

# Vulnerable Adult Act Redesign: Solution Group Recommendations

## Solution Group process overview

As part of the DHS Aging and Adult Services' effort to redesign the Vulnerable Adult Act (VAA), five Solution Groups were formed to use input received throughout 2019 to develop recommendations for how to better align Adult Protective Services (APS) with stakeholders' values. Each Solution Group met three times in February and March. They were facilitated by Management Analysis and Development (MAD) consultants. This document presents the Solution Groups' recommendations, ratings, and a summary of reservations and other comments.

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

Each Solution Group had members representing a wide variety of perspectives, including from advocacy organizations, provider organizations, state agencies, and APS staff from counties in both Greater Minnesota and the Twin Cities metro area. Two of the Solution Groups (*Investigations and Services* and *Collaboration and Data Sharing*) also had representatives from law enforcement and the courts system.

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, as well as identify any reservations or concerns about each recommendation.

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% of every group mostly or whole-heartedly

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% of Solution Group members were <b>whole-heartedly supportive</b> of the recommendation
Highly supported	More than 50% of Solution Group members were <b>whole-heartedly supportive</b> of the recommendation, and the remainder were all <b>mostly supportive</b>
Supported	More than 50% of Solution Group members were <b>mostly supportive</b> of the recommendation, and the remainder were all <b>whole-heartedly supportive</b>
Supported or neutral	More than 50% of Solution Group members were <b>mostly or whole-heartedly supportive</b> of the recommendation, and the remainder were all <b>neutral</b>
Low opposition	More than 50% of Solution Group members were <b>mostly or whole-heartedly supportive</b> of the recommendation, and less than 25% were <b>mostly or completely opposed</b>
Some opposition	More than 50% of Solution Group members were <b>mostly or whole-heartedly supportive</b> of the recommendation, and between 25% and 50% <b>were mostly or completely opposed</b>

After receiving input from more stakeholders, these recommendations and any additional input will be shared with the Department of Human Services (DHS), who will consider making official recommendations to the legislature for improving the Vulnerable Adult Act (VAA).

## 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 v. 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"> <li>• Make language universal, when possible</li> <li>• Consider impacts to other Lead Investigative Agencies (LIA)</li> <li>• Avoid extremes</li> <li>• Avoid language that will become out of date quickly</li> </ul>
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"> <li>• Look at duties and compensation</li> <li>• Define family relationships; consider a separate definition for family caregiver</li> </ul>
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"> <li>• Would need clarification on how to determine if someone has assumed responsibility for a vulnerable adult</li> <li>• 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</li> </ul>
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"> <li>• Concern about cost, technology, and capacity of the system</li> <li>• 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.</li> <li>• Concern about 24 hours not being enough time</li> </ul>
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"> <li>• Question of whether this is already covered in statute, but not implemented in practice</li> <li>• Question of how “accident” would be determined</li> <li>• Paid or compensated caregivers should be held to a higher standard</li> </ul>

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"> <li>• Mostly important for self-neglect</li> <li>• Should only apply to self-neglect</li> <li>• Consider developing a statute for Adult Protection that would cover assessment, with VAA being focused on investigations</li> <li>• Define investigation versus assessment versus adult services</li> </ul>
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"> <li>• The law allows for “is likely to result,” so already does not require harm</li> </ul>
Highly supported	The definition of “functional vulnerable adult” should be revised.	<ul style="list-style-type: none"> <li>• APS may not have resources to respond if changes result in more people qualifying for services</li> <li>• Additional people qualifying for services may not want them</li> <li>• Maintain APS authority to investigate</li> <li>• Chronological age should not drive definition</li> </ul>
Supported	There is not a need to have neglect be considered as abuse based on intent.	<ul style="list-style-type: none"> <li>• Most neglect is unintentional, so harm needs to be considered, as well as frequency</li> <li>• Neglect is a continuum</li> </ul>
Supported	There should be separate definitions of “self-neglect” and “caregiver neglect.”	<ul style="list-style-type: none"> <li>• “Caregiver neglect” would need to be defined; could have impacts on licensed facilities and staff</li> <li>• Caregiver neglect needs to be considered by caregiver type</li> <li>• “Self-neglect” has a negative connotation; assessment for services for self-neglect would be better</li> <li>• Right to risk and self-determination need to be considered in self-neglect</li> <li>• Intent and how to prove neglect need to be addressed, and not just in criminal cases</li> </ul>
Supported or neutral	The VAA should continue to reference the criminal definitions of “abuse,” “neglect,” and “exploitation.”	<ul style="list-style-type: none"> <li>• The criminal definitions give a punitive skew to the VAA, and APS is not held to a criminal threshold for investigation or offering services</li> </ul>
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"> <li>• There needs to be a mechanism to provide education without opening an investigation</li> <li>• This would require a definition of intention</li> <li>• Intent should not matter if the caregiver is compensated; this should only apply to nonpaid caregivers</li> </ul>
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"> <li>• This feels like “punting” the issue</li> <li>• Review all of the feedback from all Solution Groups for consideration</li> </ul>

# 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?<sup>1</sup>
  - 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?

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<sup>1</sup> 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"> <li>• Create a large, statewide stakeholder multi-disciplinary team</li> <li>• Host case consultation phone calls, file review teams, or consultation groups within APS</li> <li>• Implement this recommendation with the recommendation about quality assurance (Rec. #3)</li> <li>• Build capacity in areas without current systems for sharing best practices</li> </ul>
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"> <li>• Case file review, model after HCBS Lead Agency review or CFSR</li> <li>• Showcase best practices and solution-based ideas</li> </ul>
Highly supported	Improve Minnesota Adult Abuse Reporting Center (MAARC) intake function to increase consistency. <sup>2</sup>	<ul style="list-style-type: none"> <li>• Purpose of MAARC should be reviewed to identify if it is meeting needs and should have ongoing evaluations</li> <li>• Improve the online reporting system</li> <li>• Implement this recommendation with recommendations that increase APS authority to continue intake function</li> <li>• Intake process needs to be allowed to gather more information<sup>3</sup></li> </ul>
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"> <li>• Change “should” to “shall,” which would encourage APS to act</li> <li>• Counties should have the authority but not be mandated to offer preventive services</li> <li>• 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</li> </ul>

<sup>2</sup> 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.

<sup>3</sup> 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 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"> <li>• There should be limits for contacting the alleged perpetrator</li> <li>• If an investigation is found to be needed, it should be opened right away</li> <li>• Once someone is found not to be a vulnerable adult, the authority to gather information should end</li> <li>• Clarification is needed in statute on what information can be shared</li> <li>• Need to protect the privacy of the vulnerable adult and the alleged person responsible and conform with other laws (e.g., HIPPA)</li> <li>• Need parameters on who can be contacted by APS for information</li> <li>• Could result in more lack of consistency</li> </ul>
Supported	Outside business hours, MAARC should triage emergencies (based on the entire report, <sup>4</sup> 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"> <li>• Concern about MAARC staff having training and skills to perform this enhanced function</li> <li>• Question about what would happen if an online report requires more clarification, would MAARC be responsible?</li> </ul>
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"> <li>• Should be implemented with other recommendations</li> <li>• Should be 24 business hours</li> <li>• Question of whether this would require APS to be available to review reports 24/7</li> <li>• Would require “emergency” reports to be properly classified, not based only on what reporter considers an emergency</li> </ul>
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"> <li>• There should be an assessment based on risk of harm, not only harm</li> <li>• Question of whether timeline requirements are better suited to policy or statute</li> </ul>
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 5 business days in other cases, unless there are extenuating circumstances that are documented.	<ul style="list-style-type: none"> <li>• Question of whether alternative response plans (e.g., a social worker from another division will visit the vulnerable adult) would be acceptable, if documented</li> <li>• Concern about resources needed to implement this recommendation</li> </ul>

<sup>4</sup> 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	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"> <li>• Should only apply to caregiver neglect when the caregiver is a family member</li> <li>• If the end result is that the report was “screened out,” then the reporter or community believes the issue wasn’t addressed; but also not comfortable sharing private information that a person is receiving case management services</li> <li>• There should be a way to track the case manager’s response</li> <li>• If the case manager does not address the report there is no oversight</li> <li>• Question of what would happen in a case with multiple reports of self-neglect</li> <li>• Question of whether a case manager has authority to seek guardianship</li> </ul>
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"> <li>• 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”)</li> <li>• Assessment should be able to flip to an investigation, if necessary, for the vulnerable adult’s protection</li> <li>• Concern about resources needs to respond to all cases where assessment, rather than investigation, is warranted</li> <li>• Need documentation for why an assessment or investigation is selected</li> <li>• This recommendation should be implemented with other recommendations, or else will contribute to inconsistency across counties rather than help make more consistency</li> </ul>

# Investigations and Services

## Questions considered by the Solution Group

1. Assessment v. 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’ 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"> <li>Changes to timelines should be based on current data on actual completion timelines</li> </ul>
Completely supported	Evidence-based and promising practices should be recommended in policy.	<ul style="list-style-type: none"> <li>Recommendations are not always followed</li> </ul>
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"> <li>happened</li> <li>cannot say it did or did not happen</li> <li>did not happen</li> </ul>	<ul style="list-style-type: none"> <li>Communicate determination options transparently in plain language</li> </ul>
Highly supported	APS workers should have a basic level of introductory trainings before working independently.	<ul style="list-style-type: none"> <li>Consider the variety of ways that training can be provided (e.g., on-the-job training, shadowing, online courses)</li> <li>Minimum training or hiring qualifications are needed</li> <li>Concern about resources and capacity in smaller counties with limited staff and funding</li> <li>Consider a state-based and funded system, versus county-based and funded system</li> </ul>
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"> <li>Focus more on practices versus language in the VAA</li> </ul>
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"> <li>The word “should” makes it a mandate; consider “could” instead</li> <li>Need to protect the identity of the reporter</li> <li>Offering services needs to be voluntary</li> <li>Lead agency should reserve the right to determine how preventive services are offered</li> </ul>
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 eminent health and safety concerns when all least restrictive options will not keep the vulnerable adult safe.	<ul style="list-style-type: none"> <li>Use language consistent with guardianship statutes</li> </ul>

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"> <li>• Add the facilitation of other decision-making frameworks (MS 626.524)</li> <li>• Concern about funding; counties would need more funding from legislature</li> </ul>
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 adults' self-determined wishes.	<ul style="list-style-type: none"> <li>• Not in the case of intentional criminal acts</li> <li>• Not in the case when a vulnerable adult is being coerced</li> <li>• Question of whether this would still allow for the removal of a caregiver as an option</li> </ul>
Supported	There should not be an option for vulnerable adults to decline an investigation.	<ul style="list-style-type: none"> <li>• Question of how capacity to decide to decline an investigation would be determined</li> <li>• Concern about vulnerable adults declining an investigation under duress, rather than in their best interest</li> </ul>
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"> <li>• Currently no legal authority to do this</li> <li>• Consumers and professionals do not have a common understanding of what "investigation" means</li> <li>• Concern that two tracks (assessment and investigation) would not necessarily address need to provide services when an investigation is not warranted</li> </ul>
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"> <li>• Question of how this would be implemented consistently across the state</li> <li>• Third parties or contractors should provide the restorative facilitation services; APS could refer for services</li> <li>• Concern about funding</li> <li>• Concern about compromising an investigation; recommendation to put in criminal statutes rather than VAA</li> </ul>
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"> <li>• Should be determined on a case-by-case basis</li> <li>• Some harm should be established for restrictive interventions, when lack of capacity is established</li> <li>• Focus on capacity</li> <li>• Need APS worker discretion</li> <li>• Need evidence of harm</li> </ul>
Some opposition	If funding is not an issue, APS case management should be required.	<ul style="list-style-type: none"> <li>• Rather than "required," recommend saying "required to be offered as an option"</li> <li>• Should be determined by criteria or policy and implemented consistently across the state</li> </ul>

Rating	Recommendation	Summary of reservations or other comments
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"> <li>• Funding should be tied to mandates or authority</li> <li>• Concern about “authority” and “oversight,” rather than recommending practices; focus on enhancing practice and consistency—not directives to counties</li> <li>• Concern that county input would not be taken into account</li> <li>• Recommendation to have more discussion about what this would look like in practice</li> </ul>

# 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"> <li>• Should only share on “need to know” basis</li> <li>• Should be in guidelines and training when to share information without the vulnerable adult’s consent</li> </ul>
Completely supported	Develop a common data platform to share information with authorized partner agencies (e.g., lead investigative agencies and law enforcement).	<ul style="list-style-type: none"> <li>• Need to define “authorized partner agency”</li> <li>• Would need audit trail to ensure appropriate use</li> <li>• Ensure only used to business need (need to know)</li> <li>• Need access to bank records and court records</li> <li>• Need ability to share data with tribal authorities</li> </ul>
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"> <li>• The timing of the notification needs to be considered</li> <li>• Consideration for cases of self-neglect</li> </ul>
Highly supported	The use of multi-disciplinary 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 multi-disciplinary teams (MDTs) should stay as already defined and broaden to: <ul style="list-style-type: none"> <li>• include additional stakeholders, including law enforcement</li> <li>• allow specialized MDTs (i.e., schools, nursing homes) to include APS participation</li> <li>• allow voluntary multi-disciplinary investigative work groups where appropriate</li> <li>• allow the organizer to be anyone on the team</li> </ul>	<ul style="list-style-type: none"> <li>• Need to consider funding</li> <li>• Use language similar to MS 626.558; covers data sharing</li> <li>• If no one is identified as the organizer, no one may take responsibility</li> <li>• County APS should organize team meetings</li> </ul>
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"> <li>• Should only occur if preventive services are offered by APS and does not require sharing confidential information outside of APS</li> </ul>
Supported	Rights begin when an investigation is opened and assigned. The person should have the right to participate in the investigation and know: <ul style="list-style-type: none"> <li>• how information will be handled</li> <li>• the allegation</li> <li>• the process</li> <li>• what records were gathered</li> <li>• the outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Question of what triggers rights</li> <li>• Concern about rights for individuals subject to a report not beginning until an investigation is opened</li> <li>• Could have different layers of information that should be shared depending on the type of investigation</li> </ul>

Rating	Recommendation	Summary of reservations or other comments
Supported	Convene a statewide work group or advisory board to establish statewide standards for data sharing that address: <ul style="list-style-type: none"> <li>• intake</li> <li>• protective services</li> <li>• liability</li> </ul>	<ul style="list-style-type: none"> <li>• Need for more clearly defined APS data sharing policy</li> <li>• Addressing liability may not take care of the need for more clarity, could make things more complicated</li> <li>• Questions about who will implement and how it would be implemented</li> </ul>
Supported or neutral	The following information should be available to the reporter, without the vulnerable adult's consent: <ul style="list-style-type: none"> <li>• initial disposition</li> <li>• whether the report was screened in or out</li> <li>• general information about the process</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify and train that Minnesota's data practices guides this</li> <li>• APS should have consistent guidelines to follow when a reporter requests information</li> <li>• 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</li> </ul>
Low opposition	Vulnerable adults should not have a role in granting consent to share information, but asking for consent to share information should be "best practice."	<ul style="list-style-type: none"> <li>• APS should be able to share information in order to protect a vulnerable adult</li> <li>• The vulnerable adult should not decide who APS can talk to in order to protect them</li> <li>• Consent should be obtained for services, not investigation</li> <li>• Vulnerable adult should have a say in what information is shared during safety planning phase</li> <li>• 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.</li> </ul>
Low opposition	If it protects the health and safety of the vulnerable adult or aids in the investigation, the Lead Investigative Agency (LIA) can share information, including with tribal, state, federal, and community agencies.	<ul style="list-style-type: none"> <li>• Concern about being too broad and not respecting individual rights</li> <li>• Need to define "community agencies" and who would have access</li> <li>• Further define APS access to court records and permission to share with tribal authorities</li> <li>• Question about effective and efficient; current statute may be adequate but need better communication</li> </ul>
Low opposition	Data shared between agencies should be classified by the rules of the original or providing agency.	<ul style="list-style-type: none"> <li>• Possible conflicts with data requested</li> <li>• All situations may not fit this rule</li> <li>• May conflict with existing data practices</li> </ul>



# 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"> <li>• definitions of a vulnerable adult</li> <li>• definitions of maltreatment</li> <li>• who to report to</li> <li>• right to self-determination and autonomy</li> <li>• person-centered services decisions</li> </ul> <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"> <li>• reporting is everyone’s responsibility</li> <li>• examples of what might be maltreatment (especially less obvious examples) such as internet scams, yelling, shaming, name calling, restricting access to friends or community</li> <li>• examples of positive outcomes</li> </ul> <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, nursing homes; a user friendly website; presentations or road shows for communities.</p>	<ul style="list-style-type: none"> <li>• Review what currently exists and combine efforts</li> </ul>
Completely supported	<p>It should be a requirement to have 24/7 reporting available.</p>	<ul style="list-style-type: none"> <li>• Emergency services work 24/7</li> <li>• Need to make it as easy as possible for anyone to report at any time</li> <li>• Concern about changing the current system, which is perceived as already working well</li> </ul>

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"> <li>• clarifying obligation of confidentiality policy and practice</li> <li>• making sure investigators are well trained and supported</li> <li>• making sure the alleged perpetrator understands the outcome of substantiated findings and what their rights are after a substantiated finding</li> <li>• 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.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Completely supported	<p>To better equip mandated reporters to support a vulnerable adult after a report is made, 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” multi-disciplinary teams (e.g., pre-teams) to inform community-based prevention responses.</p>	<ul style="list-style-type: none"> <li>• Gather input and best practices from community-based organizations</li> <li>• Need for multi-disciplinary teams to be culturally aware and inclusive</li> </ul>
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"> <li>• Like recommendation to increase investigation time to 90 days</li> <li>• Like clarification of APS workers’ roles</li> <li>• Concern about applying notification piece to licensed facilities</li> <li>• Concern about sharing information with reporters</li> </ul>

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"> <li>• making educational campaigns and empowerment campaigns</li> <li>• educating communities on how reporting can make a positive difference in a vulnerable adult’s life</li> <li>• general education on reporting</li> <li>• emphasizing the responsibility of community members to report when something seems off</li> <li>• sharing real life stories that highlight that maltreatment can happen to anyone</li> <li>• assurance that the reporter's identity will be protected (including how reports are written)</li> <li>• that mandated reporters will tell the vulnerable adult when they are filing a report</li> </ul> <p>Key components should include normalizing the use of MAARC; changing the public perspective of what APS does; education on basic civil rights; listing the general steps of an investigation on a website; 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"> <li>• education for individuals</li> <li>• education for providers (e.g., home care, hospitals, nursing homes, businesses)</li> <li>• federal or state funding to counties</li> <li>• minimum staffing in proportion to populations</li> <li>• public awareness (e.g., social medial, billboards, pamphlets)</li> </ul>	<ul style="list-style-type: none"> <li>• May not need more funding, but may need to shift how current funds are being used</li> </ul>
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"> <li>• Keep it simple; there should be a single phone number to make a report and be connected to services, if needed</li> <li>• Should be staffed by trained professionals (e.g., nurses line)</li> <li>• Concern about needing additional funding</li> <li>• Recommendation to consider needs of diverse populations</li> <li>• Service may already be provided by community-based organizations (ex. Senior Linkage Line, Minnesota Elder Justice Center, etc.)</li> </ul>
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"> <li>• Could potentially save resources</li> <li>• Standardization would increase consistency</li> <li>• Add “best practices” statutory language to letter to enhance understanding</li> </ul>

Rating	Recommendation	Summary of reservations or other comments
Some opposition	<p>To increase awareness of the role of mandated reports, provide education on:</p> <ul style="list-style-type: none"> <li>• who are mandated reporters and when are they mandated reporters</li> <li>• the legal obligation of mandated reporters</li> <li>• the steps of the reporting process</li> <li>• possible outcomes of a report</li> <li>• that anyone can report</li> <li>• reporters are not trying to “catch” or “punish” but are charged with helping to protect vulnerable adults</li> </ul> <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"> <li>• training by APS staff to mandated reporters</li> <li>• coordination between medical professionals and APS</li> <li>• website, handouts, and posters</li> </ul> <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"> <li>• Could be beneficial, but does not seem critical</li> <li>• Concern that this could cause general public to make negative assumptions about mandated reporters, resulting in lack of reporting</li> </ul>