

Community Stakeholder Input - Community Conversations Summary

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

Below are some high-level findings based on the input provided from Community Conversations.

Values:

Safety was named as an important value across all of the stories. However, conversations identified that what “safety” means to each person in each story can be different.

While safety was identified most often as the value for the reporter in each story, or the person concerned for the vulnerable adult’s safety, values like independence, autonomy, and self-determination were named most often as the value for the vulnerable adult themselves. It was noted several times that concerns about safety from reporters was often in conflict with the vulnerable adult’s desire for independence and their desire to maintain relationships.

Compassion, respect, trust, family, and dignity were all identified as common values important to characters across all of the stories.

Mis-alignment between values and APS response:

Generally, conversation participants did not find that the example Adult Protective Services (APS) response, based on current statute, aligned with the characters’ values. In many cases, participants’ identified how the system response led to a breakdown in trust – either between the system and the characters, or between characters themselves.

Similar to feedback gathered during Phase I of the redesign process, community members felt that the example system responses in the stories were generally punitive in nature and too focused on assigning blame, rather than restorative or focused on getting people the support they need to prevent future maltreatment.

In the case of providing support, many stories sparked feedback about needing to provide caregivers and families with more support - even in cases where a family member who is providing care has maltreated a vulnerable adult, regardless of intent.

Need for cultural relevancy and responsiveness:

Also echoing feedback from Phase I, there were some comments about needing an APS response that is more culturally responsive, and hiring APS workers that come from the communities they serve.

Community Stakeholder Input - Community Values

Community Conversations

During the Community Conversations, participants were asked to identify the values that would be important to the characters in the story, if someone wanted to help the vulnerable adult involved.

The following were the top 5 most mentioned values across all stories, by character type:

Vulnerable Adult	Reporter	Potential Perpetrator*
1. Independence / Autonomy Self-Determination / Freedom	1. Safety	1. Family / Relationships
2. Family / Relationships	2. Health / Well-being	2. Trust / Honesty / Integrity
3. Safety	3. Respect	3. Respect
4. Respect	4. Courage / Advocacy	3. Safety
5. Dignity	4. Integrity / Ethics / Professionalism	3. Support / Help / Care

**The potential/accused perpetrator in the stories was often identified as a family member*

Community Stakeholder Summit

A total of 24 people attended the Community Stakeholder Summit, representing 14 different organizations. Many attendees either hosted or participated in a Community Conversation.

At the Community Stakeholder Summit, participants reviewed the top 5 values for the characters in each story and then identified the 3 they thought were most important to honor in the Adult Protective Services (APS) system.

The following is a combined list from the Community Stakeholder Summit of the top values across all stories, listed in order by total number of times identified:

- 1. Safety**
- 2. Family / Relationships**
- 2. Health / Well-being**
- 3. Independence / Autonomy / Self-Determination**
- 3. Respect / Dignity**
- 4. Support / Help / Care**
- 5. Responsibility**

At the Community Stakeholder Summit, some participants felt that total number of times mentioned was not necessarily a good indicator of overall importance. They identified that while community members, especially those who work with and support vulnerable adults, may feel that safety is most important - that vulnerable adults themselves may value independence and self-determination above all. This tension is shown in the table above, when considering what participants in the Community Conversations identified most often as the values of the vulnerable adult, compared to those most often identified as the values of the reporter in each story.

Participants at the Community Stakeholder Summit also worked on starting to define the following values that they identified as most important. Below are some of the notes provided by participants, when asked to identify what each value would look like, or mean, for Adult Protective Services (APS).

Safety -

- Protection from (high) risk or imminent danger of physical injury, emotional harm, and loss of property/ financial assets.
- Safety should be defined by the individual.
- Collaborative safety

Family / Relationships -

- APS should put more emphasis on person-centered and solutions-based resolutions to these problems. Rather than punishment-based.
- Families/relationships often play into the person's well-being – responses should honor that and consider that being person-centered often means being family-centered.
- Resolution may be additional supports rather than punishment that will put additional strain/stress on that person.

Health / Well-being -

- Physical, emotional, spiritual, and social wellness is optimized as defined by the individual and/or using reasonable standards in the least restrictive setting.
- APS role: coordinate care and services based on the definition.

Independence / Autonomy / Self-Determination -

- The right to make choices about how to live your life.
- Community determines incapacity to make decisions (ex. diagnosis of dementia)

Respect / Dignity -

- Attitude/principle that APS is empowering and recognizing the rights of all of the people involved in the investigation.
- Get facts/root cause w/out blame, preconceived notions, and prejudice.
- Cultural humility and understanding differences, realizing power, privileges, and prejudices.
- Give up control to allow choice.
- Assume capability.
- Regards for feelings, wishes, and rights.
- Seek permission v. tell.

Support / Help / Care -

- Care coordination.
- Resources (education).
- Individualized to each person (case).
- Person-centered. Non-judgmental. Options on what happens next.
- Solutions (strength) based vs. penalizing.
- Role: Adult supportive services (name change).

Responsibility—(group identified current APS responsibilities)

- APS has statutory responsibility to investigate reports of maltreatment of VAs that meet criteria.
- Screen all reports in good faith. Investigate allegations of reports screened in.
- Offer supportive services.
- Complete safety plan and risk assessment.
- Listen to the VA, AP (alleged perpetrator), and other possible collaterals.
- Respect the rights and desires of the VA. Adults have the right to make bad choices/decisions.
- Maintain privacy of the VA and AP.

Community Stakeholder Input - Discussion Summary

During the Community Stakeholder Summit, participants discussed several key topics. A brief summary of points made during that discussion are included below.

Mandated reporters:

- It is important how mandated reporters explain their role and legal responsibilities.
- Mandated reporters can be put in a tough spot, especially if they aren't able to provide information to the vulnerable adult about what is going to happen next.
- Community education, and direct education of mandated reporters, could help clarify their role, the expectations on them as professionals, and how they can support someone once a report is made.
- System response seems inconsistent from one report to the next. Unable to predict whether a report will be screened in for investigation or not.
- Desire for the MAARC report to come directly from the person who witnessed or was told about potential abuse, neglect, or exploitation.

Family members as caregivers:

- APS response should be to start with support, with a focus on preserving family relationships.
- Family is really important. The "client" in some cases is the whole family. Desire to see a family assessment, rather than an investigation, to look at the larger picture and provide supports for the entire family around the vulnerable adult.
- Desire to move to a collaborative safety model with APS response. Emphasis should be on finding and addressing the root cause, rather than assigning blame.
- Community education is needed on what happens when a report is made.

Community desires for safety in conflict with vulnerable adults' dignity of risk:

- Response from APS should be person-centered. Need to find out what is important to the person at the center of the issue.
- Desire to see a change in language. Does it have to be called an investigation? Is an investigation always necessary to get to the root of the issue and prevent maltreatment?
- One person's values should not out-weigh another's. In an ideal world, safety would not conflict with a vulnerable adult's independence and self-determination.

Accountability for maltreatment:

- Intent should matter and be taken into account.
- Response should not go straight to penalization.
- May need different processes, depending on whether the alleged perpetrator is a trained/professional caregiver, versus a family member/informal caregiver. There may need to be education, training, and resources provided to the family member/informal caregiver, in order to prevent future maltreatment.
- There is currently no path for restoration or rehabilitation when maltreatment is substantiated. Is it fair for someone to have a mark on their record forever?