

Aligning APS Policy and Person-Centered Values: Minnesota's Vulnerable Adult Act Redesign

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Learning Objectives

- Review a model used by one state to examine APS policy for consistency with person-centered values and equity
- 2. Review 3 outcomes from a national review of evidenced based and emerging APS models
- Review solutions arising from a stakeholder engagement process for a more equitable adult protective system

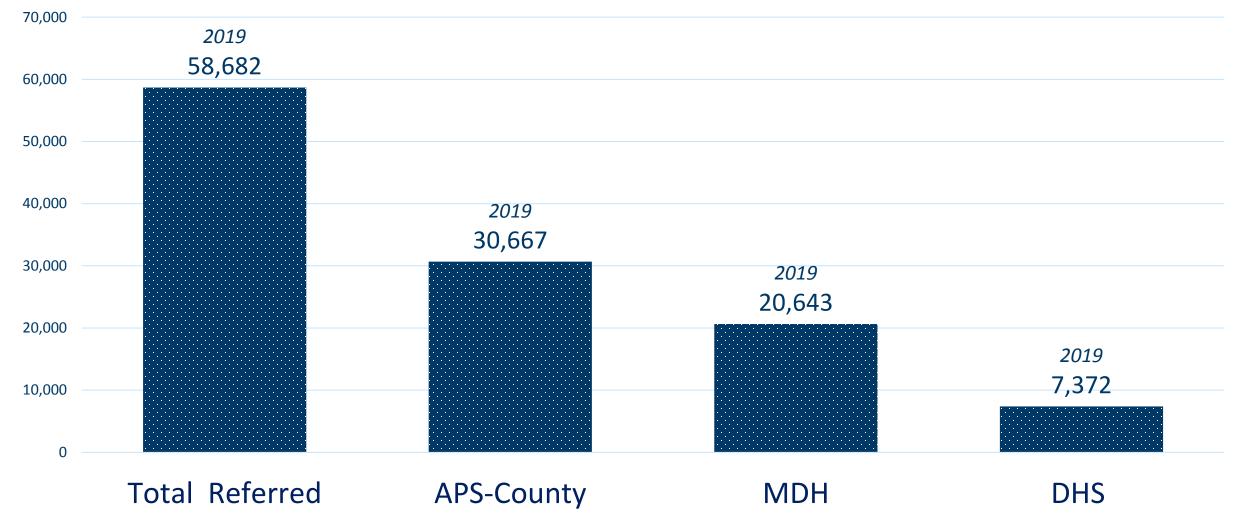


Act 1

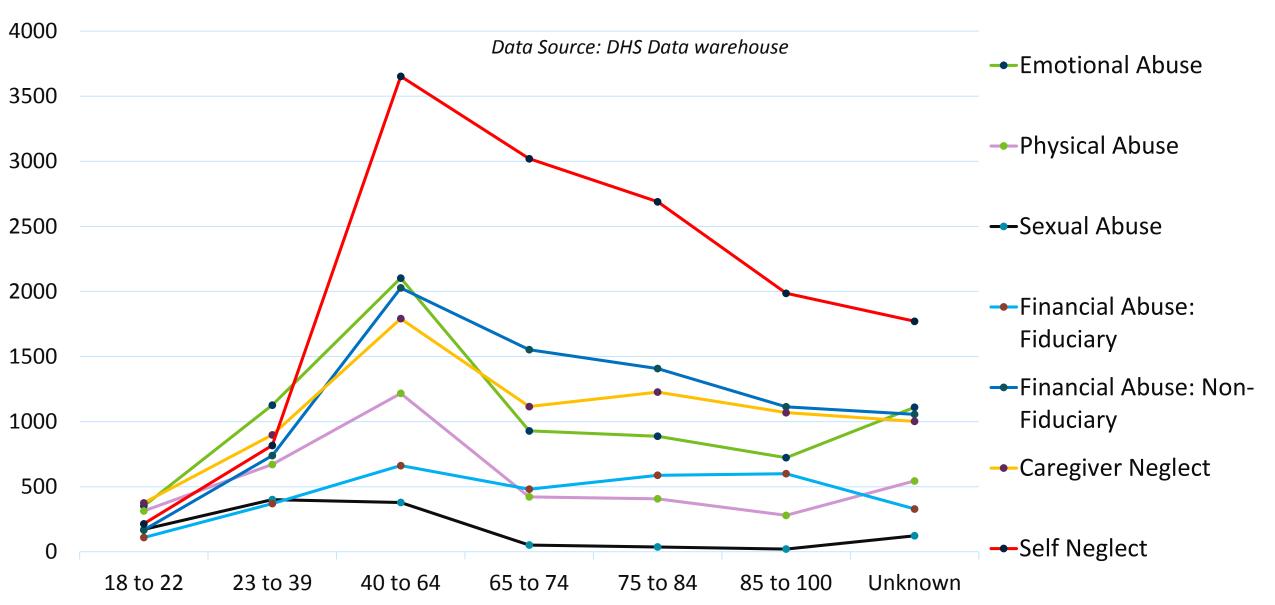
- Who does Adult Protection serve in Minnesota?
- Administration for Community Living(ACL) grants supporting Minnesota's APS equity analysis



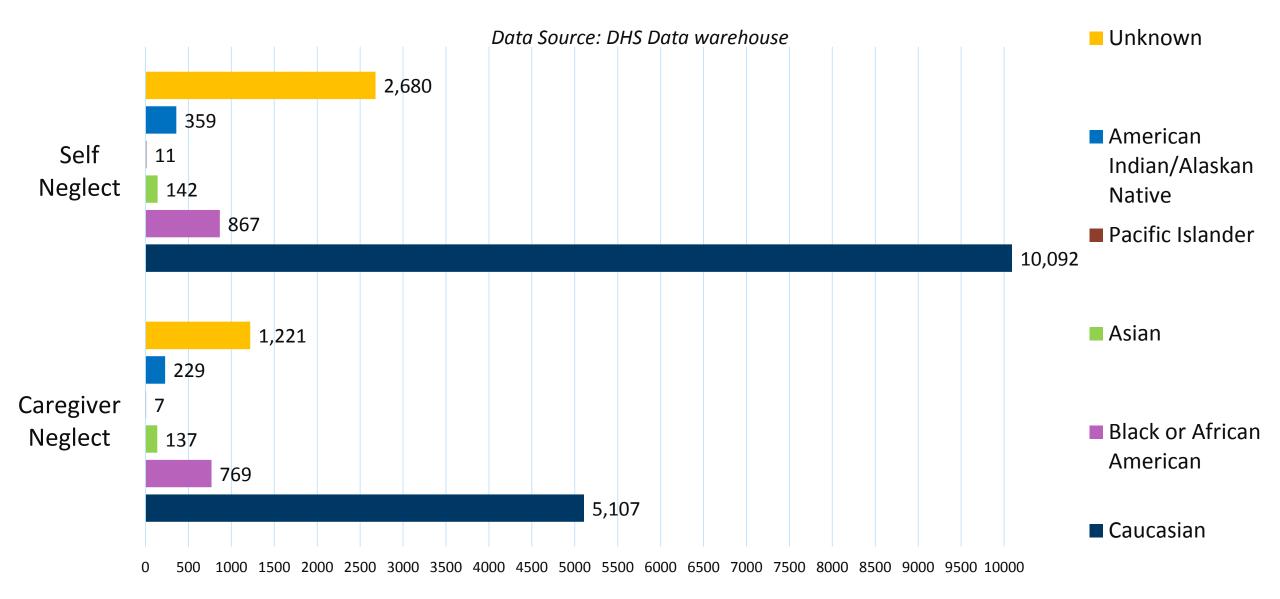
Vulnerable Adults Reported to MAARC Agency Responsible for Response CY 2019 Data Source: DHS Data Warehouse



2019 Demographic Data, Age: Vulnerable Adult Alleged Maltreatment with APS Responsible for Response

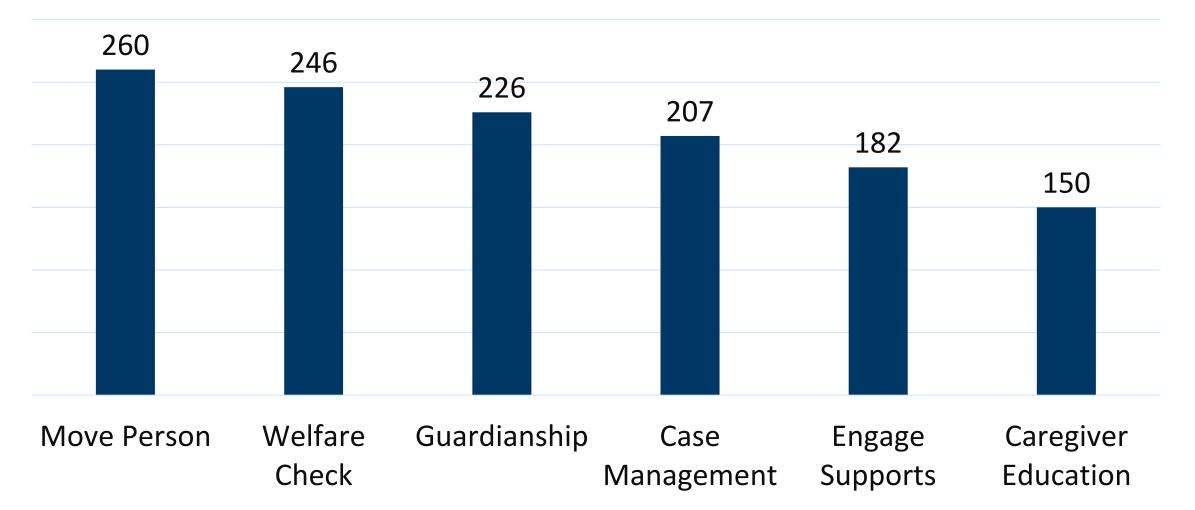


2019 Demographic Data, Race: Vulnerable Adult Alleged Neglected APS Responsible for Response (Neglect)

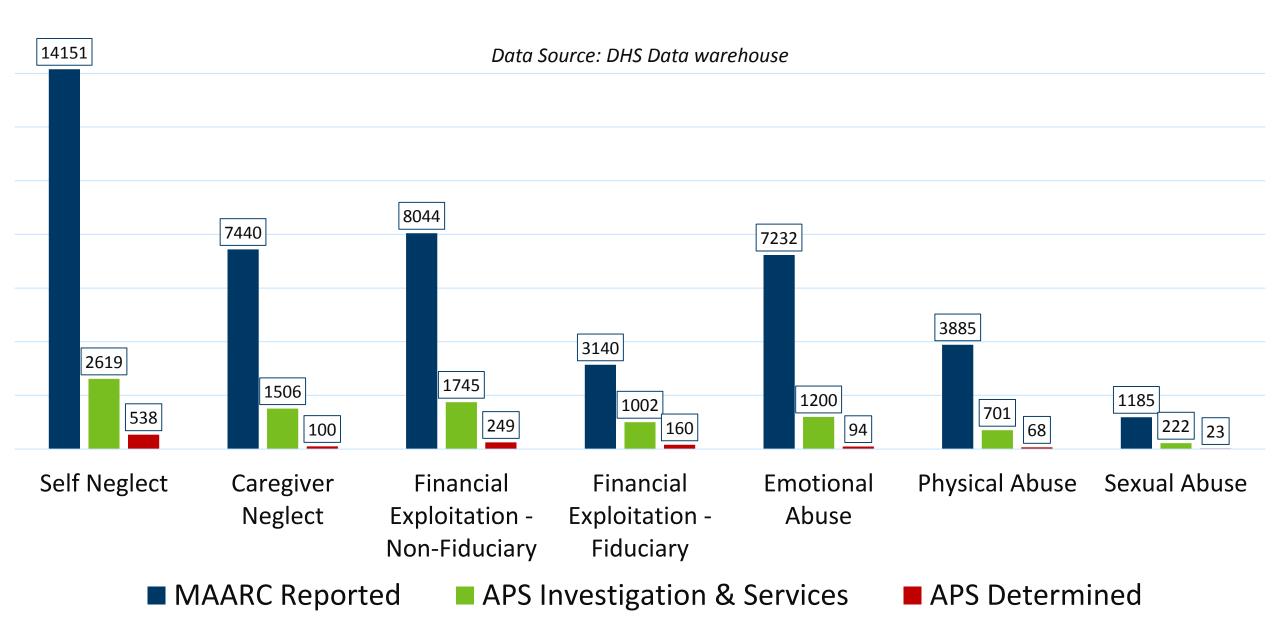


Common APS Interventions: 2019

People



VAs Determined as Experiencing Maltreatment – 2019 County APS Only



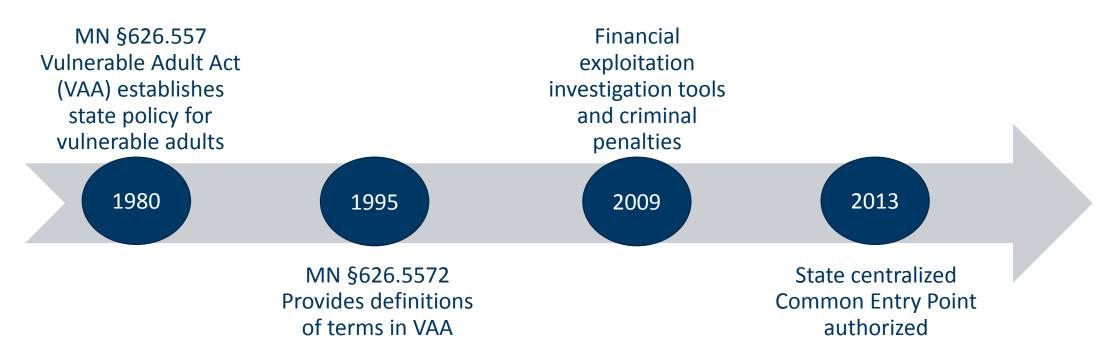
Act 2

 Why did we choose to explore redesign of the Minnesota Vulnerable Adult Act (VAA)?

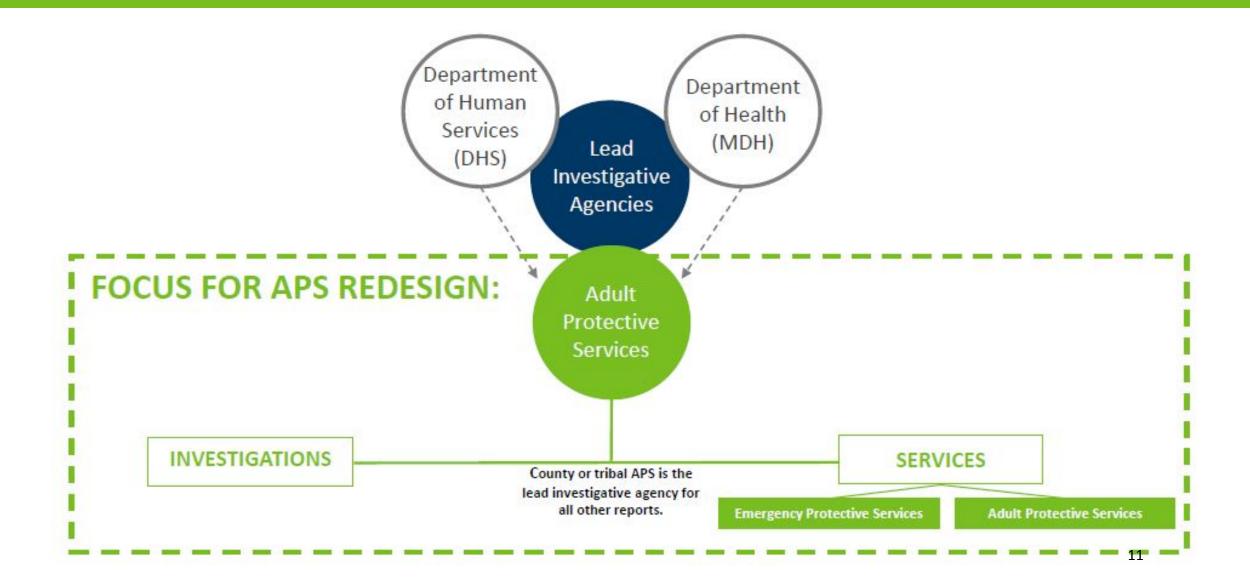


Why Redesign the Vulnerable Adult Act (VAA)?

Reflects changing demographics and challenges within the statute for equity and person-centered response



Project Scope: Adult Protective Services



VAA Redesign Goal

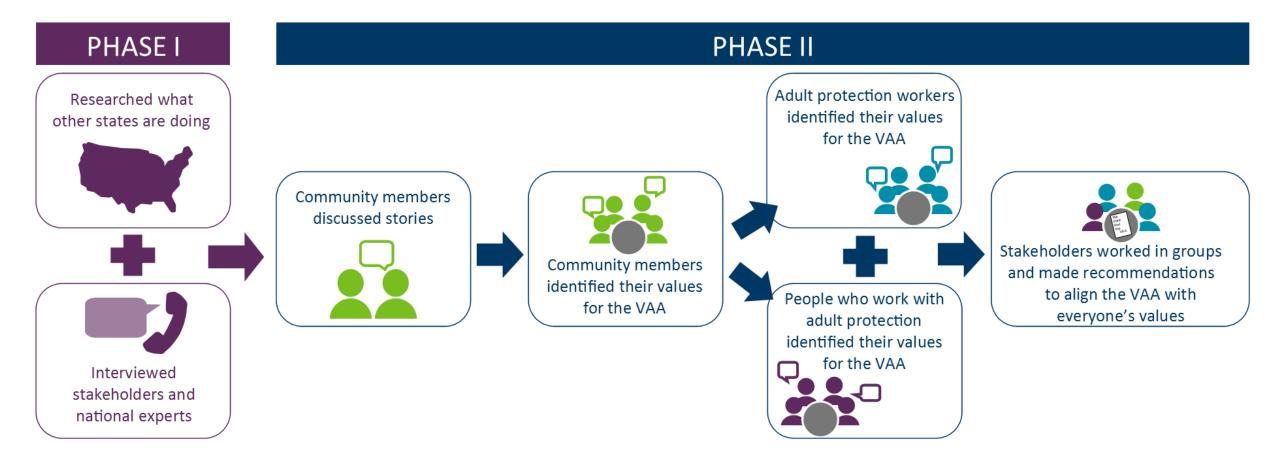
- Move towards equity and a person-centered system
- Shift balance of investigation towards services for people who are vulnerable
- Engage stakeholder in answering difficult questions to inform future redesign
 - How should the adult protection system interact with the criminal system?
 - Does an investigatory response best promote safety?
 - Should the system move from response towards prevention?
 - How should people alleged responsible for maltreatment be treated in our system?
 - Do intentions of a caregiver matter when a person is neglected?
 - How should the system balance a person's safety with choice?

Act 3

• What process and model did we use for the VAA Redesign?



VAA Redesign Stakeholder Engagement Process



Phase 1: Understand larger context

The Vulnerable Adult Act and Adult Protective Services in Minnesota

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

June 2019

- Reviewed how Minnesota and six other states approach adult protective services in terms of program administration, reporting, investigation, assessment, and service delivery.
- Identified promising tools and models that could be considered when refining APS statutes, policies, and protocols.
- Completed individual interviews with over 60 APS stakeholders to gather input on intended goals of the APS system, aspects of the current system that support or block achievement of those goals, and recommendations for overcoming challenges.

Stakeholder Insights

- PSC contacted 135 individuals and successfully completed 63 interviews
- Stakeholders from 53 organizations or state divisions
 - Eleven personnel from county APS agencies
 - Forty-four from state agencies and organizations
 - Eight from national organizations
- Stakeholders were asked to provide their perspectives on the following:
 - Goals and outcomes of the state's APS system
 - Aspects of the current system that support these goals
 - Barriers to achieving these goals
 - Recommendations for how to overcome these barriers

Phase 1 Themes

- The goal should be to protect vulnerable adults, while maintaining their independence.
- There needs to be more focus on prevention.
- The public needs increased awareness and education.
- Community involvement is needed.
- There is a need for better communication and coordination.
- The system is complex and siloed.
- The centralized reporting system works well.
- Redesign process and APS improvements must be culturally responsive and relevant.
- Redesign needs to address coordination between counties and tribes, and include perspectives of people living and working within tribal communities.

Phase 2: Engage stakeholders



Community Conversations



We invited interested community and service organizations to host community conversations centered around different stories involve adult protective services.

There were seven stories to choose from.

The conversations focused on what community members thought the characters would want to happen, what the characters might value, and whether the example Adult Protective Services (APS) response aligned with those values.

Hosts submitted their groups' input via an online form. Most groups talked about at least two different stories.

A total of 59 different story conversations took place.

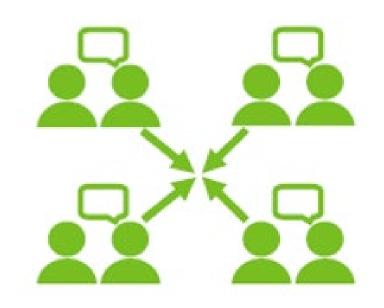
Community Stakeholders

Participants included:

- Older adults
- People with disabilities, both cognitive and/or physical
- People with mental health conditions
- Family members of people with disabilities
- Family members of older adults
- Advocates for people with disabilities
- Caregivers for people with disabilities
- Direct support professionals for people with disabilities

- Caregivers of people with dementia
- Advocates for people with memory impairments
- Social service providers for older adults and/or people with disabilities
- Social workers
- Nursing students
- Group home managers
- Professional guardians
- Community members

Community Stakeholders Summit



November 22, 2019

Summit Purpose:

- To determine the core values important to Minnesotans impacted by adult protective services (APS).
- To identify instances where those values may be in conflict and how conflicting values should be weighed within the system.
- To identify outcomes the system should be focused on achieving when values are in conflict.

Participants:

Represented organizations that hosted Community Conversations, or other advocacy organizations for older adults and adults with disabilities.

Community Conversations Summary



Values:

- Safety is important, but safety means different things to different people.
- Vulnerable adults' self-determination can sometimes conflict with others' perceptions of what safety means.

Mis-alignment between values and APS response:

- In most cases, the example APS response, based on current statute, did not align with community values.
- APS response is too focused on assigning blame.

Need for cultural relevancy and responsiveness:

- APS response needs to be culturally responsive.
- APS staff should reflect the communities they serve.

Institutional Stakeholders Summits



- General Institutional Stakeholders Summit: December 3, 2019
- APS Stakeholders Summit: December 15, 2019

Summits' Purposes:

- determine the institutional values necessary, and no longer necessary, to support community values regarding Minnesota's vulnerable adults.
- collect institutional perspectives on how APS could proceed in situations where values, goals, or perspectives are in conflict.
- collect ideas for what Solution Groups should explore more closely and consider recommending to redesign the VAA.

Institutional Stakeholder Input

- Overall, community and institutional stakeholders' values do not align with the current VAA.
- Safety and protection are highly valued, but they need to be balanced with vulnerable adults' right of self-determination.
- 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.
- There is disagreement over whether evidence-based and promising practices should be mandated by the VAA.
- The system is not culturally responsive.
- Many critical definitions are outdated or need revision.
- Adult protection is under-resourced, resulting in funding inequities.

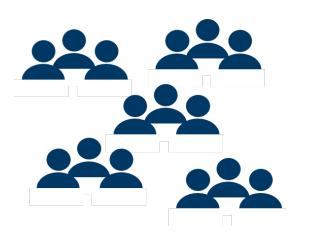
Solution Group Process

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

Developed more than 60 recommendations

Solution Groups



Groups identified at APS Summit:

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

- Each group met 3 times in February and March
- Meetings held at Andresen building, with remote option for those outside Twin Cities metro area
- 43 members, total
 - 19 participated on 2 groups
 - 6 additional people stood in as back-ups
- 30 different organizations represented
 - Advocates, providers, state agencies, law enforcements, courts, APS
 - APS workers/supervisors from: Anoka, Dakota, Hennepin, Ramsey, Chisago, Clay, Mower, Scott, St. Louis, Wright, and Yellow Medicine counties

Act 4

- What outcomes and learnings have we taken away from the VAA Redesign so far?
- What are the next steps?



Rating system for recommendations

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

Definitions Solution Group

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).
- The definition of "caregiver" should be revised by removing "family relationship" and focusing on defining "assumed responsibility" and "portion of care."

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.

Intake and Prioritization Solution Group

Completely Supported

• Establish a quality assurance function and process to review APS screening decisions, including reviewing data, and provide guidance.

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.

Investigation and Services Solution Group

Completely Supported

In the instance of self-neglect, allegations should be assessed through an assessment

Highly Supported

- Preventive services should be offered, even if it means disclosing a report was received about a person without their knowledge.
- Counties could fund the range of defined legal decision-making frameworks when no other funding source is available

Collaboration and Data Sharing Solution Group

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.

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
- Preventive services should be offered, even if it means disclosing a report was received about a person without their knowledge.

Prevention, Public Awareness and Reporting Solution Group

Completely Supported

• The common entry point should be staffed by social workers to support, or even conduct, screening.

Public Comment on Solution Group Recommendations

If the recommendations for redesigning the VAA were implemented	Strongly Agree + Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	l Don't Know
vulnerable adults would be safer and more protected from maltreatment.	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%

Public Comment Recommendations Greatest Positive Impact

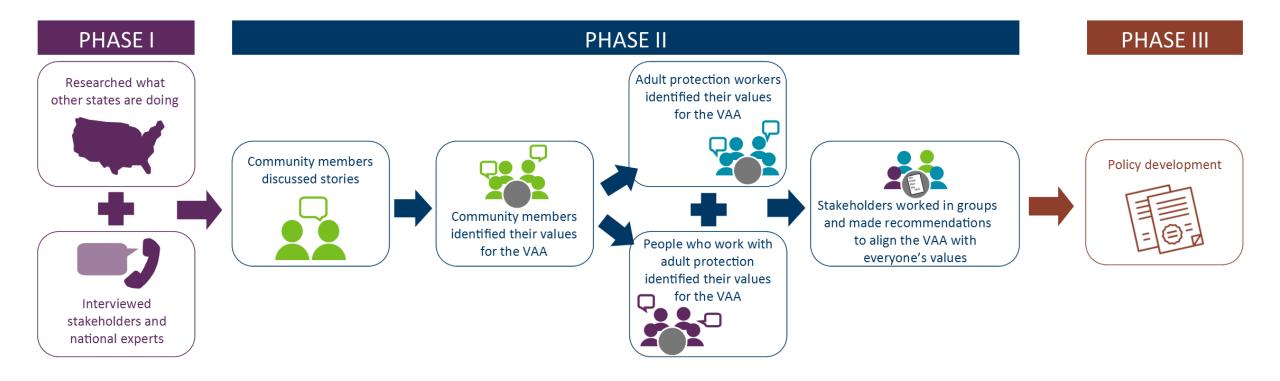
The recommendations from the summary report that respondents indicated **would have the greatest positive impact** for vulnerable adults included:

- Allowing preventative 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

Learning Points to Improve Equity



Next Steps



Next Steps: Policy Development (slide 1 of 2)



- ACL Grant for Innovations and Improvements Equity analysis for APS service decisions
- Prioritize recommendations based on Equity, Solution Group ratings, public comment, and assessment of fit and feasibility

Next Steps: Policy Development (slide 2 of 2)

	PHASE III	
(Policy development	

- Identify which priority recommendations can be achieved through policy versus those that require legislative changes
- Identify the recommendations that will require further stakeholder engagement and plan for how to gather additional input, as needed



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Thank you!

Contact:

VAARedesign.dhs@state.mn.us

VAA Redesign website

(https://mn.gov/dhs/partners-and-providers/news-initiatives-reportsworkgroups/adult-protection/vaa-redesign.jsp)