

Transcript of informational update regarding the Vulnerable Adult Act Redesign project for APS, recorded via Webex 11/24/2020

Presented by Peter Larson, DHS Adult Protection Unit, and Lizzie McNamara, Minnesota Management Analysis and Development Division

Slide 1

Peter Larson: Hello, and welcome to an informational update regarding the Vulnerable Adult Act Redesign project for APS. My name is Peter Larson, I use he/him pronouns, and I am the Training and Communications Specialist with the DHS Adult Protection Unit. I'm happy to be joined on the presentation today by Lizzie McNamara from Management Analysis and Development Division at MMB. Lizzie is going to walk us through the VAA Redesign stakeholder engagement process, solution groups, and recommendations in a few minutes, but before I turn it over to Lizzie, I'd like to briefly outline some context for the VAA Redesign.

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Peter Larson: Let's look at a couple important questions. Who does adult protection serve, and why did we choose to explore redesign of the VAA? To start, a little foundation: Minnesota DHS, our county APS partners, and our federal partners in the Administration for Community Living (ACL) are all committed to supporting efforts that promote an effective APS system so older adults and adults with disabilities who experience abuse, neglect or financial exploitation have similar protections and service delivery, regardless of the jurisdiction in which they live. In 2016 DHS applied for and was awarded a federal Health and Human Services ACL grant to create the Person Centered Vulnerable Adult Protection Data Warehouse. This supported the state to provide data reporting for transparency to the public on who is being reported as maltreated and served by APS. In 2018 Minnesota applied for and received our second grant for APS for Innovations and Improvements. This 3-year grant is to improve statewide consistency in APS

service decisions. This will be accomplished through validation of the SDM tool used by APS for intake decisions and with statistical analysis, including review through an equity lens, and analysis of other inputs into intake and service decisions for vulnerable adults who were the subject of suspected maltreatment reports. In the next couple slides we will review some data, and the development of these data reports was supported through the ACL grants. This data gives us better insight into the MN APS system and illustrates the people the VAA designates to be served by APS.

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Peter Larson: The first data slide shows the total number of vulnerable adults reported to MAARC, the Minnesota Adult Abuse Reporting Center, in 2019, as well as the breakdown of how many reports were referred to each of the Lead Investigative Agencies in Minnesota. The majority of reports, 52%, were handled by APS in MN, and the VAA Redesign project focuses on APS response.

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Peter Larson: Here we have Age demographic data for reports of suspected maltreatment referred to APS in 2019. The red line that is peaking across the top of the chart represents self-neglect, and self-neglect reports are always the responsibility of APS.

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Peter Larson: Here we have a snap shot of the most common APS service interventions used with vulnerable adults in response to MAARC reports open for services and investigation. As you can see, involuntary interventions are highly used, which is another data point for consideration in Redesigning the VAA.

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Peter Larson: This last data slide identifies the disconnect between the volume of people reported as suspected of experiencing maltreatment and those who were determined, under statute, to be experiencing maltreatment. 4% of vulnerable adults reported as suspected of experiencing maltreatment are determined to have experienced maltreatment following APS assessment. This also means that 96% of person's alleged responsible are determined to NOT have maltreated a vulnerable adult.

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Peter Larson: Now this visual helps clarify the scope of the VAA Redesign project. There are 3 different Lead Investigative Agencies outlined in the VAA, We have APS, Minnesota Department of Health, and DHS Licensing. And as we saw in a previous data slide, APS is responsible for the majority of reports received in Minnesota. The VAA Redesign focuses on the APS portion of the VAA as the area in which the commissioner of Human Services is responsible for supervision of county administered APS programs as essential services in the state's human services system.

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Peter Larson: And here we have a selected timeline with some of the significant dates related to the VAA, a little history. The VAA started as a forward-thinking policy originally passed in 1980. And while certainly there have been active and successful efforts to improve Minnesota's VAA over the years, we felt there was an opportunity to review the statute in light of changing demographics in the state, more people who are vulnerable adults, more diversity in race and culture, movement towards a community-based service model of care (rather than facility-based), and new data capabilities in our centralized reporting system due to the ACL grants Minnesota has been awarded. Additionally, as Minnesota's APS system has matured, we recognized challenges within the statute for equity and

person-centered response. VAA policy is largely based on a system of facility care; and the system is responsive to an incident that has occurred, not preventative. It carries a legacy from its time of paternalism, ageism and ableism with assumptions that people who are vulnerable lack agency in their own lives. The system relies on "reporting" and "investigation" and its integration with our public assistance and criminal justice systems results in inequities and cultural insensitivities. The act requires involuntary protective interventions such as guardianship, but not less restrictive options such as case management, representative payees, or supported decision making. We have heard calls for change and worked to move policy forward in the years following 2013, however, these proposals have not moved through the legislature. Not because of opposition, but more so an inability to move through the legislative committee system. We have heard from the public that the system is confusing, and the public has questioned why they system waits for a bad thing to happen before acting. We have heard from advocates that the system is not consistent with a person-centered or victim-centered approach. And we have heard from county partners about difficulties with the VAA, such as challenges with an investigative approach for vulnerable adults as perpetrators when self-neglect was the reported allegation; difficulties with an investigation approach for family or other important relationships to the vulnerable adult that are inconsistent with what the vulnerable adult wants and damaging to people who may have had good intentions but were not equipped to be caregivers when neglect was alleged. We have heard about inconsistent intake practices and service delivery resulting in service inconsistency across the state. All of these are part of the choice to explore the VAA Redesign.

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Peter Larson: The VAA Redesign goal is an equitable, culturally-sensitive, person-centered APS system. An APS system that supports justice and dignity for Minnesotans who are vulnerable to maltreatment. To shift balance of

investigation towards services for people who are vulnerable, and move towards equity and the DHS person-centered approach, which: is built around an individual's experience, values and input; respects an individual's right to access services how they want; empowers an individual to make informed choices, meet their needs, and achieve their goals, and; supports equitable results for people, families and communities. We knew that the task of an informed redesign would take the input of as many of stakeholders in the system that could be engaged, and especially counties who deliver the services. We wanted to ensure the process of identifying issues and solutions was not what DHS thought was right or correct, but rather, reflected what the community and APS stakeholders wanted and needed for vulnerable adults to receive justice and dignity. Therefore, to have a neutral and complete process DHS engaged consultants to facilitate this process. And with that, at this point, I want to turn over the presentation to Lizzie McNamara from the Management Analysis and Development Division at MMB and have her walk through the first couple phases of the VAA Redesign: including the engagement process, solution groups, and recommendations.

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Lizzie McNamara: Thanks so much, Peter. My name is Lizzie McNamara, I use she/her pronouns, I'm a Senior Management Consultant at the state's Management Analysis and Development Unit in MMB. We are a group within state government that offers consulting services to the public sector, so we work with state agencies and local government. My colleagues and I have had the opportunity to work with the Adult Protection Unit of DHS on this effort to gather stakeholder input to redesign the Vulnerable Adult Act, specifically focused on Adult Protective Services. Before I dive into describing our stakeholder engagement process, and the recommendations that were developed, I want to note that DHS has a VAA Redesign website online where you can find much more detail on each step that I am going to talk about, as well as a comprehensive summary

report. Here on slide 10 we have a graphic that shows the activities of the two phases of stakeholder engagement. And I'm going to talk through each phase in more detail.

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Lizzie McNamara: Phase 1 was conducted in the summer of 2019 by an external contractor, Public Sector Consultants. They researched what other states are doing and they also interviewed over 60 stakeholders both in Minnesota, as well as national experts. When asked what the goal of Minnesota's VAA and APS system should be, interviewees in Phase 1 focused on several key aspects: protecting vulnerable adults, clarifying policies and procedures, preventing harm, investigating and holding perpetrators accountable, and providing services. Many stakeholders at this phase made recommendations on how to address the barriers they had identified and how to strengthen the current APS system. These included: provide resources, alter the philosophy and approach, provide training, improve communication and coordination, increase data analysis and evaluation, and provide state-led guidance with flexibility.

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Lizzie McNamara: After Phase 1 in August, 2019, that is when my team became involved in this process. And we started by conducting ten additional interviews to provide an addendum to the Phase 1 report. These interviews provided insight from underrepresented communities. One additional recommendation from these interviews was to ensure that potential solutions are developed using an equity lens, with a focus on cultural relevancy and responsiveness, and that the redesign effort itself is equitable and includes meaningful participation of diverse perspectives, especially people with disabilities, American Indians, people of color, and immigrants.

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Lizzie McNamara: On this slide we have a graphic depicting key activities we conducted in phase two, and I am going to talk a little bit about each of these in turn.

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Lizzie McNamara: In October and November of 2019, we invited interested community service organizations to host community conversations centered around seven different stories involving Adult Protective Services. The conversations focused on what community members thought the characters in the stories would want to happen, what the characters might value, and whether the example Adult Protective Services response, based on current statute, aligned with those values. A total of 59 different story conversations took place around the state of Minnesota.

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Lizzie McNamara: In November, 2019 we invited community stakeholders to help us make sense of what was submitted through those community conversations. Through this Community Stakeholder Summit we wanted to determine the core values that are important to Minnesotans impacted by adult protective services. To identify instances where those values may be in conflict and how conflicting values should be weighed within the system, and to identify outcomes the system should be focused on achieving when the values are in conflict. Participants represented organizations that had hosted community conversations and other advocacy organizations for older adults and adults with disabilities.

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Lizzie McNamara: At the Community Stakeholder Summit, the folks involved identified the following as the most important values for adult protection system to honor: safety; family and relationships; health and well-being; independence, autonomy

and self-determination; respect and dignity; support, help and care; and responsibility.

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Lizzie McNamara: From the Community Summit we also heard that safety is important, but safety means different things to different people. Vulnerable adult's self-determination can sometimes conflict with other's perceptions of what safety means. In most cases the example APS response in the story, based on current statute, did not align with community values. Community members told us that the APS response was too focused on assigning blame. We also heard that the APS response needs to be culturally responsive. APS staff should reflect the communities they serve.

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Lizzie McNamara: Our next step was to engage what we called Institutional Stakeholders. That included APS workers and supervisors, as well as people who work with Adult Protection including providers, law enforcement, and the courts. We had a general Institutional Stakeholders summit on December 3rd, and an APS specific stakeholder summit on December 15th.

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Lizzie McNamara: Our purpose with the Institutional Stakeholder Summits was to determine the institutional values necessary, and no longer necessary, to support community values regarding Minnesota's vulnerable adults. Select institutional perspectives on how APS could proceed in situations where the values, goals, or perspectives of those involved are in conflict, and collect ideas for what solution groups should explore more closely and consider recommending to redesign the Vulnerable Adult Act.

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Lizzie McNamara: At the end of December, 2019, we summarized everything that we had heard from both community and institutional stakeholders into a report. Our findings in that report included: 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 were 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 in the VAA; the system is not culturally responsive; many critical definitions are outdated or need revision; and overall adult protection is under-resourced, resulting in funding inequities.

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Lizzie McNamara: Those findings were then shared with what we called Solution Groups. These groups were made up of representatives including advocates, providers, law enforcement, the courts, state agencies, and APS. We had APS workers or supervisors from counties in the Twin Cities metro area as well as greater Minnesota on each solution group. The solution groups took all of the stakeholder input that we had collected at that point and they developed recommendations for how to redesign the VAA in a way that would make it more aligned with stakeholder values. Each group met three times, in February and March, those meetings were held at the Anderson Building in downtown St. Paul, and remote options were provided to those folks that were outside the Twin Cities metro area. We had 43 members in total, 19 of those folks participated on 2 or more groups, and 6 additional people who stood in as back-ups. 30 different organizations were represented on the solution groups, including advocates, providers, state agencies, law enforcement, and the courts. And, we had APS

workers or supervisors from the following counties: Anoka, Dakota, Hennepin, Ramsey, Chisago, Clay, Mower, Scott, St. Louis, Wright, and Yellow Medicine.

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Lizzie McNamara: Now I am going to briefly review the high level recommendations that came from our solution groups. There are some more smaller, more detailed recommendations that fall under each of these broader themes, which can be found in the comprehensive report on the VAA Redesign website. The Solution Group recommendations included: Increase public awareness and empowerment; Provide education to mandated reporters; Update current definitions and develop new ones. When it came to definitions there were specific recommendations about modernizing and making them more culturally relevant and person-centered overall. Revising the definition of functional vulnerable adult. Revising the definition of "caregiver." Separately defining "self-neglect" and "neglect by a caregiver." And, revising the definition so that harm is not required for financial exploitation by a fiduciary.

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Lizzie McNamara: The solution group recommendations continued: Maintaining the 24/7 reporting and improving the common entry point for reporting. There was a recommendation to consider staffing the common entry point, or MAARC, with social workers. Review how emergencies are determined and who should have responsibility for making that determination. And, consider changes to current time requirements for APS response.

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Lizzie McNamara: Continuing the Solution Group recommendations, they included: allow for more data sharing during the intake process, but do not mandate what requires an investigation; allow preventive services to be offered at any point in

the process; allow preventive services to be offered to a vulnerable adult's support network.

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Lizzie McNamara: Allow for an alternative to investigating reports, and specifically conduct an assessment rather than an investigation especially in cases of self-neglect. Revise investigation options and determinations, but do not allow vulnerable adults to decline an investigation. There was a recommendation that there should just be a determination if maltreatment happened, did not happen, or APS cannot say. And, maintain APS ability to implement restrictive interventions.

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Lizzie McNamara: Maintain the rights of individuals involved in the process. Protect privacy while allowing access to necessary information to increase safety. Increase collaboration and data sharing between partner agencies. Support and expand multidisciplinary teams, but do not require them in statute.

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Lizzie McNamara: And then finally, ensure APS workers have basic introductory training. And, increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy. At the beginning of this year our hope was that we would be able to bring these recommendations back to a large group of stakeholders in person; COVID-19 changed our plans, unfortunately. So instead we posted all of the recommendations online in a comprehensive report, and then we had an online form where we invited anyone from the public to provide public comment and additional feedback on the recommendations.

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Lizzie McNamara: A total of 44 people elected to complete that public comment form on the recommendations. On this slide, slide 28, we have a table that shows those respondent's agreements and disagreements about what implementing the recommendations would accomplish. Respondents were most likely to agree that implementing the recommendations would make the VAA more aligned with community and institutional stakeholder's values, and also make the VAA more person-centered. The folks who took this public comment survey were least likely to agree that implementing the recommendations would address structural inequity and racism.

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Lizzie McNamara: Respondents to the public comment form were asked which recommendations concerned them the most. Those most selected included: increasing consistency by expanding the role of DHS and continuing to encourage the use of best practice in policy, maintaining the rights of individuals involved in the process, maintaining the 24/7 reporting and improving the common entry point for reporting such as by using social workers to staff the entry point, and updating current definitions and developing new ones. I'll note here that we did not ask what concerned the respondents, so we do not know if they were concerned because they did not think it was a good idea or if they did not think it was feasible or something else.

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Lizzie McNamara: We also asked respondents which recommendations would have the greatest positive impact for vulnerable adults. Those most often selected were: allowing preventative services to be offered at any point in the process, allowing for an alternative to investigating reports, allowing preventative services to be offered to a vulnerable adult's support network, maintaining the rights of individuals involved in the process, and increasing public awareness and

empowerment. Now I'm going to turn it back over to Peter, who is going to talk about what is happening next.

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Peter Larson: Thank you, Lizzie. Now let's look at some next steps in the VAA Redesign, moving into the third phase of the project: policy development.

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Peter Larson: So in this next step, Policy Development, this will be informed by outcomes expected in the summer of 2021 from the current ACL Grant to evaluate validity of the structured decision making intake tool used by APS to guide which MAARC reports should be opened for APS. The vendor will be doing data analysis of validity and equity in intake decisions supported by the structured decision making tool and resulting service outcomes for vulnerable adults. We will be analyzing data on disability, race, gender, and geography with respect to the vulnerable adult's participation in MA programs and services; reviewing the tool, MAARC report data, APS processes and other inputs into service decisions such as training and local resources; then providing recommendations to improve statewide consistency in APS service decisions. These recommendations may inform the solutions moving forward.

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Peter Larson: DHS is currently analyzing Solution Group recommendations and cross walking recommendations with the commissioner's authority to address though policy versus those require statutory change. We are conducting budget analysis, assessing recommendations for consistency with national ACL Recommended Guidelines, reviewing for impacts on equity and those that support anti-racist policy, and evaluating impacts on other state initiatives for support of informal caregivers, choice and rights, and impacts on the state's HCBS system. Then, when internal analysis is complete, DHS will post a response to the process and

solution group recommendations on the VAA redesign web page. And the final step is policy proposal development by DHS and/or partners and stakeholders

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Peter Larson: I want to thank everyone for their time and interest in the VAA Redesign.

Please visit the VAA Redesign Website for more information at

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports->

[workgroups/adult-protection/vaa-redesign.jsp](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/adult-protection/vaa-redesign.jsp) If you have questions or

comments, please contact us via email at VAARedesign.dhs@state.mn.us. And

with that, again I thank you. And Lizzie, for you and your colleagues, we thank you greatly for your work and your help.