county APS staff. A full report from Phase I can be found in "[The Vulnerable Adult Act and Adult Protective Services in Minnesota: A Review of National Models, Best Practices, and Stakeholder Insights](#)" (PDF).

Before moving into Phase II, MAD consultants completed additional interviews, using the same questions from those developed by PSC. These additional interviews were intended to ensure the voices of historically marginalized groups were meaningfully included from the beginning of the project. MAD conducted 10 additional interviews, which are summarized in "[Addendum to 'The Vulnerable Adult Act and Adult Protective Services in Minnesota: Stakeholder Insights'](#)" (PDF).

Phase II

MAD consultants designed Phase II to build on the insights collected in Phase I, as well as to gather feedback from a broader group of stakeholders, including community members and people who have been—or who in the future may be—affected by APS. Input gathered at each step of the Phase II process was carried into the next step, using participatory methods that allowed stakeholders to make meaning of the feedback and add further insights with each additional engagement opportunity.

Community stakeholder engagement

While Phase I collected input from professional stakeholders who work in or alongside the institutions involved in adult protection, it was essential to get feedback from community members and people whose lives are directly affected by the VAA. In order to do this, MAD invited people to host Community Conversations and then facilitated a Community Stakeholders Summit to review and refine the feedback from those conversations.

Community Conversations

Rather than having state-agency-hosted meetings, the Community Conversations process was designed to gather and amplify people's voices in a more inclusive way. The process was also designed to allow anyone to participate, regardless of their current understanding of the complex APS system or the VAA, including people with intellectual or developmental disabilities.

In collaboration with DHS's Adult Protection staff, including staff with extensive experience working in county APS, seven brief stories were written. Each story featured a main character who is a vulnerable adult in a situation in which maltreatment has potentially occurred. The stories and discussion questions were also reviewed by the executive director of the Governor's Council on Development Disabilities.

The stories were not intended to cover every possible situation encountered by APS, but to highlight some of the challenges of the current system, specifically situations in which there is ambiguity—for example, when it is not obvious a crime has been committed—as well as complex situations in which the values of those involved are in conflict.

The seven stories were compiled into a "[Community Conversations Packet](#)," which included instructions, the stories, discussion questions, and supporting resources. The conversations focused on what participants thought the characters would want to happen, what the characters might value, and whether the example APS response, which was based on current statute, aligned with those values.

By using stories, MAD was able to make the input process simple and engaging, allowing participants to put themselves in the shoes of the vulnerable adult, reporter, caregiver, and even the accused person in each story. It also ensured that participants were focused on the types of maltreatment that are referred to APS (i.e., those that happen in people's homes or community settings), rather than the types of maltreatment that are outside the bounds of the current VAA review (such as maltreatment that occurs within facilities licensed by DHS or MDH, which have recently received more media attention and public scrutiny).

MAD and DHS invited staff from community organizations and providers across Minnesota to host Community Conversations and to report back on the input gathered from participants. Through this method, people could participate in conversations in safe spaces, with facilitators they already know and trust, increasing the chances of receiving honest and open feedback. A webinar on September 26, 2019, provided background and more information on the process for people interested in hosting a Community Conversation. The instructions and packet were also posted on the [VAA Redesign website](#). MAD collected input from Community Conversations through November 15, 2019. Hosts submitted notes from their groups' conversations via an online form.

A total of 20 organizations or community groups hosted Community Conversations. There was a total of 39 submissions to the online form, representing 59 total conversations about the seven different stories. Each story was discussed by at least four different groups, and several stories were discussed by at least nine different groups.

Groups were asked to briefly describe their participants. Based on these descriptions, the Community Conversations process gathered input from a variety of perspectives, including:

- People with disabilities, including people with intellectual disabilities, developmental disabilities, and/or physical disabilities
- People with diagnosed mental health disorders
- Older adults
- Family members of or advocates for people with disabilities
- Caregivers or direct support professionals for older adults and/or people with disabilities
- Social service providers for older adults
- County disability services staff

It should be noted that the Community Conversations were not designed to gather input that would be considered representative of the general public. More traditional methods used by government agencies to get input from stakeholders were considered, such as surveys or in-person meetings (such as town halls or listening sessions). However, these methods would also not have reached a statistically representative sample of the public without being cost prohibitive and would likely not have been more accessible or inclusive in reaching the intended stakeholder group. They also would have involved too much time educating potential participants on the current VAA and APS in order to get meaningful feedback. Therefore, the Community Conversations were deemed to be the best among possible options for gathering community input.

Community Stakeholders Summit

The Community Stakeholders Summit, which took place on November 22, 2019, was the first in-person stakeholder engagement event. Rather than MAD or DHS staff interpreting the results of the Community Conversations, the Community Stakeholders Summit was designed as an opportunity for community members and staff representatives from organizations that hosted Community Conversations to help interpret and refine the feedback in a collaborative environment.

A total of 24 people attended the Community Stakeholders Summit, representing 14 different organizations. Many attendees either hosted or participated in a Community Conversation. The Summit was three hours and took place at the Minnesota Humanities Center in St. Paul. The event was planned and facilitated by MAD consultants, and DHS Adult Protection staff attended to observe and listen.

Participants formed small groups, with each group focused on one of the seven stories from the Community Conversations. Groups reviewed the summarized feedback from the Community Conversations and then helped identify the most important values to honor in the APS system. This resulted in a list of the most important values across all stories, and ideas of how to define those values. Participants also discussed some of the tensions in values across different stories and provided insights into the complex situations APS encounters and what the focus for APS should be in those situations.

Notes were collected by having participants summarize their own small group discussions and individual ideas using worksheets and flip-chart paper. A DHS staff member also recorded thoughts shared during large group discussions. Participants were also invited to leave any remaining ideas or thoughts using an open-ended form or to email any additional feedback after the meeting.

Institutional stakeholder engagement

In addition to community stakeholder input, it was very important to engage professionals working in or with APS in the VAA Redesign process. These stakeholders, especially APS workers, will be directly affected by any revisions to the VAA.

Possible institutional stakeholders were identified by MAD through the help of DHS staff, and these people were invited to either the General Institutional Stakeholders Summit or the APS Stakeholders Summit, both of which took place in December 2019 and were designed to build on the input collected from community stakeholders.

General Institutional Stakeholders Summit

The first Institutional Stakeholders Summit was held in person on December 3, 2019, at the HiWay Federal Credit Union in St. Paul. The Summit was three hours. It was planned and facilitated by MAD consultants, and DHS Adult Protection staff attended to observe and listen.

A total of 42 people attended the General Institutional Stakeholders Summit. Attendees represented a range of institutional perspectives, including advocacy organizations, providers and provider associations, lawyers, and law enforcement. While there was a separate summit for APS staff, there were representatives from the Minnesota Association of County Social Service Administrators (MACSSA) who attended to represent the APS perspective.

Participants were facilitated through several different collaborative processes to generate feedback. They were given an opportunity to review the results from the Community Stakeholders Summit, focusing on the values identified as most important for the foundation of APS. Institutional stakeholders then added the institutional values that should guide a redesigned VAA. They also identified the values of the current VAA that may need to change or be eliminated. Participants discussed the same complex situations that arose in the Community Conversations stories, providing input on what should happen when values are in conflict in situations involving vulnerable adults. Finally, they were asked to provide guidance and recommendations to the people who will be working to generate solutions on how to better align the VAA with community and institutional values.

Notes were collected by having participants summarize their own small group discussions and individual ideas using worksheets and flip-chart paper. A DHS staff member also recorded thoughts shared during large group discussions. Participants were also invited to leave any remaining ideas or thoughts using an open-ended form or to email any additional feedback after the meeting.

Adult Protective Services (APS) Stakeholders Summit

The second Institutional Stakeholders Summit was held on December 13, 2019. Participants either attended in person at the Elmer L. Andersen building in downtown St. Paul or remotely through a WebEx online meeting. The Summit lasted three hours. It was planned and facilitated by MAD consultants, and DHS Adult Protection staff attended to observe and listen.

An invitation to the APS Stakeholders Summit was emailed to a list of all county APS supervisors, in addition to a list of tribal health and human services contacts. Many people who received the email invitation forwarded it to additional staff. A total of 36 APS staff attended in person. Remote participants were asked to email MAD consultants after the Summit to confirm attendance, as many indicated they planned on having multiple people

on the same login or call. While over 30 remote participants were noted as having logged in to the WebEx event during the Summit, only 13 participants were confirmed by email afterward. Therefore, at least 49 APS staff are confirmed to have participated in the Summit, but the number of actual participants is likely much higher.

Counties and tribes known to have been represented at the APS Stakeholders Summit are:

- Anoka
- Blue Earth
- Carver
- Chisago
- Clay
- Dakota
- Grant
- Hennepin
- Isanti
- Lower Sioux Indian Community
- Mower
- Pope
- Ramsey
- Renville
- Scott
- St. Louis
- Stearns
- Stevens
- Wright

Participants at the APS Summit were facilitated through several different collaborative processes to generate feedback. They were asked to review and provide feedback on the institutional values generated at the General Institutional Stakeholders Summit. Participants also reviewed and discussed the input from the General Institutional Stakeholders Summit regarding complex situations and what should happen when values are in conflict. Finally, they were asked to also provide additional guidance and recommendations to the people who will be working to generate solutions on how to better align the VAA with community and institutional values.

Participants who attended in person used worksheets and posters to record and provide their input and ideas. Participants who attended remotely used both the WebEx chat feature and a set of online bulletin boards created using [Padlet](#) to record and submit their feedback. Remote participant comments and ideas were selected and read aloud during the Summit. A DHS staff member also recorded thoughts shared during large group discussions. Finally, participants were invited to share any remaining ideas or thoughts using an open-ended form or to email any additional feedback after the meeting.

Solution Groups

Five Solution Groups were formed to use input received from community and institutional stakeholders and develop specific recommendations for how to better align APS with stakeholders' values. Each of the five groups focused on different aspects of the VAA or parts of the APS system. The Solution Group topic areas were:

- Definitions
- Intake and Prevention
- Investigations and Services
- Collaboration and Data Sharing
- Prevention, Public Awareness, and Reporting

Solution Group members

Participants who attended the institutional stakeholder summits were invited to express their interest in serving on a Solution Group. Solution Group participants needed to have a strong working knowledge of the current VAA and of the county- and tribal-based APS system.

MAD and DHS staff worked to identify potential Solution Group members that would represent a wide variety of stakeholder perspectives. Each Solution Group had representatives from:

- Advocacy organizations
- Provider organizations
- State agencies
- APS staff from counties in both Greater Minnesota and the Twin Cities metropolitan area

Two of the Solution Groups (*Investigations and Services* and *Collaboration and Data Sharing*) also had representatives from law enforcement and the courts system.

Forty-three people served on at least one Solution Group, with 19 of them serving on two groups. Some specific perspectives had a more limited number of potential members to choose from, such as law enforcement, so these 19 people served on two Solution Groups to ensure each group had a diversity of perspectives represented. A few Solution Group members were unable to attend all three of the meetings, so an additional six people served as backup members in these cases.

A total of 30 organizations and state agency departments were represented on the Solution Groups. APS workers or supervisors from four counties in the Twin Cities metro area were represented: Anoka, Dakota, Hennepin, and Ramsey. APS workers or supervisors from seven counties in Greater Minnesota were also represented: Chisago, Clay, Mower, Scott, St. Louis, Wright, and Yellow Medicine.

Although the scope of the recommendations from Solution Groups did not extend to DHS or MDH licensed facilities, the Solution Groups did include staff from DHS and MDH, as representatives who are knowledgeable on the current VAA and adult protection system broadly, and who could help consider the broader impacts of potential changes to the VAA.

Recommendation development process

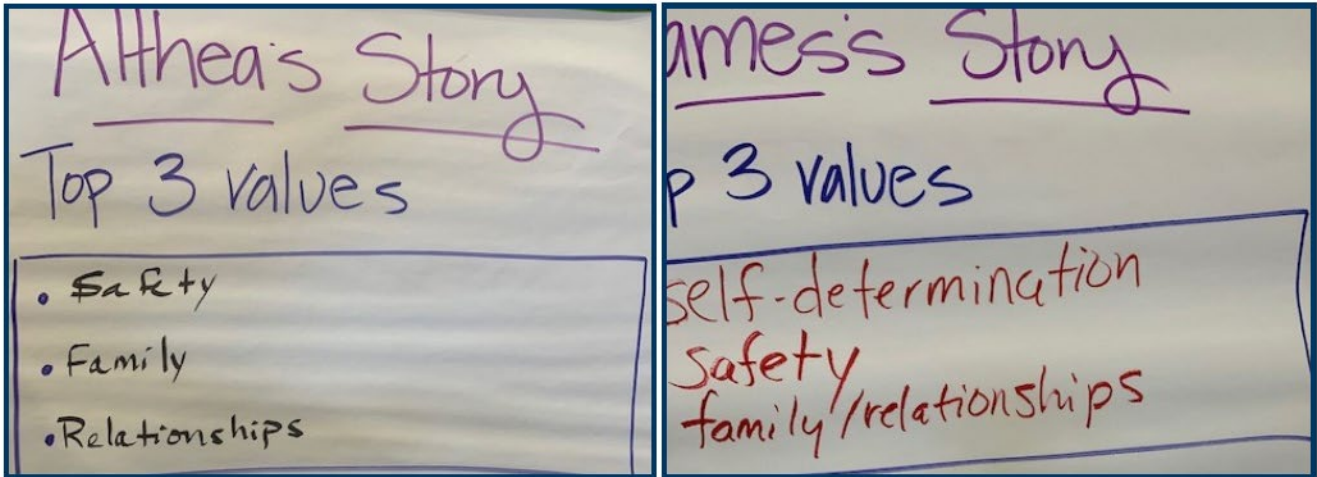
Using the stakeholder feedback that had been received up to that point, DHS Adult Protection staff and MAD consultants worked to identify a list of prioritized questions for each Solution Group to answer. These questions emerged from stakeholders as key areas of interest and issues where the current VAA may not align with stakeholder values.

At each Solution Group meeting, MAD consultants facilitated group members through a process of discussing each question and developing consensus around a recommendation. Once the group developed a recommendation, each member was asked to identify their level of support or opposition to the recommendation, using the following scale:

- Wholeheartedly supportive
- Mostly supportive
- Neither supportive nor opposed
- Mostly opposed
- Completely opposed

Solution Group members used dot stickers to document their level of support or opposition. Members were also given the opportunity to write down any reservations or other comments they had to help provide context. In addition to the documented votes and written reservations, DHS Adult Protection staff recorded notes on each discussion.

The five Solution Groups developed over 60 recommendations. The full list of questions considered by each Solution Group and the full list of recommendation, with ratings and reservations or other comments, are provided in Appendix A.



Appendix A: Solution Group questions and recommendations by group

Below are the questions and recommendations, organized by Solution Group topic area, along with the ratings based on levels of support or opposition, and a brief summary of Solution Group members’ reservations or concerns.

The ratings are based on the level of overall support or opposition of the Solution Group that developed that recommendation. Since the recommendations were developed by the groups themselves, none of the recommendations were opposed by a majority of the group. More than 50 percent of every group mostly or wholeheartedly supported all of the recommendations. A few recommendations had low or some opposition. The ratings were determined as described in Table 1.

Table 1. Rating system for recommendations

Rating	Description of what the rating means
Completely supported	100 percent of Solution Group members were wholeheartedly supportive of the recommendation.
Highly supported	More than 50 percent of Solution Group members were wholeheartedly supportive of the recommendation, and the remainder were all mostly supportive .
Supported	More than 50 percent of Solution Group members were mostly supportive of the recommendation, and the remainder were all wholeheartedly supportive .
Supported or neutral	More than 50 percent of Solution Group members were mostly or wholeheartedly supportive of the recommendation, and the remainder were all neutral .
Low opposition	More than 50 percent of Solution Group members were mostly or wholeheartedly supportive of the recommendation, and less than 25 percent were mostly or completely opposed .
Some opposition	More than 50 percent of Solution Group members were mostly or wholeheartedly supportive of the recommendation, and between 25 and 50 percent were mostly or completely opposed .

Solution Group recommendations by group

Definitions Solution Group

Questions considered by the Solution Group

1. General priority questions:
 - a. How could definitions become more relevant to the diverse group of people who can be categorized as a vulnerable adult?
 - b. Should the definition of “functional vulnerable adult” be revised?
 - c. Should there be separate definitions of caregiver and self-neglect?
2. Intention:
 - a. Should an action be considered neglect if it is unintentional?

- b. Should intentional neglect instead be considered abuse (physical pain or discomfort)?
3. Responsibility:
 - a. Should definitions of maltreatment be different based on who the person responsible is?
 - b. Should only professional or compensated caregivers be held responsible for neglect?
 - c. Should accidents and errors be excluded from neglect when an uncompensated caregiver is responsible?
 4. Criminal versus administrative definitions:
 - a. Should the administrative and criminal definitions of abuse, neglect, and exploitation be the same?
 - b. How does substituted judgement, choice, relationships, and culture impact APS response if the definitions are only criminal?
 - c. What is the APS social services response if the administrative definitions are the same as the criminal ones?
 5. Should the vulnerable adult have to experience harm for it to be financial exploitation?
 6. Should definitions of “emergency,” “imminent,” and “urgent” be developed or revised? If so, how?

Recommendations

Based on their discussion of each question, Solution Group members developed the following recommendations, presented in Table 2.

Table 2. Definitions Solution Group recommendations

Rating	Recommendation	Summary of reservations or other comments
Completely supported	Make adjustments to definition language in the VAA that align with cultural sensitivity, person-centered philosophy, and up-to-date language (e.g., references to mental health).	<ul style="list-style-type: none"> • Make language universal, when possible • Consider impacts to other Lead Investigative Agencies (LIA) • Avoid extremes • Avoid language that will become out of date quickly
Completely supported	The definition of “caregiver” should be revised by removing “family relationship” and focusing on defining “assumed responsibility” and “portion of care.”	<ul style="list-style-type: none"> • Look at duties and compensation • Define family relationships; consider a separate definition for family caregiver
Highly supported	If someone meets the revised definition of a caregiver, meaning they have assumed responsibility for the care of a vulnerable adult, they should be able to be found to have neglected a vulnerable adult, even if the caregiver is not formally compensated.	<ul style="list-style-type: none"> • Would need clarification on how to determine if someone has assumed responsibility for a vulnerable adult • Blatant and intentional neglect can occur even with informal or family caregivers, which should be substantiated—but assessment and offering services may be appropriate, instead of an investigation, if a situation can be resolved with education, support, and resources
Highly supported	When APS is the LIA, APS should have the authority to determine if a report is an emergency and must do so within 24 hours of receiving a report.	<ul style="list-style-type: none"> • Concern about cost, technology, and capacity of the system • APS often receives reports that are marked Emergency Protective Services (EPS) when they are not, or not marked EPS when it is an emergency. The LIA should have the ability to determine if EPS is warranted. • Concern about 24 hours not being enough time
Highly supported	The exemption to neglect as a result of an accident should apply to anyone who meets the revised definition of “caregiver.”	<ul style="list-style-type: none"> • Question of whether this is already covered in statute, but not implemented in practice • Question of how “accident” would be determined • Paid or compensated caregivers should be held to a higher standard

Rating	Recommendation	Summary of reservations or other comments
Highly supported	There needs to be another path or option to provide services that does not require an investigation.	<ul style="list-style-type: none"> • Mostly important for self-neglect • Should only apply to self-neglect • Consider developing a statute for Adult Protection that would cover assessment, with VAA being focused on investigations • Define investigation versus assessment versus adult services
Highly supported	The vulnerable adult should not have to experience harm or detriment in order for it to count as financial exploitation by a fiduciary.	<ul style="list-style-type: none"> • The law allows for “is likely to result,” so already does not require harm
Highly supported	The definition of “functional vulnerable adult” should be revised.	<ul style="list-style-type: none"> • APS may not have resources to respond if changes result in more people qualifying for services • Additional people qualifying for services may not want them • Maintain APS authority to investigate • Chronological age should not drive definition
Supported	There is not a need to have neglect be considered as abuse based on intent.	<ul style="list-style-type: none"> • Most neglect is unintentional, so harm needs to be considered, as well as frequency • Neglect is a continuum
Supported	There should be separate definitions of “self-neglect” and “caregiver neglect.”	<ul style="list-style-type: none"> • “Caregiver neglect” would need to be defined; could have impacts on licensed facilities and staff • Caregiver neglect needs to be considered by caregiver type • “Self-neglect” has a negative connotation; assessment for services for self-neglect would be better • Right to risk and self-determination need to be considered in self-neglect • Intent and how to prove neglect need to be addressed, and not just in criminal cases
Supported or neutral	The VAA should continue to reference the criminal definitions of “abuse,” “neglect,” and “exploitation.”	<ul style="list-style-type: none"> • The criminal definitions give a punitive skew to the VAA, and APS is not held to a criminal threshold for investigation or offering services

Rating	Recommendation	Summary of reservations or other comments
Low opposition	Intention should not impact whether an investigation (or assessment) is opened, but should be considered when making a finding.	<ul style="list-style-type: none"> • There needs to be a mechanism to provide education without opening an investigation • This would require a definition of intention • Intent should not matter if the caregiver is compensated; this should only apply to nonpaid caregivers
Low opposition	Whether and how APS should or could be defined in the VAA needs further discussion with stakeholders.	<ul style="list-style-type: none"> • This feels like “punting” the issue • Review all of the feedback from all Solution Groups for consideration

Intake and Prioritization

Questions considered by the Solution Group

1. Emergencies:
 - a. Should APS have a 24/7 social service response (regardless of mandate funding)?
 - b. Should APS be able to delegate after-hours social service response to law enforcement to conserve resources?
 - c. Is there such a concept as “APS emergency social service response” or is this truly 9-1-1? If so, what services could APS provide?

2. Data sharing:
 - a. What is the scope of APS authority to share and gather investigative info?
 - b. Should preventive services be offered, even if it means disclosing a report was received about a person without their knowledge?

3. Consistency:
 - a. How could screening and intake be made more consistent across APS?
 - b. Should there be a “bottom line” for opening a case for investigation?¹⁶
 - c. Should the DHS Commissioner have authority for oversight and guidance to ensure consistent application of intake and prioritization law and policy?

4. Need and timing:
 - a. What is reasonable time it should take to decide on need for APS or investigation? Should more be allowed for APS to assess a situation?
 - b. If a need for investigation is found, what is reasonable response time to visit the VA?
 - c. Should timeliness of APS response be based on risk to the VA?

5. What is the role for APS in cases of neglect when a case manager for the person is the subject of the report?

¹⁶ A “bottom line” would be a requirement to open an investigation based on the set of facts in the report.

Recommendations

Based on their discussion of each question, Solution Group members developed the following recommendations, presented in Table 2.

Table 3. Intake and Prioritization Solution Group recommendations

Rating	Recommendation	Summary of reservations or other comments
Completely supported	Increase opportunities for APS, and professionals who interact with APS, to collaborate and share best practices.	<ul style="list-style-type: none"> • Create a large, statewide stakeholder multidisciplinary team • Host case consultation phone calls, file review teams, or consultation groups within APS • Implement this recommendation with the recommendation about quality assurance • Build capacity in areas without current systems for sharing best practices
Completely supported	There should not be a “bottom line” for opening an investigation.	<i>No reservations or other comments provided</i>
Completely supported	Establish a quality assurance (QA) function and process to review APS screening decisions, including reviewing data, and provide guidance.	<ul style="list-style-type: none"> • Case file review, model after HCBS Lead Agency review or CFSR • Showcase best practices and solution-based ideas
Highly supported	Improve Minnesota Adult Abuse Reporting Center (MAARC) intake function to increase consistency. ¹⁷	<ul style="list-style-type: none"> • Purpose of MAARC should be reviewed to identify whether it is meeting needs and should have ongoing evaluations • Improve the online reporting system • Implement this recommendation with recommendations that increase APS authority to continue intake function • Intake process needs to be allowed to gather more information¹⁸

¹⁷ MAARC is the state-operated common entry point, which receives reports of suspected maltreatment of vulnerable adults in Minnesota. MAARC currently does not conduct intake screening on reports received. Currently, intake screening of reports to determine how to respond is conducted by the Lead Investigative Agency (LIA) with jurisdiction over the report.

¹⁸ This comment is regarding authority to gather information during the intake process. There is another recommendation from this group related to the authority to gather and sharing information, which can be found on page 8.

Rating	Recommendation	Summary of reservations or other comments
Highly supported	APS should have the authority to do outreach and offer preventive services in cases where a report is not screened in for investigation, including the authority to reveal that a report was made.	<ul style="list-style-type: none"> • Change “should” to “shall,” which would encourage APS to act • Counties should have the authority but not be mandated to offer preventive services • If this is not mandated, counties will vary in their preventive actions, but if it is mandated, there will be too little discretion for counties
Highly supported	APS should be able to gather the information necessary to make a reasonable determination if an investigation is needed. APS should be able to share information to help protect a vulnerable adult and to prevent future and potential maltreatment.	<ul style="list-style-type: none"> • There should be limits for contacting the alleged perpetrator • If an investigation is found to be needed, it should be opened right away • Once someone is found not to be a vulnerable adult, the authority to gather information should end • Clarification is needed in statute on what information can be shared • Need to protect the privacy of the vulnerable adult and the person allegedly responsible and conform with other laws (e.g., HIPPA) • Need parameters on who can be contacted by APS for information • Could result in more lack of consistency
Supported	Outside business hours, MAARC should triage emergencies (based on the entire report, ¹⁹ not just caller discretion), both for Emergency Protective Services and not, and then refer to law enforcement or county APS after-hours response.	<ul style="list-style-type: none"> • Concern about MAARC staff having training and skills to perform this enhanced function • Question about what would happen if an online report requires more clarification: Would MAARC be responsible?
Supported or neutral	APS should review any report it receives as the LIA within 24 hours for prioritization. Five (5) business days is sufficient to screen non-emergency reports.	<ul style="list-style-type: none"> • Should be implemented with other recommendations • Should be 24 business hours • Question of whether this would require APS to be available to review reports 24/7 • Would require “emergency” reports to be properly classified, not based only on what reporter considers an emergency

¹⁹ When a report is submitted to MAARC, the reporter is asked to identify whether or not the situation is an emergency. Under this recommendation, MAARC would review all of the details of the report to identify emergency situations.

Rating	Recommendation	Summary of reservations or other comments
Supported or neutral	As currently, timeliness of APS response should be based on harm, and should be defined in standardized decision-making (SDM) tools and county prioritization—not in statute—assuming quality assurance (QA) function is established.	<ul style="list-style-type: none"> • There should be an assessment based on risk of harm, not only harm • Question of whether timeline requirements are better suited to policy or statute
Supported or neutral	APS should attempt to visit a vulnerable adult who is in imminent danger, as determined by county prioritization, within 24 hours, and visit within five business days in other cases, unless there are extenuating circumstances that are documented.	<ul style="list-style-type: none"> • Question of whether alternative response plans (e.g., a social worker from another division will visit the vulnerable adult) would be acceptable, if documented • Concern about resources needed to implement this recommendation
Supported or neutral	When APS receives a report of self-neglect for a vulnerable adult who has an assigned case manager, APS should be able to screen out for adult protective services and refer to the case manager. For caregiver neglect when the vulnerable adult has an assigned case manager, APS should assess independently, but should be able to screen out based on information from the case manager.	<ul style="list-style-type: none"> • Should only apply to caregiver neglect when the caregiver is a family member • If the end result is that the report was “screened out,” then the reporter or community believes the issue wasn’t addressed but is also not comfortable sharing private information that a person is receiving case management services • There should be a way to track the case manager’s response • If the case manager does not address the report there is no oversight • Question of what would happen in a case with multiple reports of self-neglect • Question of whether a case manager has authority to seek guardianship

Rating	Recommendation	Summary of reservations or other comments
Supported or neutral	APS should have a two-track system: investigation and assessment, to provide services and support more consistently.	<ul style="list-style-type: none"> • Reporter should be able to be told if an assessment is being conducted, instead of an investigation (i.e., “screened out and referred for assessment”) • Assessment should be able to flip to an investigation, if necessary, for the vulnerable adult’s protection • Concern about resources needs to respond to all cases where assessment, rather than investigation, is warranted • Need documentation for why an assessment or investigation is selected • This recommendation should be implemented with other recommendations, or else it will contribute to inconsistency across counties rather than help make more consistent

Investigations and Services

Questions considered by the Solution Group

1. Assessment versus investigation:
 - a. Should APS have a dual-track system, like CPS, where APS staff would make an initial assessment of a situation before either opening an investigation or offering an optional assessment and services, depending on if there is a substantial safety risk to the vulnerable adult?
 - b. Should there only be an assessment track for cases of self-neglect (i.e., self-neglect would not be “investigated”)?
2. Additional options for response:
 - a. Should preventive services be offered, even if it means disclosing a report was received about a person without their knowledge?
 - b. Should there be an option for vulnerable adults to decline an investigation?
3. Restrictive interventions:
 - a. What should be APS’s scope to initiate action to restrict a vulnerable adult’s rights?
 - b. If a county is required to fund Guardianship services, should funding less restrictive interventions also be required?
 - c. What should be the degree of harm connection to restrictive interventions, if any?
4. Social services:
 - a. Should services be offered to the vulnerable adult’s support network, including caregivers who have been alleged to have maltreated the vulnerable adult, if those services would lead to increased safety and align with the vulnerable adult’s self-determined wishes?
 - b. Which should guide APS social service offerings: the determined maltreatment (via the investigation process) or assessed risk of maltreatment (via the assessment process)?
 - c. If funding was not an issue, should APS Case Management be required?
5. Should evidence-based and promising practices be mandated for APS in the VAA or just recommended in policy?
6. Should there be an option for vulnerable adults to request a restorative justice response in cases where maltreatment that is not criminal has been substantiated?
7. Should investigation determinations be limited to “Determined” or “Not Determined” maltreatment?
8. How long should APS take to access and complete safety planning?
9. How long should an investigation take to complete?
10. If APS worker training is recommended, should training or certification be required before performing APS work?
11. Should the DHS Commissioner have authority to provide oversight and guidance to ensure consistent application of investigation and services law and policy?

Recommendations

Based on their discussion of each question, Solution Group members developed the following recommendations, presented in Table 4.

Table 4. Investigations and Services Solution Group recommendations

Rating	Recommendation	Summary of reservations or other comments
Completely supported	As currently, an investigation should take 60 days to complete, with options to extend with justification.	<ul style="list-style-type: none"> Changes to timelines should be based on current data on actual completion timelines
Completely supported	Evidence-based and promising practices should be recommended in policy.	<ul style="list-style-type: none"> Recommendations are not always followed
Completely supported	In the instance of self-neglect, allegations should be assessed through an assessment.	<i>No reservations or other comments provided</i>
Completely supported	Services should be able to be offered at any point in the APS interaction.	<i>No reservations or other comments provided</i>
Completely supported	There should be three options for investigation determinations: <ul style="list-style-type: none"> Happened Cannot say it did or did not happen Did not happen 	<ul style="list-style-type: none"> Communicate determination options transparently in plain language
Highly supported	APS workers should have a basic level of introductory trainings before working independently.	<ul style="list-style-type: none"> Consider the variety of ways training can be provided (e.g., on-the-job training, shadowing, online courses) Minimum training or hiring qualifications are needed Concern about resources and capacity in smaller counties with limited staff and funding Consider a state-based and funded system, versus county-based and funded system
Highly supported	Assessment and completion of safety planning should take as long as necessary to meet the needs of the vulnerable adult.	<ul style="list-style-type: none"> Focus more on practices versus language in the VAA
Highly supported	Preventive services should be offered, even if it means disclosing a report was received about a person without their knowledge.	<ul style="list-style-type: none"> The word “should” makes it a mandate; consider “could” instead Need to protect the identity of the reporter Offering services needs to be voluntary Lead agency should reserve the right to determine how preventive services are offered
Highly supported	APS scope should include span of alternatives from least restrictive supported decision-making to the most restrictive as assessed need dictates. Scope should be imminent health and safety concerns when all least restrictive options will not keep the vulnerable adult safe.	<ul style="list-style-type: none"> Use language consistent with guardianship statutes

Rating	Recommendation	Summary of reservations or other comments
Highly supported	Counties could fund the range of defined legal decision-making frameworks when no other funding source is available.	<ul style="list-style-type: none"> • Add the facilitation of other decision-making frameworks (MS 626.524) • Concern about funding; counties would need more funding from legislature
High supported	Services should be offered to the vulnerable adult’s support network, including caregivers who have been alleged to have maltreated the vulnerable adult, if those services would lead to increased safety and align with the vulnerable adult’s self-determined wishes.	<ul style="list-style-type: none"> • Not in the case of intentional criminal acts • Not in the case when a vulnerable adult is being coerced • Question of whether this would still allow for the removal of a caregiver as an option
Supported	There should not be an option for vulnerable adults to decline an investigation.	<ul style="list-style-type: none"> • Question of how capacity to decide to decline an investigation would be determined • Concern about vulnerable adults declining an investigation under duress, rather than in their best interest
Supported	APS should have the option to provide services without an investigation. APS should be allowed to interview the subject of the report or vulnerable adult and then offer services.	<ul style="list-style-type: none"> • Currently no legal authority to do this • Consumers and professionals do not have a common understanding of what “investigation” means • Concern that two tracks (assessment and investigation) would not necessarily address need to provide services when an investigation is not warranted
Low opposition	There should be an option for vulnerable adults to request a restorative justice response in cases where maltreatment that is not criminal has been substantiated.	<ul style="list-style-type: none"> • Question of how this would be implemented consistently across the state • Third parties or contractors should provide the restorative facilitation services; APS could refer for services • Concern about funding • Concern about compromising an investigation; recommendation to put in criminal statutes rather than VAA
Some opposition	Degree of harm should not be defined in connection to restrictive interventions. Harm may not need to occur in order to justify restrictive interventions.	<ul style="list-style-type: none"> • Should be determined on a case-by-case basis • Some harm should be established for restrictive interventions, when lack of capacity is established • Focus on capacity • Need APS worker discretion • Need evidence of harm

Rating	Recommendation	Summary of reservations or other comments
Some opposition	If funding is not an issue, APS case management should be required.	<ul style="list-style-type: none"> • Rather than “required,” recommend saying “required to be offered as an option” • Should be determined by criteria or policy and implemented consistently across the state
Some opposition	The DHS Commissioner should have authority to provide oversight and guidance to ensure consistent application of law and policy around investigations and services.	<ul style="list-style-type: none"> • Funding should be tied to mandates or authority • Concern about “authority” and “oversight” rather than recommending practices; focus on enhancing practice and consistency—not directives to counties • Concern that county input would not be taken into account • Recommendation to have more discussion about what this would look like in practice

Collaboration and Data Sharing

Questions considered by the Solution Group

1. Vulnerable adults' rights and data privacy:
 - a. Should a person subject of a report have rights? If so, what are those rights?
 - b. What should be the vulnerable adult's role in granting consent to share information?
 - c. When should APS be able to share information without the consent of the person subject of the report?
 - d. What information, if any, should be available to the reporter without the VA's consent?
 - e. Should preventive services be offered, even if it means disclosing a report was received about a person without their knowledge?
2. Should a person who is alleged to be responsible for maltreatment be informed they are subject of an investigation and be informed of their due process rights and consequences?
3. Data sharing for collaboration:
 - a. How could data privacy rules be changed to make collaboration between agencies more effective, while still protecting private information about vulnerable adults?
 - b. How should data shared between agencies be classified by the receiving agency?
 - c. How could data sharing practices be made more consistent across APS?
4. Multidisciplinary teams:
 - a. Should the use of multidisciplinary teams be mandated instead of optional?
 - b. What is the primary purpose for and who is the organizer of multidisciplinary teams?

Recommendations

Based on their discussion of each question, Solution Group members developed the following recommendations, presented in Table 5.

Table 5. Investigations and Services Solution Group recommendations

Rating	Recommendation	Summary of reservations or other comments
Completely supported	APS may share information without the consent of the vulnerable adult, when sharing information protects the health, safety, and property of the vulnerable adult or aids in the investigation of maltreatment.	<ul style="list-style-type: none"> • Should only share on “need to know” basis • Should be in guidelines and training when to share information without the vulnerable adult’s consent
Completely supported	Develop a common data platform to share information with authorized partner agencies (e.g., LIAs and law enforcement).	<ul style="list-style-type: none"> • Need to define “authorized partner agency” • Would need audit trail to ensure appropriate use • Ensure only used to business need (need to know) • Need access to bank records and court records • Need ability to share data with tribal authorities
Highly supported	A person who is alleged to be responsible for maltreatment should be informed that they are the subject of an investigation and be informed of their due process rights and consequences.	<ul style="list-style-type: none"> • The timing of the notification needs to be considered • Consideration for cases of self-neglect
Highly supported	The use of multidisciplinary teams (MDTs) should not be mandated in statute, but APS shall support the establishment of statewide, regional, or cross-county specialty teams, and DHS shall support the administration and fiscal needs of regularly conducting county-based MDTs.	<i>No reservations or other comments provided</i>
Highly supported	The intent of MDTs should stay as already defined and broaden to: <ul style="list-style-type: none"> • Include additional stakeholders, including law enforcement. • Allow specialized MDTs (i.e., schools, nursing homes) to include APS participation. • Allow voluntary multidisciplinary investigative work groups where appropriate. • Allow the organizer to be anyone on the team 	<ul style="list-style-type: none"> • Need to consider funding • Use language similar to MS 626.558; covers data sharing • If no one is identified as the organizer, no one may take responsibility • County APS should organize team meetings
Highly supported	Preventive services should be offered, even if it means disclosing a report was received about a person without their knowledge.	<ul style="list-style-type: none"> • Should only occur if preventive services are offered by APS and does not require sharing confidential information outside of APS

Rating	Recommendation	Summary of reservations or other comments
Supported	<p>Rights begin when an investigation is opened and assigned. The person should have the right to participate in the investigation and know:</p> <ul style="list-style-type: none"> • How information will be handled • The allegation • The process • What records were gathered • The outcome 	<ul style="list-style-type: none"> • Question of what triggers rights • Concern about rights for individuals subject to a report not beginning until an investigation is opened • Could have different layers of information that should be shared depending on the type of investigation
Supported	<p>Convene a statewide work group or advisory board to establish statewide standards for data sharing that address:</p> <ul style="list-style-type: none"> • Intake • Protective services • Liability 	<ul style="list-style-type: none"> • Need for more clearly defined APS data sharing policy • Addressing liability may not take care of the need for more clarity, could make things more complicated • Questions about who will implement and how it would be implemented
Supported or neutral	<p>The following information should be available to the reporter, without the vulnerable adult's consent:</p> <ul style="list-style-type: none"> • Initial disposition • Whether the report was screened in or out • General information about the process 	<ul style="list-style-type: none"> • Clarify and train that Minnesota's data practices guides this • APS should have consistent guidelines to follow when a reporter requests information • Should consider that by providing information on what and why something is screened in or out, it helps train people on what should be reported
Low opposition	<p>Vulnerable adults should not have a role in granting consent to share information, but asking for consent to share information should be "best practice."</p>	<ul style="list-style-type: none"> • APS should be able to share information in order to protect a vulnerable adult • The vulnerable adult should not decide who APS can talk to in order to protect them • Consent should be obtained for services, not investigation • Vulnerable adult should have a say in what information is shared during safety planning phase • The vulnerable adult's wishes should be centered. APS should be able to share information with other LIA and law enforcement without consent. But consent should be obtained before sharing information with family, friends, or others.

Rating	Recommendation	Summary of reservations or other comments
Low opposition	If it protects the health and safety of the vulnerable adult or aids in the investigation, the LIA can share information, including with tribal, state, federal, and community agencies.	<ul style="list-style-type: none"> • Concern about being too broad and not respecting individual rights • Need to define “community agencies” and who would have access • Further define APS access to court records and permission to share with tribal authorities • Question about effective and efficient; current statute may be adequate but need better communication
Low opposition	Data shared between agencies should be classified by the rules of the original or providing agency.	<ul style="list-style-type: none"> • Possible conflicts with data requested • All situations may not fit this rule • May conflict with existing data practices

Prevention, Public Awareness, and Reporting

Questions considered by the Solution Group

1. How could the VAA be revised to focus more on prevention?
2. Public awareness:
 - a. How can we increase public awareness of mutual responsibility to protect vulnerable adults—in ways that respect them and honor their dignity—and reduce the risk of abuse, neglect, and exploitation?
 - b. How can we decrease the stigma for the vulnerable adult and the reporter surrounding reporting potential maltreatment?
 - c. How can we increase public awareness of the role of our communities to ensure dignity and justice for vulnerable adults?
 - d. How can we increase public awareness of the role of mandated reporters and their role in prevention and safety for vulnerable adults?
3. Should our system in Minnesota align with the definition of APS defined by the ACL?
4. Should it be required to have 24/7 reporting available?
5. Obligations to subjects and reporters:
 - a. What should be the system's obligation to the person subject of the report (i.e., the person alleged to have maltreated a vulnerable adult), if any?
 - b. What should be the system's obligation to the reporter (i.e., the person making the report), if any?
 - c. What, if any, information should be available to the reporter without the vulnerable adult's consent?
6. Supporting reporters:
 - a. Is there a way to better equip mandated reporters to support a vulnerable adult after a report is made?
 - b. Should there be a hotline to call for resources and information about services that is parallel to MAARC?
7. Should there be “enhanced” multidisciplinary teams (e.g., pre-teams) to inform community-based prevention response?
8. Should the common entry point be staffed by social workers to support, or even conduct, screening?

Recommendations

Based on their discussion of each question, Solution Group members developed the following recommendations, presented in Table 6.

Table 6. Prevention, Public Awareness, and Reporting Solution Group recommendations

Rating	Recommendation	Summary of reservations or other comments
Completely supported	<p>To increase public awareness to reduce risk of abuse, neglect, and exploitation of vulnerable adults, provide additional education in areas such as:</p> <ul style="list-style-type: none"> • Definitions of vulnerable adult • Definitions of maltreatment • Who to report to • Right to self-determination and autonomy • Person-centered services decisions <p>Ensure public awareness language reduces stigma and follows best practice approaches. Ensure awareness activities and outreach is aimed at all communities, including underserved communities of color or new Americans.</p>	<p><i>No reservations or other comments provided</i></p>
Completely supported	<p>To increase public awareness of the role of communities in ensuring dignity and justice for vulnerable adults, content of public awareness should include messages such as:</p> <ul style="list-style-type: none"> • Reporting is everyone’s responsibility. • Examples of what might be maltreatment (especially less obvious examples), such as internet scams, yelling, shaming, name calling, restricting access to friends or community • Examples of positive outcomes <p>The audience for these messages should include (but not be limited to): churches, social groups (e.g., VFW, community centers), medical facilities, banks, local government, community organizations, family members, community coalitions, law enforcement, emergency response).</p> <p>Messages should be distributed through methods such as handouts or brochures for banks, hospitals, clinics, and nursing homes; a user-friendly website; presentations or road shows for communities.</p>	<ul style="list-style-type: none"> • Review what currently exists and combine efforts
Completely supported	<p>It should be a requirement to have 24/7 reporting available.</p>	<ul style="list-style-type: none"> • Emergency services work 24/7 • Need to make it as easy as possible for anyone to report at any time • Concern about changing the current system, which is perceived as already working well

Rating	Recommendation	Summary of reservations or other comments
Completely supported	<p>The current system should be kept in place in terms of obligations to the person subject of the report (i.e., the person alleged to have maltreated a vulnerable adult).</p> <p>Things that could enhance the current system regarding obligations to the person subject of the report include:</p> <ul style="list-style-type: none"> • Clarifying obligation of confidentiality policy and practice • Making sure investigators are well trained and supported • Making sure the alleged perpetrator understands the outcome of substantiated findings and what their rights are after a substantiated finding • The alleged perpetrator has the right to be heard and share their view of the alleged incident or situation and the right to be informed of their obligations and rights. • The rights of the alleged perpetrator should not infringe on the rights of the alleged victim or their right to a thorough and comprehensive investigation of the alleged wrongdoing, or in any way compromise safety 	<ul style="list-style-type: none"> • Concerns about changing this obligation include potential loss of evidence if the alleged perpetrator is notified before the investigation, and that overregulation will reduce or take away flexibility in conducting investigations
Completely supported	<p>To better equip mandated reporters to support a vulnerable adult after a report is made and provide education to mandated reporters on the county process and available resources. Could also make vulnerable adult feel more supported after a report is made by making resources known in the community and making the system more transparent.</p>	<p><i>No reservations or other comments provided</i></p>
Completely supported	<p>There should be “enhanced” multidisciplinary teams (e.g., pre-teams) to inform community-based prevention responses.</p>	<ul style="list-style-type: none"> • Gather input and best practices from community-based organizations • Need for multidisciplinary teams to be culturally aware and inclusive
Completely supported	<p>The common entry point should be staffed by social workers to support, or even conduct, screening.</p>	<p><i>No reservations or other comments provided</i></p>
Highly supported	<p>The system in Minnesota should align with the definition of APS defined by the Administration for Community Living (ACL).</p>	<ul style="list-style-type: none"> • Like recommendation to increase investigation time to 90 days • Like clarification of APS workers’ roles • Concern about applying notification piece to licensed facilities • Concern about sharing information with reporters

Rating	Recommendation	Summary of reservations or other comments
Highly supported	<p>The overall design of a system to reduce stigma should include:</p> <ul style="list-style-type: none"> • Making educational campaigns and empowerment campaigns • Educating communities on how reporting can make a positive difference in a vulnerable adult’s life • General education on reporting • Emphasizing the responsibility of community members to report when something seems off • Sharing real-life stories that highlight that maltreatment can happen to anyone • Assurance that the reporter’s identity will be protected (including how reports are written) • That mandated reporters will tell the vulnerable adult when they are filing a report <p>Key components should include normalizing the use of MAARC; changing the public perception of what APS does; education on basic civil rights; listing the general steps of an investigation on a website; and more transparency about the existence of the system and its purpose.</p>	<p><i>No reservations or other comments provided</i></p>
Highly supported	<p>In order to make the adult protection system more focused on prevention, additional funding is needed to address the following (not limited to):</p> <ul style="list-style-type: none"> • Education for individuals • Education for providers (e.g., home care, hospitals, nursing homes, businesses) • Federal or state funding to counties • Minimum staffing in proportion to populations • Public awareness (e.g., social media, billboards, pamphlets) 	<ul style="list-style-type: none"> • May not need more funding, but may need to shift how current funds are being used
Low opposition	<p>There should be a hotline to call for resources and information about services that is parallel to MAARC.</p>	<ul style="list-style-type: none"> • Keep it simple; there should be a single phone number to make a report and be connected to services, if needed • Should be staffed by trained professionals (e.g., nurses line) • Concern about needing additional funding • Recommendation to consider needs of diverse populations • Service may already be provided by community-based organizations (e.g., Senior Linkage Line, Minnesota Elder Justice Center)

Rating	Recommendation	Summary of reservations or other comments
Low opposition	<p>The reporter should only be notified that their report was received. This practice could be clarified in the letter or in writing and on a website or in public documents. There should be standardized notifications to inform reporters and encourage reporting.</p>	<ul style="list-style-type: none"> • Could potentially save resources • Standardization would increase consistency • Add “best practices” statutory language to letter to enhance understanding
Some opposition	<p>To increase awareness of the role of mandated reports, provide education on:</p> <ul style="list-style-type: none"> • Who mandated reporters are and when they are mandated to report • The legal obligation of mandated reporters • The steps of the reporting process • Possible outcomes of a report • Who can report <p>Make it clear that reporters are not trying to “catch” or “punish” but are charged with helping protect vulnerable adults.</p> <p>Have mandated reporters identify themselves to those they are interacting with and ask those individuals if more information is needed about their role.</p> <p>Information could be distributed through:</p> <ul style="list-style-type: none"> • Training by APS staff to mandated reporters • Coordination between medical professionals and APS • Website, handouts, and posters <p>Target educational institutions, or specific majors (e.g., social work, medical professionals, lawyers) to ensure mandated reporters know they are mandated reporters.</p>	<ul style="list-style-type: none"> • Could be beneficial, but does not seem critical • Concern that this could cause general public to make negative assumptions about mandated reporters, resulting in lack of reporting

Appendix B: Summary of public comment

Following an initial posting of this report in July 2020 on the VAA Redesign website, individuals were invited to provide comments. An online public comment form was open August 4–August 17, 2020, through a link posted on the VAA Redesign website. The report and comment form link were also emailed to all stakeholders who had participated in the engagement process over the course of the previous year.

Respondents were asked about the potential outcomes of implementing the recommendations in the report, which recommendations they thought would have the greatest positive impact on vulnerable adults, and which recommendations they were most concerned about. A total of forty-four individuals responded to the survey. Of those, thirty-six completed all questions and eight answered at least one question.

A brief summary of the responses to the public comment form is presented below. The complete public comment responses are presented in a separate “Addendum to the recommendations and stakeholder input for redesigning the VAA.”

Summary of public comment on the recommendations

Among respondents who identified their level of agreement or disagreement:

- The **highest percentage** (89 percent) agreed that implementing the recommendations in the summary report **would make the VAA more aligned with community and institutional stakeholders’ values.**
- The **lowest percentage** (61 percent) agreed that implementing the recommendations **would address structural inequity and racism.**

The recommendations from the summary report that respondents indicated **would have the greatest positive impact for vulnerable adults if implemented** included:

- Allowing preventive services to be offered at any point in the process
- Allowing for an alternative to investigating reports
- Allowing preventive services to be offered to a vulnerable adult’s support network
- Maintaining the rights of individuals involved in the process
- Increasing public awareness and empowerment

The recommendations from the summary report that respondents indicated they were **most concerned about being implemented** included:

- Increasing consistency by expanding the role of DHS and continuing to encourage the use of best practices in policy
- Maintaining the rights of individuals involved in the process
- Maintaining 24/7 reporting and improving the common entry point for reporting, such as using social workers to staff the entry point
- Updating current definitions and developing new ones

Table 7 shows the percentage of respondents who agreed or disagreed with each statement, including respondents who selected “I don’t know.”

Table 7. All respondents: Percent agreement on result of VAA Redesign, including “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment. ²⁰	48%	14%	34%	11%	5%	36%
... the VAA would be more aligned with community and institutional stakeholders' values.	74%	12%	63%	5%	5%	16%
... the VAA would be more focused on prevention.	67%	21%	47%	12%	2%	19%
... the VAA would be more person-centered.	72%	19%	53%	9%	7%	12%
... APS would be more consistent in responding to reports of maltreatment.	44%	9%	35%	12%	7%	37%
... the public would be more informed about the adult protection system.	70%	14%	56%	12%	0%	19%
...the VAA would address structural inequity and racism.	40%	9%	30%	16%	9%	35%

Respondents were asked to select up to three recommendations they thought would have the greatest positive impact on vulnerable adults (Figure 2). Recommendations from the summary report that respondents indicated would have the greatest positive impact included:

- Allowing preventive services to be offered at any point in the process
- Allowing for an alternative to investigating reports
- Allowing preventive services to be offered to a vulnerable adult’s support network
- Maintaining the rights of individuals involved in the process
- Increasing public awareness and empowerment

²⁰ A total of 44 respondents answered this question. All other closed-ended feedback questions include 43 respondents.

Figure 2. Recommendations that would have the greatest positive impact on vulnerable adults

