

Redesigning Minnesota's Vulnerable Adult Act

Final Presentation
June 25, 2019

Agenda

- Research overview
- Research findings
 - Comparison of state adult protective services (APS) systems
 - Funding sources
 - Evidence-based tools and emerging models
 - Stakeholder insights
- Recommended stakeholder engagement strategies
- Questions for discussion

Phase One: Research Overview

Phase One: Research

- The Minnesota Department of Human Services (DHS) is exploring opportunities to improve the delivery of APS
- The DHS contracted with Public Sector Consultants (PSC) to:
 - Review existing state statutes and other state models related to adult maltreatment definitions, reporting, investigation and service response, funding, and prevention
 - Interview stakeholders to obtain input on the existing APS system and potential changes needed
 - Develop a plan for engaging additional stakeholders to guide efforts to redesign the Vulnerable Adult Act (VAA)

Phase Two: Stakeholder Engagement

- Based on recommendations identified in phase one
- Bring proposed VAA updates before diverse stakeholders for review and input to ensure consensus on a redesigned system

About PSC

- Is a nonpartisan, objective public policy research and consulting firm based in Lansing, Michigan, in business for 40 years
- Commits to improving the quality of life for residents of Michigan and beyond through the development and implementation of innovative, actionable public policies
- Conducts rigorous, impartial research on challenging topics to support sound decisions
- Engages people with diverse perspectives to identify practical solutions to hot-button issues

About the Use of the Term “Vulnerable Adult”

- For the purposes of this research, PSC used the definition of vulnerable adult as outlined in the VAA, which is inclusive of both age and disability:
 - A person 18 years of age or older who is a resident of a facility, receives services from a state-licensed provider or a home care provider, or has a mental or physical disability that impairs the person’s ability to care for themselves without assistance and, as a result, impairs their ability to protect themselves from maltreatment

Research Findings

Comparison of State APS Systems

Comparison of State APS Systems

- PSC compared Minnesota's APS system with six other states: California, Massachusetts, Michigan, New York, Texas, and Wisconsin
- PSC conducted its review across the following areas:
 - General program administration
 - Adult maltreatment definitions
 - Reporting systems
 - Investigation, assessment, and service response

Administration

- States differ in how they administer APS, how they determine eligible clients, where they conduct investigations, and how they use multidisciplinary teams

	MN	CA	MA	MI	NY	TX	WI
Administration	County	County	State	State	County	State	County
Eligible Clients	18+ and vulnerable	18+ and vulnerable—all over 65	Separated—adults 60+; disabled under 60	18+ and vulnerable	18+ and vulnerable	18+ and vulnerable—all over 65	18+ and vulnerable
Investigation Settings	Community only	Community, assisted living, and nursing homes	Community and assisted living	Community and assisted living	Community only	Community and assisted living	Community only
Multidisciplinary Teams	Not required	Not required	Required	Required	County plan required	Required	Not required

Definitions

- Every state included in the review defines abuse, neglect, and financial exploitation in the statute that establishes APS
- While some use the term “abuse” to describe any type of physical, sexual, or emotional harm, there are some differences across the states
 - New York provides specific definitions for each type of abuse, while Texas separately defines sexual abuse
 - Massachusetts, New York, and Wisconsin provide definitions for self-neglect and neglect from a caregiver, with New York differentiating between active and passive neglect on the part of a caregiver

Reporting

- Most of the states surveyed have a centralized reporting system, similar to Minnesota's, with a shared 24-hour hotline available
- Other states use decentralized systems
 - In California, each county administers its own 24-hour hotline
 - New York State administers an 11.5-hour statewide hotline, while New York City (NYC) administers its own 24-hour hotline
 - Wisconsin has separate systems by county and for vulnerable adults and the elderly

	MN	CA	MA	MI	NY	TX	WI
Reporting	Centralized	Decentralized	Centralized	Centralized	Decentralized	Centralized	Decentralized
Hotline	24-hour hotline	24-hour hotline by county APS	24-hour hotline	24-hour hotline	11.5-hour statewide hotline; 24-hour hotline in NYC	24-hour hotline	24-hour hotline by county, separate for vulnerable adults and elderly

Investigation, Assessment, and Service Response

- While the surveyed states—and some counties—differ in the specific guidelines and procedures they use for investigation, assessment, and response, there are commonalities:
 - **Investigations:** Deadlines for response times and in-person interviews (such as 24 hours and 72 hours) as well as completed investigations
 - **Assessments:** Risk assessments and triage (emergency, rapid response)
 - **Services response:** Development of a service plan in partnership with the vulnerable adult

Federal Funding Sources

- There is no federal funding source dedicated to APS
- Instead, states draw on a range of federal sources
 - Social Services Block Grant program
 - State grants to enhance APS
 - Elder Justice Innovation Grant program
 - Title III of the Older Americans Act
 - Medical assistance funds
 - Victims of Crime Assistance funds

Research Findings

Evidence-based Tools and Emerging Models

Evidence-based Tools and Emerging Models in APS

- PSC examined promising tools and emerging models for improving APS across four dimensions:
 - Person-centered service planning and delivery
 - Coordination and community partnerships
 - Comprehensive assessment and investigation
 - Prevention of vulnerable adult maltreatment
 - Root cause analysis and safety science

Person-centered Service Planning and Delivery

- The National Adult Protective Services Association (NAPSA), the Administration for Community Living (ACL), and the Council on Accreditation (COA) all emphasize the importance of a person-centered approach
- Supported decision making is one tool for promoting a person-centered approach
 - Allows individuals to make choices about their lives with the support of a trusted network of people
 - Provides alternative to guardianship

Coordination and Community Partnerships

- NAPSA, ACL, and COA recommend that APS programs coordinate with other agencies and community partners to provide assessment and services
- **Multidisciplinary teams**
 - Proven more effective than APS-only cases
 - Convene experts from mental health, medicine, and law enforcement, as well as prosecutors, attorneys, money managers, victim advocates, guardians, and long-term care ombudsman
 - Los Angeles County Elder Abuse Forensic Center and Michigan Model Vulnerable Adult Protocol
- **Community engagement**
 - Texas APS Statewide Community Engagement Program
 - Establishes volunteer boards from different community service organizations to support frontline APS staff in delivering services, fundraising, and education

Comprehensive Assessment and Evaluation

- ACL guidelines and NAPSA minimum standards recommend that APS systems have a systematic method to promptly receive maltreatment reports
- Standardized decision-making tools increase consistency and accuracy in the assessment of vulnerable adults
 - Structured Decision Making® model
 - Elder Abuse Decision Support System
 - Tool for Risk, Interventions, and Outcomes
 - Abuse Intervention Model

Prevention of Vulnerable Adult Maltreatment

- The National Center on Elder Abuse identifies four prevention strategies that communities are implementing across the country:
 - Abuse registries and criminal background checks
 - Addressing ageism
 - Advance planning
 - Public awareness efforts
- NAPSA standards, ACL guidelines, and COA standards recommend educating the community about:
 - How to prevent, recognize, and report maltreatment
 - The legal responsibilities of mandated reporters
 - APS authority, limitations, and available services

Safety Science and Root Cause Analysis

- Root cause analysis and safety science emphasize improving safety through systems reform as opposed to individual blame
- Best practice model (developed by Collaborative Safety, LLC) favored by various industries, including aviation, military, nuclear power, and healthcare
- Promotes a cultural shift in how organizations approach safety issues:
 - From a culture of blame to accountability
 - From simple to systemic methods of learning and investigation
 - From using quick fixes to addressing underlying systemic issues

Research Findings

Stakeholder Insights

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

Goals and Outcomes

- When asked what the goal of Minnesota's VAA and APS system should be, interviewees focused on several key aspects:
 - Protect vulnerable adults (46)
 - Clarify policies and procedures (17)
 - Prevent harm (13)
 - Investigate and hold perpetrators accountable (nine)
 - Provide services (nine)

Goals—Protect Vulnerable Adults

- The majority of stakeholders (46) identified protection as APS' primary goal
“It's simple: Protect vulnerable adults and protect others from harm.”
- More than half of those emphasized that this priority needs to be balanced with vulnerable adults' rights to self-determination and autonomy
- Stakeholders equated this with the shift to a more a person-centered approach:

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

—

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

Goals—Clarify Policies and Procedures

- Several interviewees (17) shared the importance of having clear policies and procedures on areas such as the use of multidisciplinary teams, mandatory reporting, and information sharing
- Some APS staff emphasized the need for local flexibility as opposed to a one-size-fits-all approach, while others expressed concerns over inconsistency across counties
- Others stressed the importance of aligning the VAA with federal policy:

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

Goals—Prevent Harm

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

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

- Stakeholders stressed the need for public education and the value of community integration
- Some also stressed the collaborative safety approach, which emphasizes learning how to prevent issues over blame by identifying system failures

Goals—Investigate and Hold Perpetrators Accountable

- While it was not a point of consistent emphasis, some stakeholders (nine) mentioned the need for fair and appropriate corrective action as a goal of the VAA
- Accountability was stressed in cases of financial exploitation, where it was not seen as as helpful when caregivers are accused
- Interviewees noted that APS caseworkers have to concurrently provide services to ensure safety and also conduct an investigation without falling short on the response to harm, and this dual role should be addressed in the VAA

Goals—Provide Services

- Some stakeholders (nine) thought the goal of the VAA is to provide or connect vulnerable adults to services in order to meet their needs
- Two ombudsmen shared this view and emphasized their role in connecting vulnerable adults to needed services. One stated:
“It is trying to assess what is needed and get those services as quickly as possible to the seniors.”

Supporting Aspects

- Those familiar with Minnesota's APS system identified attributes that support achieving recommended goals and outcomes
 - Minnesota Adult Abuse Reporting Center, or MAARC (26)
 - Legal authority (12)
 - Individualized response (ten)
 - Staffing (seven)

Supporting Aspects—MAARC

- Half of all Minnesota-based stakeholders (26) recognized that the Minnesota MAARC strongly supports APS
- Interviewees cited the ease of reporting maltreatment, the MAARC's effectiveness as a single point of entry for reports across the state, and its 24-hour access—both over the phone and online—that leads to quick response
- Stakeholders highlighted that, with a single entry point, there is more clarity around lead agency responsibility, more support for cross-agency partnerships, and more ability to follow up on the status of a report

Supporting Aspects—Legal Authority

- Some stakeholders (12) identified the VAA's authorizations as a strength to supporting the goals of the APS system
- Some of these interviewees considered their ability to investigate and provide services as important, while others focused on their ability to use multidisciplinary teams
- Others, however, cited restrictions in sharing information between agencies outside of law enforcement as a barrier
- Stakeholders also shared that state definitions of abuse and maltreatment, statutes pertaining to penalties, and mandated reporting of professional staff all support APS goals

Supporting Aspects—Individualized Response

- Several interviewees (ten) highlighted APS staff’s ability to support vulnerable adults based on individual needs as a strength:

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

—

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

- This theme prevailed across stakeholders’ descriptions of using supported decision making, the Structured Decision Making® model, and restorative justice

Supporting Aspects—Staffing

- According to some interviewees (seven), staff knowledge, dedication, willingness to address maltreatment allegations, and training all support the APS system's success
- A few stakeholders referenced the knowledge and desire of staff at all levels—from the DHS, the Minnesota Department of Health, and the county APS—to respond to every allegation with purpose and commitment for the vulnerable adult's protection

Barriers to Achieving Goals

- Stakeholders acknowledged several barriers to achieving the state's VAA goals
 - Limited resources (28)
 - Misaligned philosophy and approach (29)
 - Lack of communication and coordination (19)
 - Reporting challenges (11)
 - Inconsistent and prescriptive responses (12)
 - Limited public awareness (12)

Barriers—Limited Resources

- Stakeholders (28) most frequently cited funding, staffing, and training resources as challenges within the current system
- Stakeholders frequently cited staffing shortages as a growing concern
- These are compounded by an increasing caseload that leads to backlogs and, potentially, having to choose which cases to investigate

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

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

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

Barriers—Limited Resources (continued)

- Interviewees emphasized the need for increased training and education resources
- Since APS training is the responsibility of the county, many noted that this can lead to inconsistent implementation across Minnesota's 87 counties

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

- Interviewees cited the 2019 version of the Minnesota Adult Protection Policy and Procedure Manual as helpful, however

Barriers—Misaligned Philosophy and Approach

- For many interviewees (29), the VAA lacks a person-centered approach and focuses more on punishment and blame

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

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

- This focus on assigning blame is particularly problematic for cases of self-neglect

Barriers—Lack of Communication/Coordination

- Several stakeholders (19) raised concerns with communication and coordination across agencies and organizations
- Many stressed the need for interagency cooperation and the use of multidisciplinary teams and strengthening this language:

“You can't achieve the purpose of the VAA without a multidisciplinary approach.”
- Multiple stakeholders cited information-sharing restrictions as a barrier to better coordination, which limits support to vulnerable adults:

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

Barriers—Reporting Challenges

- Although the MAARC was highlighted as a strength of the APS system, many (11) also want to see both the system and general reporting improve
- Incomplete report information was an issue for APS in making determinations
- Stakeholders also raised issues with how many cases are being reported and questioned if all they were necessary
 - “The current system logs all reports as maltreatment. Big mistake. Previously, you could report below maltreatment using the six statutory factors. Now you are forced to report as maltreatment and agencies have to come out and investigate.”
- Law enforcement and others raised a concern about emergencies going through the MAARC instead of 9-1-1, which creates a parallel emergency response system

Barriers—Inconsistent/Prescriptive Responses

- Stakeholders (12) raised issues with both the inconsistencies in APS across the counties and with APS' prescriptive nature, which does not allow for flexibility or a common-sense approach to handle some situations

Barriers—Limited Public Awareness

- Some stakeholders (12) identified public awareness and education about APS as an issue impacting vulnerable adults
- This includes lack of knowledge of what constitutes abuse, neglect, self-neglect, and financial abuse

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

Recommendations for Improving the APS System

- Many stakeholders made recommendations on how to address the barriers identified and how to strengthen the current APS system:
 - Provide resources
 - Alter the philosophy and approach
 - Provide training
 - Improve communication and coordination
 - Increase data analysis and evaluation
 - Provide state-led guidance with flexibility

Recommendations—Provide Resources

- Multiple stakeholders called for additional funding or a dedicated funding stream for APS at the federal and state levels
- According to one stakeholder from the justice system:

“Money. Money. Money. [We need] advocacy at the state and federal levels.”
- Another stakeholder remarked:

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

Recommendations—Alter the Philosophy and Approach

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

Recommendations—Alter the Philosophy and Approach (continued)

- Engage vulnerable adults and their families about what they want and how to best protect them
- Employ processes that focus on preventing further harm, such as the Collaborative Safety™ model, which is being piloted in Minnesota's Children and Family Services' Child Safety and Permanency Division
- Use supported decision making and create/use person-centered plans, which underscore that vulnerable adults have autonomy, can take risk, and make their own decisions
- Emphasize less restrictive alternatives than guardianship, even for those with a disability or those in special education services

Recommendations—Alter the Philosophy and Approach (continued)

- Provide and offer more complete services, including those that address social determinants of health
- Adhere to NAPSA's code of ethics
- Change the VAA to deemphasize the need to assign responsibility, including in cases of self-neglect
- Work with perpetrators through social services instead of penalizing or punishing them
- Shift from a provider-driven system, where providers receive funding, to a consumer-driven system, where consumers receive the funding

Recommendations—Provide Training

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

Recommendations—Improve Communication/Coordination

- Stakeholders recommended improving communication, information sharing, and coordination through multidisciplinary teams
- Stakeholders recommended that the state identify ways to increase information sharing as well as sharing with outside parties, such as the Minnesota Elder Justice Center

Recommendations—Increase Data Analysis and Evaluation

- Stakeholders recommended that the state increase its evaluation and data analysis efforts
- This could include trend analysis of complaints and substantiations, where the state can provide recommendations or advisories to prevent harm based on identified issues

Recommendations—Provide State-led Guidance with Flexibility

- Stakeholders recommended reviewing the Minnesota Adult Protection Policy and Procedure Manual—ensuring guidance is clear and appropriate without being too prescriptive—to allow APS flexibility in how cases are handled and how they approach families:

“There should be parameters and a framework for investigations, but being too rigid can lead to lawsuits.”

Recommended Stakeholder Engagement Strategies for Phase Two

Phase Two—Potential Topics for Research and Discussion

- Other state models
- Best and promising practices in APS
- Specific topics and issues identified by stakeholders
 - Clarifying policies and procedures
 - Prevention strategies
 - Root cause analysis/collaborative safety
 - Communication and coordination across agencies
 - Data and information sharing
 - Flexibility in APS response
 - Public awareness
 - Workforce training opportunities

Phase Two—People and Organizations to Involve

- Stakeholders identified in phase one
- Additional stakeholders representing a wide array of expertise and perspectives on the VAA and APS system
- Vulnerable adults

Phase Two—Potential Strategies for Engaging Stakeholders

- Interviews
- Surveys
- Regional town-hall meetings
- Focus groups
- Workgroups
- Public-facing webpage or listserv

Phase Two—Immediate Next Steps

- Outline a framework for engaging other stakeholders in the conversation
 - Set parameters for reform within state and federal law/policy
 - Make other decisions that can shape these conversations with stakeholders, such as whether they are interested in moving toward a root cause analysis or collaborative safety approach to respond to maltreatment reports

Discussion

Questions to Guide Discussion

- What stood out to you in this information?
- What is most exciting or most concerning?
- What questions did this raise for you?
- What do you want to see happen next?

Questions?

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