
Addendum to the recommendations and stakeholder input for redesigning the Vulnerable Adult Act

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Addendum to the recommendations and stakeholder input

This document is an addendum to the “Recommendations and stakeholder input for redesigning the Vulnerable Adult Act” summary report.

As noted in “Recommendations and stakeholder input for redesigning the Vulnerable Adult Act,” the Department of Human Services (DHS) Continuing Care Administration, Aging and Adult Services Division, gathered input from a variety of stakeholders on how to develop a more person-centered and equity-based adult protection system through redesign of the Vulnerable Adult Act (VAA).

Following the posting of the report in July 2020 on the VAA Redesign website, individuals were invited to provide comments on the summary report of recommendations and stakeholder input. An online public comment form was open August 4–August 17, 2020, through a link posted on the VAA Redesign website. The report and comment form link were also emailed to all stakeholders who had participated in the engagement process over the course of the previous year.

Respondents were asked about the potential outcomes of implementing the recommendations in the report, which recommendations they thought would have the greatest positive impact on vulnerable adults, and which recommendations they were most concerned about. A total of forty-four individuals responded to the survey. Of those, thirty-six completed all questions and eight answered at least one question.

A brief summary of the responses to the public comment form is presented below. This is followed by more detailed analysis of the respondents and their complete input, including written comments on the report provided through the form and via email. Responses are disaggregated by location (Greater Minnesota and Twin Cities metropolitan area) and by whether respondents indicated they are an Adult Protective Services (APS) worker or supervisor. Tables that present the number of responses to each question can be found at the end, starting on [page 28](#).

Summary of public comment on the recommendations

Among respondents who identified their level of agreement or disagreement:

- The **highest percentage** (89 percent) agreed that implementing the recommendations in the summary report **would make the VAA more aligned with community and institutional stakeholders’ values**.
- The **lowest percentage** (61 percent) agreed that implementing the recommendations **would address structural inequity and racism**.

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

- Allowing preventive services to be offered at any point in the process
- Allowing for an alternative to investigating reports
- Allowing preventive services to be offered to a vulnerable adult’s support network

- Maintaining the rights of individuals involved in the process
- Increasing public awareness and empowerment

The recommendations from the summary report that respondents indicated they were **most concerned about being implemented** included:

- Increasing consistency by expanding the role of DHS and continuing to encourage the use of best practices in policy
- Maintaining the rights of individuals involved in the process
- Maintaining 24/7 reporting and improving the common entry point for reporting, such as using social workers to staff the entry point
- Updating current definitions and developing new ones

Respondents

More than half of the respondents said they had not participated in any VAA Redesign stakeholder engagement activities (Table 1). Among those who did participate, the APS Stakeholder Summit, Community Conversations, and Solution Groups were the most common activities in which respondents engaged.

Table 1. VAA Redesign stakeholder engagement activity participation among respondents

Redesign Activity	Number Participated	Percent
Phase I interview with Public Sector Consultants	3	8%
Community Conversations	6	17%
Community Stakeholders Summit	2	6%
Institutional Stakeholders Summit	5	14%
Adult Protective Services (APS) Stakeholders Summit	9	25%
Solution Groups	6	17%
I did not participate in any of these activities	19	53%

Most commonly, respondents were APS workers or supervisors, advocates, or providers (Table 2). Those who selected “other” included attorneys, educators, and roles closely aligned with pre-existing answer options, such as “advocate” and “area agency on aging.” None of the respondents represented members of law enforcement, and there was little representation from self-advocates or state or federal employees.

Most respondents did not identify as a person with a disability (Table 3), and there was fairly equal representation between respondents in Greater Minnesota and those in the Twin Cities metropolitan area (Table 4).

Table 2. Role of respondents

Role	Number	Percent
Self-advocate	2	6%
Advocate	6	17%
Provider (work for an organization that provides services)	6	17%
Law enforcement	0	0%
APS worker or supervisor	13	36%
State or federal agency worker or supervisor	3	8%
Other	6	17%

Table 3. Respondents who identify as a person with a disability

Disability Status	Number	Percent
Yes	6	17%
No	30	83%

Table 4. Respondent location¹

Region	Number	Percent
In the Twin Cities metropolitan area	19	53%
In Greater Minnesota	16	44%
Outside Minnesota	0	0%

Feedback on potential outcomes of implementing recommendations

The majority of respondents agreed or strongly agreed with four of the seven statements about the implementation of recommendations in the summary report (Table 5). For three statements, less than half agreed or strongly agreed with the statement; these statements also included the highest proportions of uncertainty among respondents.

¹ One respondent who answered the other demographic questions did not respond to this question.

- Nearly half of the respondents agreed or strongly agreed that **implementing the recommendations for redesigning the VAA would lead to vulnerable adults who are safer and more protected from maltreatment.** (When “I don’t know” responses are excluded, this proportion increases to three-quarters of respondents). Less than one-fifth disagreed with this statement.
- Nearly three-quarters of respondents agreed **that the recommendations would result in a VAA that is more aligned with community and institutional stakeholders’ values** (nearly 90 percent among those who had enough information to make a judgment). Few respondents disagreed with this statement, and less than one-fifth did not know.
- Just over two-thirds agreed that **the recommendations would result in a VAA that is more focused on prevention** (over 80 percent when “I don’t know” responses are excluded). Few respondents disagreed with this statement, and nearly one-fifth were unsure.
- Nearly three-quarters of respondents agreed that **the recommendations would result in a VAA that is more person-centered** (over 80 percent when “I don’t know” responses are excluded). Few respondents disagreed with this statement, and a few were unsure.
- Less than half of respondents agreed that **the recommendations would result in APS being more consistent in responding to reports of maltreatment,** though this increases to more than two-thirds when “I don’t know” responses are excluded. Less than one-fifth disagreed with this statement, and over one-third were unsure.
- More than two-thirds agreed that **by implementing the recommendations, the public would be more informed about the adult protection system** (nearly 90 percent when “I don’t know” responses are excluded). Few respondents disagreed with this statement, and nearly one-fifth were unsure.
- Less than half of the respondents agreed that **implementing the recommendations would address structural inequity and racism within the VAA,** though this increases to nearly two-thirds when “I don’t know” responses are excluded. One-quarter disagreed with this statement, and over one-third were unsure.

Table 5 shows the percentage of respondents who agreed or disagreed with each statement, including respondents who selected “I don’t know.” Table 6 presents the percentage of respondents who agreed or disagreed with each statement, excluding respondents who selected “I don’t know.”

Table 5. All respondents: Percent agreement on result of VAA Redesign, including “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don’t Know
... vulnerable adults would be safer and more protected from maltreatment. ²	48%	14%	34%	11%	5%	36%
... the VAA would be more aligned with community and institutional stakeholders’ values.	74%	12%	63%	5%	5%	16%
... the VAA would be more focused on prevention.	67%	21%	47%	12%	2%	19%

² A total of 44 respondents answered this question. All other closed-ended feedback questions include 43 respondents.

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... the VAA would be more person-centered.	72%	19%	53%	9%	7%	12%
... APS would be more consistent in responding to reports of maltreatment.	44%	9%	35%	12%	7%	37%
... the public would be more informed about the adult protection system.	70%	14%	56%	12%	0%	19%
...the VAA would address structural inequity and racism.	40%	9%	30%	16%	9%	35%

Table 6. All respondents: Percent agreement on result of VAA Redesign, excluding “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree
... vulnerable adults would be safer and more protected from maltreatment. ³	75%	21%	54%	18%	7%
... the VAA would be more aligned with community and institutional stakeholders’ values.	89%	14%	75%	6%	6%
... the VAA would be more focused on prevention.	83%	26%	57%	14%	3%
... the VAA would be more person-centered.	82%	21%	61%	11%	8%
... APS would be more consistent in responding to reports of maltreatment.	70%	15%	56%	19%	11%
... the public would be more informed about the adult protection system.	86%	17%	69%	14%	0%
...the VAA would address structural inequity and racism.	61%	14%	46%	25%	14%

Comparison across Greater Minnesota and the Twin Cities metro area

Respondents in Greater Minnesota (n = 16) and the Twin Cities metropolitan area (n = 19) reported similar levels of agreement with the following statements (both groups reported high levels of agreement with both statements):

- If the recommendations for redesigning the VAA were implemented, **the VAA would be more aligned with community and institutional stakeholders’ values.**

³ A total of 44 respondents answered this question. All other closed-ended feedback questions include 43 respondents.

- If the recommendations for redesigning the VAA were implemented, **the public would be more informed about the adult protection system.**

Agreement on the following statements was more varied between respondents in Greater Minnesota and respondents in the Twin Cities, though both groups reported high levels of agreement for both statements:

- If the recommendations for redesigning the VAA were implemented, **the VAA would be more focused on prevention.**
- If the recommendations for redesigning the VAA were implemented, **the VAA would be more person-centered.**

None of the respondents in the Twin Cities metro selected “I don’t know” if implementation of the recommendations would make the VAA more person-centered.

A higher proportion of respondents in Greater Minnesota agreed or strongly agreed with the following statements, compared with respondents in the Twin Cities:

- If the recommendations for redesigning the VAA were implemented, **vulnerable adults would be safer and more protected from maltreatment.**
- If the recommendations for redesigning the VAA were implemented, **APS would be more consistent in responding to reports of maltreatment.**

A smaller proportion of respondents in Greater Minnesota agreed or strongly agreed that the recommendations for redesigning the VAA **would address structural inequity and racism**, compared with respondents in the Twin Cities.

Table 7. Greater MN: Percent agreement on result of VAA Redesign, including “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	56%	6%	50%	6%	13%	25%
... the VAA would be more aligned with community and institutional stakeholders' values.	81%	13%	69%	0%	13%	6%
... the VAA would be more focused on prevention.	75%	19%	56%	6%	6%	13%
... the VAA would be more person-centered.	75%	19%	56%	6%	13%	6%
... APS would be more consistent in responding to reports of maltreatment.	50%	6%	44%	6%	13%	31%
... the public would be more informed about the adult protection system.	75%	13%	63%	13%	0%	13%

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
...the VAA would address structural inequity and racism.	38%	6%	31%	13%	13%	38%

Table 8. Twin Cities metro: Percent agreement on result of VAA Redesign, including “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	42%	16%	26%	16%	0%	42%
... the VAA would be more aligned with community and institutional stakeholders’ values.	84%	11%	74%	5%	0%	11%
... the VAA would be more focused on prevention.	68%	26%	42%	16%	0%	16%
... the VAA would be more person-centered.	84%	21%	63%	11%	5%	0%
... APS would be more consistent in responding to reports of maltreatment.	42%	11%	32%	16%	5%	37%
... the public would be more informed about the adult protection system.	74%	16%	58%	11%	0%	16%
...the VAA would address structural inequity and racism.	47%	11%	37%	11%	11%	32%

Comparison across APS and non-APS respondents

Respondents who work for APS (n = 13) and non-APS respondents (n = 23) reported similar levels of agreement with the following statements (both groups reported high levels of agreement with both statements):

- If the recommendations for redesigning the VAA were implemented, **the VAA would be more focused on prevention.**
- If the recommendations for redesigning the VAA were implemented, **the VAA would be more person-centered.**
- If the recommendations for redesigning the VAA were implemented, **the public would be more informed about the adult protection system.**

A larger proportion of APS workers responded “I don’t know” if the VAA would **be more focused on prevention** after implementation of recommendations, compared with a smaller proportion of non-APS workers and a smaller proportion

of the respondents in aggregate. None of the non-APS respondents responded “I don’t know” if implementation of the recommendations **would make the VAA more person-centered.**

Agreement between APS and non-APS workers was more varied as to whether recommendations would **make the VAA more aligned with community and institutional stakeholders’ values,** though both groups reported high levels of agreement.

While nearly two-thirds of APS respondents felt that implementation of the recommendations would **result in vulnerable adults who are safer and more protected from maltreatment,** less than half of non-APS respondents agreed with this statement.

Just over half of non-APS respondents agreed with the following statements, with fewer APS respondents agreeing:

- If the recommendations for redesigning the VAA were implemented, **APS would be more consistent in responding to reports of maltreatment.**
- If the recommendations for redesigning the VAA were implemented, the **VAA would address structural inequity and racism.**

Table 9. APS workers or supervisors: Percent agreement on result of VAA Redesign, including “I don’t know” responses

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don’t Know
... vulnerable adults would be safer and more protected from maltreatment.	62%	8%	54%	0%	8%	31%
... the VAA would be more aligned with community and institutional stakeholders’ values.	85%	8%	77%	0%	8%	8%
... the VAA would be more focused on prevention.	69%	8%	62%	0%	0%	31%
... the VAA would be more person-centered.	77%	8%	69%	0%	8%	15%
... APS would be more consistent in responding to reports of maltreatment.	38%	8%	31%	15%	8%	38%
... the public would be more informed about the adult protection system.	77%	0%	77%	8%	0%	15%
...the VAA would address structural inequity and racism.	23%	0%	23%	31%	8%	38%

Table 10. Non-APS respondents: Percent agreement on result of VAA Redesign, including “I don’t know” responses

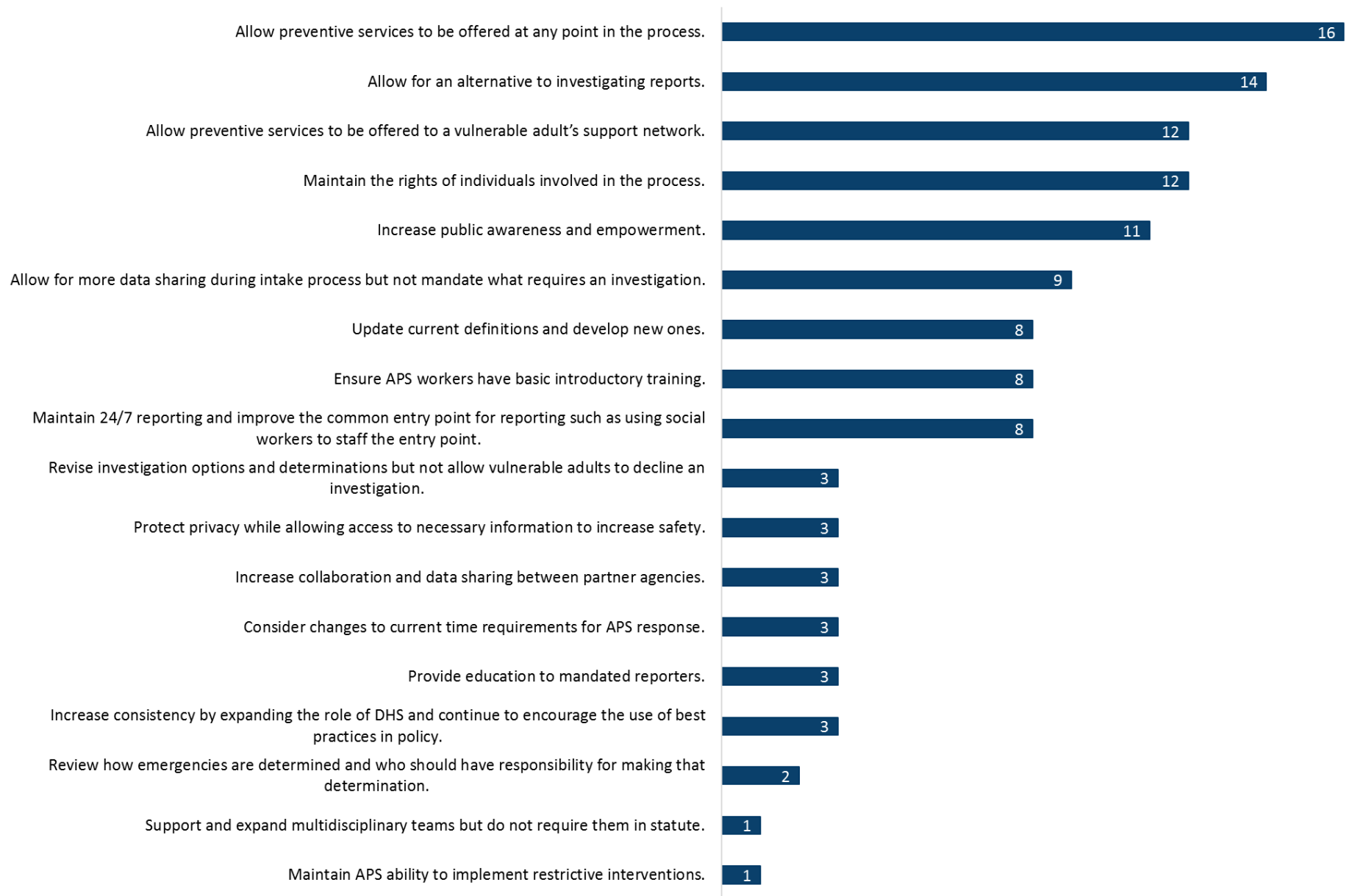
If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don’t Know
... vulnerable adults would be safer and more protected from maltreatment.	43%	13%	30%	17%	4%	35%
... the VAA would be more aligned with community and institutional stakeholders’ values.	78%	13%	65%	4%	4%	13%
... the VAA would be more focused on prevention.	74%	30%	43%	17%	4%	4%
... the VAA would be more person-centered.	78%	26%	52%	13%	9%	0%
... APS would be more consistent in responding to reports of maltreatment.	52%	9%	43%	9%	9%	30%
... the public would be more informed about the adult protection system.	74%	22%	52%	13%	0%	13%
...the VAA would address structural inequity and racism.	52%	13%	39%	4%	13%	30%

Feedback on recommendations with potential for greatest positive impact

Respondents were asked to select up to three recommendations they thought would have the greatest positive impact on vulnerable adults (Figure 1). Recommendations from the summary report that respondents indicated would have the greatest positive impact included:

- Allowing preventive services to be offered at any point in the process
- Allowing for an alternative to investigating reports
- Allowing preventive services to be offered to a vulnerable adult’s support network
- Maintaining the rights of individuals involved in the process
- Increasing public awareness and empowerment

Figure 1. Recommendations that would have the greatest positive impact on vulnerable adults



Comparison across Greater Minnesota and the Twin Cities metro area

Respondents in the Twin Cities selected the same recommendations as having the greatest impact as the aggregate group. Respondents in Greater Minnesota selected three of the same recommendations compared with both the aggregate group and Twin Cities respondents.

Respondents in Greater Minnesota did not include the following in their top three recommendations that would have the greatest positive impact on vulnerable adults:

- Allow preventive services to be offered to a vulnerable adult’s support network.
- Maintain the rights of individuals involved in the process.

Instead, respondents in Greater Minnesota included the following in their top three recommendations that would have the greatest positive impact on vulnerable adults:

- Allow for more data sharing during intake process but not mandate what requires an investigation.
- Update current definitions and develop new ones.

None of the respondents in the Twin Cities selected “revise investigation options and determinations but not allowing vulnerable adults to decline an investigation” as a recommendation that would have the greatest impact, compared with nearly one-fifth of respondents from Greater Minnesota.

A higher proportion of respondents in the Twin Cities selected “review how emergencies are determined and who should have responsibility for making that determination” as a recommendation that would have the greatest impact. No respondents from Greater Minnesota selected this as their top three.

Across both groups, almost no one selected the following recommendations among their top three as having the greatest potential impact on vulnerable adults:

- Support and expand multidisciplinary teams but do not require them in statute.
- Maintain APS ability to implement restrictive interventions.

Table 11. Location: Recommendations that would have the greatest positive impact on vulnerable adults

Recommendation	Percent Overall	Percent Greater MN	Percent Twin Cities Metro
Allow preventive services to be offered at any point in the process.	37%	31%	37%
Allow for an alternative to investigating reports.	33%	38%	26%
Allow preventive services to be offered to a vulnerable adult’s support network.	28%	13%	37%
Maintain the rights of individuals involved in the process.	28%	19%	37%
Increase public awareness and empowerment.	26%	25%	32%

Recommendation	Percent Overall	Percent Greater MN	Percent Twin Cities Metro
Allow for more data sharing during intake process but not mandate what requires an investigation.	21%	31%	11%
Update current definitions and develop new ones.	19%	25%	21%
Ensure APS workers have basic introductory training.	19%	13%	21%
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	19%	19%	21%
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	7%	19%	0%
Protect privacy while allowing access to necessary information to increase safety.	7%	13%	5%
Increase collaboration and data sharing between partner agencies.	7%	13%	5%
Consider changes to current time requirements for APS response.	7%	13%	5%
Provide education to mandated reporters.	7%	6%	5%
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	7%	6%	11%
Review how emergencies are determined and who should have responsibility for making that determination.	5%	0%	11%
Support and expand multidisciplinary teams but do not require them in statute.	2%	0%	5%
Maintain APS ability to implement restrictive interventions.	2%	6%	0%

Comparison across APS and non-APS respondents

Respondents in the non-APS group selected the same top three recommendations as the aggregate group that would have the greatest positive impact on vulnerable adults. The following also tied for top recommendations among non-APS respondents:

- Update current definitions and develop new ones.
- Ensure APS workers have basic introductory training.

Respondents in the APS worker group selected four of the same top recommendations compared with both the aggregate group and non-APS respondents.

APS respondents did not include the recommendation to allow preventive services to be offered to a vulnerable adult’s support network in their top three recommendations that would have the greatest positive impact on vulnerable adults. Instead, respondents in the APS group included the following in their top recommendations:

- Allow for more data sharing during intake process but not mandate what requires an investigation.
- Update current definitions and develop new ones.
- Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.

None of the respondents in the APS group selected a review of how emergencies are determined and who should have responsibility for making that determination as a recommendation that would have the greatest impact, compared with a higher proportion of non-APS respondents.

Across both groups, almost no one selected the following recommendations among their top three as having the greatest potential impact on vulnerable adults:

- Support and expand multidisciplinary teams but do not require them in statute.
- Maintain APS ability to implement restrictive interventions.

Table 12. Role: Recommendations that would have the greatest positive impact on vulnerable adults

Recommendation	Percent Overall	Percent APS	Percent Non-APS
Allow preventive services to be offered at any point in the process.	37%	23%	43%
Allow for an alternative to investigating reports.	33%	46%	22%
Allow preventive services to be offered to a vulnerable adult’s support network.	28%	8%	39%
Maintain the rights of individuals involved in the process.	28%	23%	35%
Increase public awareness and empowerment.	26%	31%	26%
Allow for more data sharing during intake process but not mandate what requires an investigation.	21%	38%	9%
Update current definitions and develop new ones.	19%	23%	22%
Ensure APS workers have basic introductory training.	19%	8%	22%
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	19%	23%	17%
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	7%	15%	4%

Recommendation	Percent Overall	Percent APS	Percent Non-APS
Protect privacy while allowing access to necessary information to increase safety.	7%	8%	9%
Increase collaboration and data sharing between partner agencies.	7%	8%	9%
Consider changes to current time requirements for APS response.	7%	8%	9%
Provide education to mandated reporters.	7%	8%	4%
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	7%	15%	4%
Review how emergencies are determined and who should have responsibility for making that determination.	5%	0%	9%
Support and expand multidisciplinary teams but do not require them in statute.	2%	0%	4%
Maintain APS ability to implement restrictive interventions.	2%	0%	4%

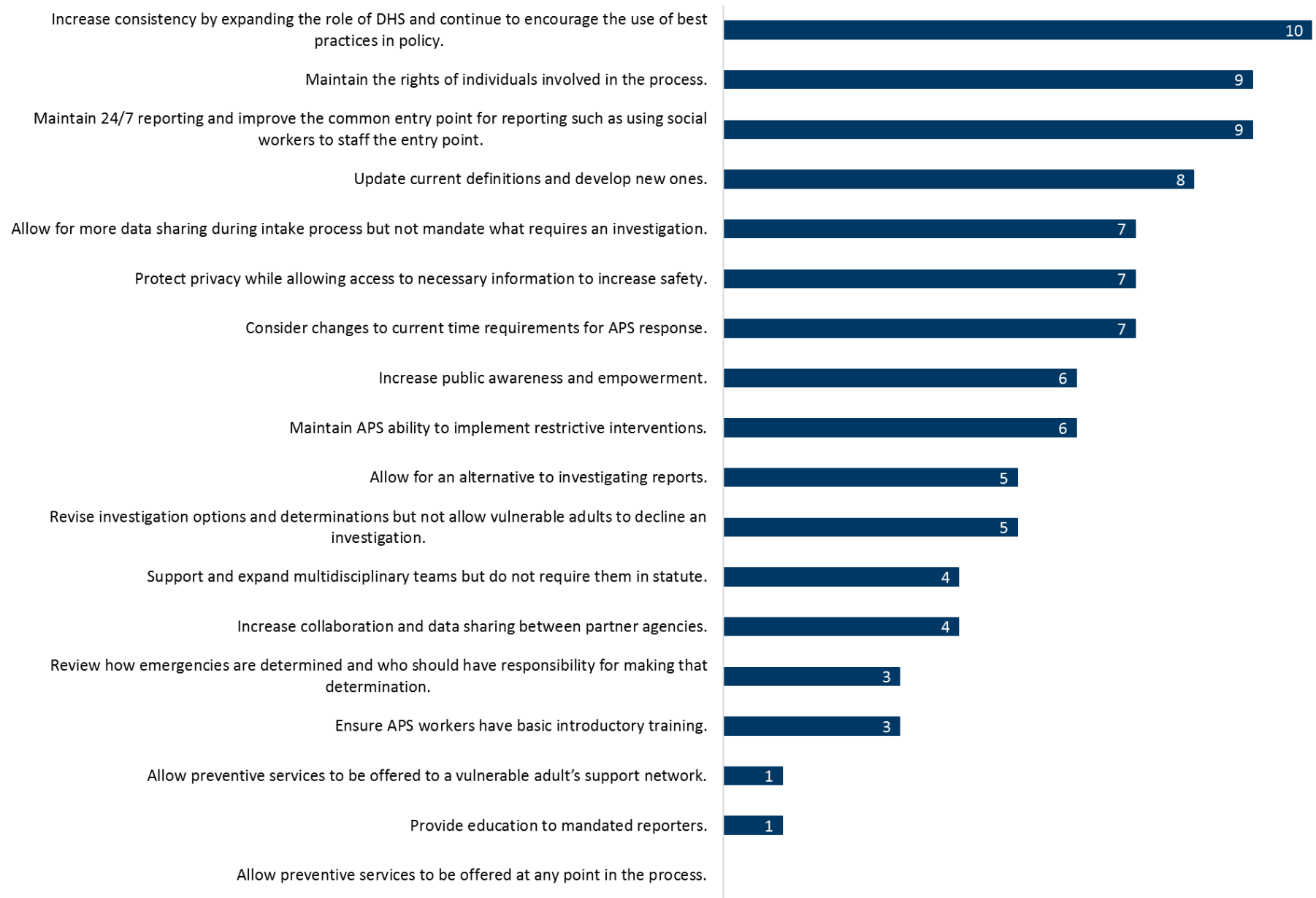
Feedback on recommendations of greatest concern

Respondents were asked to select up to three recommendations they were most concerned about being implemented (Figure 2). Respondents were not asked to explain what concerned them about these recommendations.

Recommendations that were more likely to be selected by respondents as one of their top three concerns included:

- Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.
- Maintain the rights of individuals involved in the process.
- Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.
- Update current definitions and develop new ones.
- Allow for more data sharing during the intake process but not mandate what requires an investigation.
- Protect privacy while allowing access to necessary information to increase safety.
- Consider changes to current time requirements for APS response.

Figure 2. Recommendations of greatest concern



Comparison across Greater Minnesota and the Twin Cities metro area

Respondents in Greater Minnesota and the Twin Cities both selected four recommendations they were concerned about that overlapped with the aggregate groups' top recommendations of concern, though there was variation in which four recommendations were selected.

Respondents in Greater Minnesota also included the following recommendations in their top concerns:

- Increase public awareness and empowerment.
- Review how emergencies are determined and who should have responsibility for making that determination.

Respondents in the Twin Cities also included as a top concern the recommendation to maintain APS's ability to implement restrictive interventions.

None of the respondents in the Twin Cities were concerned about the recommendation to review how emergencies are determined and who should have responsibility for making that determination, though nearly one-fifth of respondents from Greater Minnesota were concerned about that recommendation.

Almost no one selected the following recommendations as a top concern:

- Allow preventive services to be offered to a vulnerable adult's support network.
- Provide education to mandated reporters.
- Allow preventive services to be offered at any point in the process.

Table 13. Location: Recommendations of greatest concern

Recommendation	Percent Overall	Percent Greater MN	Percent Twin Cities Metro
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	23%	25%	26%
Maintain the rights of individuals involved in the process.	21%	13%	26%
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	21%	31%	16%
Update current definitions and develop new ones.	19%	13%	32%
Allow for more data sharing during intake process but not mandate what requires an investigation.	16%	25%	11%
Protect privacy while allowing access to necessary information to increase safety.	16%	19%	11%
Consider changes to current time requirements for APS response.	16%	13%	21%

Recommendation	Percent Overall	Percent Greater MN	Percent Twin Cities Metro
Increase public awareness and empowerment.	14%	19%	5%
Maintain APS ability to implement restrictive interventions.	14%	13%	21%
Allow for an alternative to investigating reports.	12%	6%	11%
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	12%	13%	11%
Support and expand multidisciplinary teams but do not require them in statute.	9%	13%	11%
Increase collaboration and data sharing between partner agencies.	9%	6%	16%
Review how emergencies are determined and who should have responsibility for making that determination.	7%	19%	0%
Ensure APS workers have basic introductory training.	7%	6%	5%
Allow preventive services to be offered to a vulnerable adult's support network.	2%	6%	0%
Provide education to mandated reporters.	2%	0%	5%
Allow preventive services to be offered at any point in the process.	0%	0%	0%

Comparison across APS and non-APS respondents

APS and non-APS respondents both selected five recommendations they were concerned about that overlapped with the aggregate groups' top recommendations of concern, though there was variation in which five recommendations were selected.

APS respondents also included the following recommendations in their top concerns:

- Maintain APS ability to implement restrictive interventions.
- Allow for an alternative to investigating reports.
- Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.
- Review how emergencies are determined and who should have responsibility for making that determination.

Non-APS respondents also included the following recommendations in their top concerns:

- Increase public awareness and empowerment.
- Maintain APS ability to implement restrictive interventions.

None of the APS respondents selected the following recommendations as top concerns, though larger proportions of the aggregate and/or non-APS groups selected them as concerns:

- Consider changes to current time requirements for APS response.
- Increase public awareness and empowerment.
- Ensure APS workers have basic introductory training.
- Allow preventive services to be offered to a vulnerable adult’s support network.

Almost no one selected the following recommendations as a top concern:

- Provide education to mandated reporters.
- Allow preventive services to be offered at any point in the process.

Table 14. Role: Recommendations of greatest concern

Recommendation	Percent Overall	Percent APS	Percent Non-APS
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	23%	15%	30%
Maintain the rights of individuals involved in the process.	21%	15%	26%
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	21%	31%	17%
Update current definitions and develop new ones.	19%	8%	30%
Allow for more data sharing during intake process but not mandate what requires an investigation.	16%	31%	9%
Protect privacy while allowing access to necessary information to increase safety.	16%	23%	13%
Consider changes to current time requirements for APS response.	16%	0%	26%
Increase public awareness and empowerment.	14%	0%	17%
Maintain APS ability to implement restrictive interventions.	14%	15%	17%
Allow for an alternative to investigating reports.	12%	23%	4%

Recommendation	Percent Overall	Percent APS	Percent Non-APS
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	12%	15%	9%
Support and expand multidisciplinary teams but do not require them in statute.	9%	8%	13%
Increase collaboration and data sharing between partner agencies.	9%	8%	13%
Review how emergencies are determined and who should have responsibility for making that determination.	7%	15%	4%
Ensure APS workers have basic introductory training.	7%	0%	9%
Allow preventive services to be offered to a vulnerable adult's support network.	2%	8%	0%
Provide education to mandated reporters.	2%	0%	4%
Allow preventive services to be offered at any point in the process.	0%	0%	0%

Additional comments

Respondents were also asked to provide any additional comments they had about the VAA Redesign recommendations. Open-ended responses were received from 23 survey respondents and from two individuals via email. Quotations below reflect direct quotes submitted through the survey or over email. Any information that could be used to identify an individual by their response has been redacted. Errors in spelling, grammar, or usage have not been changed.

Positive comments about the redesign praised the person-centered framework and the potential for improved partnerships.

- As an Area Agency on Aging charged under the Older Americans Act (OAA) to advocate on behalf of older adults on federal, state, and local policies that affect them, our focus is the ultimate safety and protection of people at risk. We find the recommendations to be a needed strengthening of Adult Protective Services and we support the person-first frame. Preventive services must include the ability of APS workers to access social services for people at risk and their family caregivers, including through timely connection to the Senior LinkAge Line and to OAA-funded and other community service providers. Senior LinkAge Line specialists are skilled not only in responding to, but also reaching out, to older adults to assess need, refer to services, and identify potential eligibility for public benefits as demonstrated in their Return to Community and PAS roles. With additional training they can also become a more effective conduit to identify and report suspected neglect or maltreatment.
- The majority of the recommendations are thoughtful improvements and would allow for a better system for all parties involved.

- I was impressed with the amount and variation of input that was sought. The table below [Table 15] which I pulled from the CCOA Equity Tool speaks to the various ways to engage. I think there are some great moments of community engagement within the process outlined in the VAA report. I appreciate you sharing this for feedback.

Table 15. CCOA Equity Tool table referenced in public comment, developed by the International Association for Public Participation, reproduced here as a table for accessibility

	Inform	Consult	Involve	Collaborate	Empower
Public Participation goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decisions including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

A few respondents provided negative feedback on multiple aspects of the redesign. Included in these responses are more specific comments about the use of resources for redesign purposes, training for APS workers, and suggested edits to the summary report, which are also reflected in other responses detailed elsewhere.

- SEE the Comprehensive Plan for Prevention of Abuse & Neglect of People with Disabilities, prepared by the Olmstead Prevention of Abuse & Neglect (A&N) Specialty Committee for the Olmstead Subcabinet [REDACTED]. These current VAA Redesign recommendations exclude self-advocates (not invited to the table?); support the flawed & onerous investigative MAARC system that has not shown to reduce A&N incidents in MN; fail to consider proven strategies of A&N prevention that promote Leadership & Inclusion of people with disabilities; deny importance of risk reduction education & outreach to people w/disabilities & seniors; ignores the need for timely & effective victim response planning to promote healing; and fails to offer any specifics of how the systems actions can/will hold perpetrators accountable.

- 1. repetitive and not best use of tight resources. 2. support self neglect assessment only 3. there should be some framework in determining whether to open an investigation 8. Maintain current rights established in VAA of someone alleged to be responsible for maltx 9. Consent should be required, not just a best practice 10. case manager information should not be use to decide not to open an investigation 11. Combine the APS review within 24 hours bullet with the assessment and safety planning should take as long as necessary bullet 13. APS should document least restrictive interventions considered, including supported decision making before considering more restrictive interventions 14. Current MAARC staff are not trained to triage emergencies 15. APS workers should be trained before working independently 18. Staffing MAARC with SWs in not realistic given the workforce shortage and current financial constraints.
- Creating a hotline for the public: Disability, Veteran's, Senior Linkage and MAARC are already in place. I don't know that we need another "hotline." You talk about person-centered, but then later state that Vulnerable adults should not be able to decline an investigation. Regarding assigned case managers, often times in smaller counties the assigned case manager is the MNCHOICE assessor, APS investigator and any other role needing to be filled. Also, it is a bit condescending when it states that APS workers should have a basic level of introductory trainings before working independently. We do this now as we do for other programs where mandatory training is required. Some of the items in the report were vague.
- The focal issues in the report are fundamental to an effective APS system, and the challenge of arriving at goal is enormous in light of 87 very different county governments with such diversity of resources, travel conditions (even pre-pandemic), and demographics. For me, the most critical achievement will be ensuring the capacity to: 1) bring to light those situations where a vulnerable adult is an apparent victim of maltreatment at home and without licensed services, 2) ensure that APS can assess the situation, 3) offer and refer to/arrange for help in situations where apparent maltreatment is lack of know-how, information, ability to pay, - where a social service response is needed, 4) otherwise substantiate maltreatment and take steps to protect the vulnerable adult and, where necessary, seek action against the perpetrator.

The majority of respondents provided negative feedback on specific areas of the redesign, often providing suggestions for improvement. Respondents commonly focused on topics such as the role of caregivers, self-neglect and risk, investigations, training for APS workers and mandated reporters, equity, and definitions. Respondents also suggested edits to the summary report.

- I fully agree that "caregiver neglect" is one of the hardest issues in the VAA. Ultimately, anyone so disposed can abuse or exploit a vulnerable adult, but ONLY a caregiver can perpetrate neglect. I wouldn't go so far as to conclude, as the report does, that when the caregiver is family, it's contrary to public policy for the caregiver to be subject to repercussions for intentional maltreatment. That would take us back to the days when dangerous domestic situations were cast off as "family matters." That said, the bulk of the family caregiving failures are likely the result of financial insecurity, limited know-how, and mental health issues that might date back generations, so we don't serve society well by simply threatening to punish those who may be parallel victims.
- Caregivers are people who have responsibility for care: if caregiver (formal/informal/compensated/not compensated) assumes care in some areas, but cannot control situation (cannot force compliance of VA to accept services, to make good decisions, etc.) which then is reported as caregiver neglect, this is extremely concerning. Unfair to earnest caregiver who may lack skills, or when there is lack of access to resources (cost, location, etc.), or VA refuses/sabotages services: if that caregiver is then reported and

investigated for maltreatment, extremely concerning. Also, likely result in many not wanting to get involved to help at all, if they can help some, but not fully “protect” a VA from all harm/neglect: why would anyone take on caregiving responsibility if that could happen to them??

- I am concerned about the lack of investigation for self-neglect cases. I worry that if an investigation is not completed, and harm/substantiation is not found, that restrictive measures may be implemented more often/without sufficient evidence. I think that an alternative approach is nice and works great when harm is not present/restrictive measures are not needed, but when it comes to implementing a restrictive measure (such as rep payee, guardianship, or conservatorship) an investigation and harm is necessary.
- I wish there was better investigation when report is made. Many times nothing happens. As a mandated reporter reports need to be constantly called in. How many times are events missed by those that don't call in?
- If after starting an investigation, the APS worker realizes further questioning of the alleged perpetrator can cause more harm and not result in any clear change to benefit the vulnerable adult, there is currently nothing a worker can do but finish an investigation based on the current recommendations.
- One major glaring issue that I didn't see even discussed is the complete lack of acknowledgement of the inherent suffering that comes with reporting, especially when the victim is the reporter. There's nothing in these recommendations about ensuring that you lift up the voices of victims by starting in a space where everyone believes victims. As a multiple times victim and reporter who was not only not believed; but disparaged by MAARC staff, county staff, law enforcement, mandated reporters, and literally everyone who was supposed to protect me; nothing matters until victims are believed. Countless excuses were made and my report was purposefully written with numerous errors to circumvent investigation requirements and altered later after another dept attempted to investigate the lack of investigation. If you cannot start by believing victims, you cannot ever make this system person-centered and the sham investigations will always favor the perpetrators. Put victims first, always!
- I am extremely concerned with reporter receiving outcome of investigation. It's an investigation that has no benefit from their knowing the outcome. Preventive measures are always provided during investigations. Collaboration with other agencies isn't needed to conduct the investigation when the investigator can obtain whatever is needed with their authority. Self-neglect is the responsibility of the case manager. Case manager's have never received training on what they can & should do. If an investigator collaborates & shares information, this confidential information is shared exponentially by the person who received it. They don't keep it confidential because they are so used to sharing private information. They also don't think they should. I have had case managers and providers share confidential information about an investigation to others who have then called me for information. I hold privacy of my client very extremely important. Client shouldn't have to feel ashamed.
- All three areas we check about concerns will possibly require funding and one of them, training for workers, should already be happening at a fairly sophisticated level.
- APS should already be getting introductory training. If that is not happening—must start. Education—work to make mandated reporting training part of the curriculum for all Health Care Fields.
- Do APS workers and mandated reporters receive any training in cultural competency so that they may determine if the vulnerable adult is receiving culturally appropriate care? A lack of cultural awareness and sensitivity could lead to various aspects of the vulnerable adult's life being neglected and not cared

for. Does the minimum of eight hours of continuing education or in-service training each year that is mentioned on page 15 of the report include cultural competency components? Think along the lines of the Intercultural Development Inventory in terms of being able to cross over from one culture to another. As indicated on page 18 of the report, independence, autonomy, self-determination, or freedom were identified values, but how might people of various cultures define these values?

- Last question was not phrased in a way to address well. Does it mean that we think those features if implemented would hurt the system, or that we think wouldn't get done and therefore worry about most (which would otherwise be the priorities in the previous question,) or what? Puzzled for a long time about that one! Also, it completely mystifies me that the ensure of basic training of APS staff isn't a current given! There is so much existing law, rules, policy manuals, etc that already exist! There is nothing in the current law that prevents referrals to problem solving resources—just do it now! Overall goal should be prevention, support, resource referrals, particularly to the AAA system and other supportive systems. And, of course, the real problem is failure to provide the existing system with adequate resources and prioritization. I hate to see resources spent on redesign rather than supporting and improving the existing system.
- I believe that there needs to be some changes made to whom the APS workers can talk to in the intake process of reports. APS workers should not have to screen in a report to just give the family or VA resources. Also I do believe that there needs to be better training and a more through interview process on the side of MAARC and training on the side of Mandated reports on what constitutes EPS and how to make a complete report. Reports made from a hospital or emergency medical placement need to be routed to the place where the VA resides. All reports should go to the County where the VA resides, not where they are hospitalized unless they happen to live in that county. There is a considerable amount of time taken up by bouncing reports in this situation. I also believe that there needs to be training for first responders (EMS, Fire, Police) and APS workers together so that they can learn how to investigate together. Explain the benefits of collaboration.
- More out of curiosity's sake, in the counties that do not have the capacity for MDTs, are there any other support services or options that would allow for care in a holistic way similar to that of MDTs? If we combine geographic location along with other factors and identities, the lack of complete care for people with multiple oppressed identities is an issue of equity. If this [DHS should finance and support the administration of county-based MDTs] is ever acted upon, the anti-racist equity analysis tool would be useful in developing a budget. (Leverage with the fact that reeducation of disparities aligns w/DHS Equity Policy to vie for a substantial enough budget).
- I'm glad this was brought up. This can be used as evidence of the need for cultural competency trainings: Cultural responsiveness, cultural relevancy, and equity did not rise to the top as a major concern in feedback at the APS Stakeholders Summit, which may emphasize the current disconnect between what community members desire from the system and APS's current institutional positionality, with a majority white, female workforce.
- It is critical in crafting new definitions of caretakers and concepts like person-centered care to consider the circumstances of many LGBT vulnerable adults. Older LGBT adults, in particular, often do not have partners or children, and may have strained relationships with biological families. Relatives, who may not have had much recent interactions with the clients, may try to cut off contact with other LGBT friends, including unmarried partners, or try to interfere with medical treatment relating to a gender transition. The definition of caretaker should be broad enough to encompass more than just biological family, and concepts of self-determination/person-centeredness should take into account individuals'

sexual and gender identities with an eye toward fostering conditions where people feel safe disclosing these identities, and where these identities are respected and acknowledged as part of “who this person is.” This includes interactions with both staff and other residents.

- The data sharing and collaboration recommendations should include allowing more data during the intake process to be shared with providers of services. “Providers” should be included in the group of persons who APS may share information in order to prevent further harm to the VA. Preventive services can then be offered and implemented for the VA because the provider is one piece of the “supportive network” for the VA. The sharing of information is best practice because it can be used to protect the VA, and to prevent further maltreatment. Shifting the focus of the VA from investigation/blame/prosecution to protection may in fact promote more reports and reports made earlier. This change in focus may end the maltreatment and prevent it ongoing. In order to reduce overreporting from providers, the definitions must be clarified.
- It is critically important that Minnesota remain in alignment with the terms and practices of the National Adult Protective Services Association (NAPSA) and with the National Adult Maltreatment Reporting System (NAMRS) in utilizing common definitions for data collection. This data drives the evidence we require to seek federal legislative funding for APS programs across the nation. The standardization of terms that now exists would be disrupted if Minnesota changes nomenclature for the classification of findings (substantiated, inconclusive, false) and the terms for “investigation”, which would work to the disadvantage of Minnesota and NAMRS. We do not want to go backwards in undoing what national groups are working on now that puts Minnesota into a silo by itself for data tracking purposes. Words have meaning in many areas we might not think of. NAPSA also is completing research and will be putting out a white paper on the classifications of findings that would be impacted.
- Add addendum to report: Coordination with VAA and federal health facility abuse and neglect reporting, prioritization of investigations onsite within a 2-3 business days for those with serious impact, streamline investigation, reports due within 2 weeks after. The federal nursing home, ICF-IID, PRTE, Hospital for example have abuse/neglect (ie maltreatment) that have outcome that is quicker and equivalent and appears more effective (except for individual perpetrators) for health facility that VAA. Recommend further study to look at the law requirements for both, the different investigative processes, timeliness of investigation & reports and which is the most appropriate to stop harm/injury from occurring and promote person centered. thanks
- I would like to see a “bottom line” for county staffing for APS, although I recognize the funding implications for the state and counties. Unless that can be successfully addressed, it will be exceptionally difficult for counties with less than 1 FTE APS staffing to attain and maintain high enough standards.

Respondents also provided other suggestions for improvement, including improvements to the VAA, the redesign engagement process, the summary report, or the public comment process:

- Change the name
- Don’t consider people who are their own guardians and live on their own a VA.
- The issue starts with the two sentence Introduction, the “headline” so to speak, of the report: Introduction: “The VAA, Minnesota Statutes 626.557, which was passed in 1980, establishes state policy for the protection of vulnerable adults. **The VAA has not been substantially reviewed since it was passed 40 years ago.**” That stopped me in my tracks! I’ve attached the content summary and session laws from the major overhauls in 1993-95 and 2007-09. Some of the many milestones in those periods

were the first crack at definitions, creation of lead agencies, addition of criminal maltreatment laws, increased attention to financial exploitation as the field expanded, and the authorizing language for the MAARC. So not only is that introduction inaccurate, it's a real slap in the face to all of those who have advocated our way up to the starting point for the recommendations in the report. Speaking of which, I know it's hard to change the title at this point in the process, but as I hope I'd recommended much earlier, this report is not a VAA Redesign. It is a very important examination of APS roles and tools and philosophical approaches. It is not a sweeping redesign of DHS licensing, MDH licensing, law enforcement roles and the entirety of the criminal law. It might also be better tactically to clarify that the recommendations on APS and related issues in the VAA instead of sweeping redesign because it sounds more budget-conscious, a trait that is going to be critical in the coming year's appropriations.

- From what I could tell, cultural competency training would be beneficial for APS workers and mandated reporters, and I am wondering as to the statistical comparison between those who gave feedback and the population of vulnerable adults in Minnesota and in what languages information is being conveyed to the public. I know there was a diverse group who provided feedback to those working on the VAA redesign effort. I'm curious as to whether this diverse group was statistically representative of the makeup of the vulnerable adults residing in MN. It seems like there were thoughtful efforts to gather identified values from community members, adult protection workers, and others outside of this realm. However, whose voice was not at the table?
- It would be ideal if anti-racism could be embedded into person-centered approaches so as to align with the Commissioner's vision of making DHS an anti-racist agency. "Anti-racist person-center approaches" could be a future goal.
- I appreciate the consideration of cultural responsiveness. How robust are the efforts to ensure that information provided to the public can be accessed by everyone? In what languages is the information offered? Who is being left out by way of language barriers/access issues?
- [REDACTED]. Overall, we do not find this survey is sufficient nor appropriate in collecting feedback in response to the report. Please also offer other intentional opportunities for community members to be meaningfully engaged in the ongoing redesign process.

Data tables

Table 16. All respondents: Agreement on result of VAA Redesign, including unsure respondents

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment. ⁴	21	6	15	5	2	16
... the VAA would be more aligned with community and institutional stakeholders' values.	32	5	27	2	2	7
... the VAA would be more focused on prevention.	29	9	20	5	1	8
... the VAA would be more person-centered.	31	8	23	4	3	5
... APS would be more consistent in responding to reports of maltreatment.	19	4	15	5	3	16
... the public would be more informed about the adult protection system.	30	6	24	5	0	8
...the VAA would address structural inequity and racism.	17	4	13	7	4	15

Table 17. Greater Minnesota respondents: Agreement on result of VAA Redesign, including unsure respondents

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	9	1	8	1	2	4
... the VAA would be more aligned with community and institutional stakeholders' values.	13	2	11	0	2	1

⁴ A total of 44 respondents answered this question. All other closed-ended feedback questions include 43 respondents.

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... the VAA would be more focused on prevention.	12	3	9	1	1	2
... the VAA would be more person-centered.	12	3	9	1	2	1
... APS would be more consistent in responding to reports of maltreatment.	4	1	7	1	2	5
... the public would be more informed about the adult protection system.	12	2	10	2	0	2
...the VAA would address structural inequity and racism.	6	1	5	2	2	6

Table 18. Twin Cities metro respondents: Agreement on result of VAA Redesign, including unsure respondents

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	8	3	5	3	0	8
... the VAA would be more aligned with community and institutional stakeholders' values.	16	2	14	1	0	2
... the VAA would be more focused on prevention.	13	5	8	3	0	3
... the VAA would be more person-centered.	16	4	12	2	1	0
... APS would be more consistent in responding to reports of maltreatment.	8	2	6	3	1	7
... the public would be more informed about the adult protection system.	14	3	11	2	0	3

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
...the VAA would address structural inequity and racism.	9	2	7	2	2	6

Table 19. APS workers or supervisors: Agreement on result of VAA Redesign, including unsure respondents

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	8	1	7	0	1	4
... the VAA would be more aligned with community and institutional stakeholders' values.	11	1	10	0	1	1
... the VAA would be more focused on prevention.	9	1	8	0	0	4
... the VAA would be more person-centered.	10	1	9	0	1	2
... APS would be more consistent in responding to reports of maltreatment.	5	1	4	2	1	5
... the public would be more informed about the adult protection system.	10	0	10	1	0	2
...the VAA would address structural inequity and racism.	3	0	3	4	1	5

Table 20. Non-APS respondents: Agreement on result of VAA Redesign, including unsure respondents

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... vulnerable adults would be safer and more protected from maltreatment.	10	3	7	4	1	8

If the recommendations for redesigning the VAA were implemented...	Strongly Agree and Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
... the VAA would be more aligned with community and institutional stakeholders' values.	18	3	15	1	1	3
... the VAA would be more focused on prevention.	17	7	10	4	1	1
... the VAA would be more person-centered.	18	6	12	3	2	0
... APS would be more consistent in responding to reports of maltreatment.	12	2	10	2	2	7
... the public would be more informed about the adult protection system.	17	5	12	3	0	3
...the VAA would address structural inequity and racism.	12	3	9	1	3	7

Table 21. Recommendations that would have the greatest positive impact on vulnerable adults

Recommendation	Number
Allow preventive services to be offered at any point in the process.	16
Allow for an alternative to investigating reports.	14
Allow preventive services to be offered to a vulnerable adult's support network.	12
Maintain the rights of individuals involved in the process.	12
Increase public awareness and empowerment.	11
Allow for more data sharing during intake process but not mandate what requires an investigation.	9
Update current definitions and develop new ones.	8
Ensure APS workers have basic introductory training.	8
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	8

Recommendation	Number
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	3
Protect privacy while allowing access to necessary information to increase safety.	3
Increase collaboration and data sharing between partner agencies.	3
Consider changes to current time requirements for APS response.	3
Provide education to mandated reporters.	3
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	3
Review how emergencies are determined and who should have responsibility for making that determination.	2
Support and expand multidisciplinary teams but do not require them in statute.	1
Maintain APS ability to implement restrictive interventions.	1

Table 22. Location: Recommendations that would have the greatest positive impact on vulnerable adults

Recommendation	Number Overall	Number Greater MN	Number Twin Cities Metro
Allow preventive services to be offered at any point in the process.	16	5	7
Allow for an alternative to investigating reports.	14	6	5
Allow preventive services to be offered to a vulnerable adult's support network.	12	2	7
Maintain the rights of individuals involved in the process.	12	3	7
Increase public awareness and empowerment.	11	4	6
Allow for more data sharing during intake process but not mandate what requires an investigation.	9	5	2
Update current definitions and develop new ones.	8	4	4
Ensure APS workers have basic introductory training.	8	2	4

Recommendation	Number Overall	Number Greater MN	Number Twin Cities Metro
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	8	3	4
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	3	3	0
Protect privacy while allowing access to necessary information to increase safety.	3	2	1
Increase collaboration and data sharing between partner agencies.	3	2	1
Consider changes to current time requirements for APS response.	3	2	1
Provide education to mandated reporters.	3	1	1
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	3	1	2
Review how emergencies are determined and who should have responsibility for making that determination.	2	0	2
Support and expand multidisciplinary teams but do not require them in statute.	1	0	1
Maintain APS ability to implement restrictive interventions.	1	1	0

Table 23. Role: Recommendations that would have the greatest positive impact on vulnerable adults

Recommendation	Number Overall	Number APS	Number Non-APS
Allow preventive services to be offered at any point in the process.	16	3	10
Allow for an alternative to investigating reports.	14	6	5
Allow preventive services to be offered to a vulnerable adult's support network.	12	1	9
Maintain the rights of individuals involved in the process.	12	3	8
Increase public awareness and empowerment.	11	4	6
Allow for more data sharing during intake process but not mandate what requires an investigation.	9	5	2

Recommendation	Number Overall	Number APS	Number Non-APS
Update current definitions and develop new ones.	8	3	5
Ensure APS workers have basic introductory training.	8	1	5
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	8	3	4
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	3	2	1
Protect privacy while allowing access to necessary information to increase safety.	3	1	2
Increase collaboration and data sharing between partner agencies.	3	1	2
Consider changes to current time requirements for APS response.	3	1	2
Provide education to mandated reporters.	3	1	1
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	3	2	1
Review how emergencies are determined and who should have responsibility for making that determination.	2	0	2
Support and expand multidisciplinary teams but do not require them in statute.	1	0	1
Maintain APS ability to implement restrictive interventions.	1	0	1

Table 24. Recommendations of greatest concern

Recommendation	Number
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	10
Maintain the rights of individuals involved in the process.	9
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	9
Update current definitions and develop new ones.	8

Recommendation	Number
Allow for more data sharing during intake process but not mandate what requires an investigation.	7
Protect privacy while allowing access to necessary information to increase safety.	7
Consider changes to current time requirements for APS response.	7
Increase public awareness and empowerment.	6
Maintain APS ability to implement restrictive interventions.	6
Allow for an alternative to investigating reports.	5
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	5
Support and expand multidisciplinary teams but do not require them in statute.	4
Increase collaboration and data sharing between partner agencies.	4
Review how emergencies are determined and who should have responsibility for making that determination.	3
Ensure APS workers have basic introductory training.	3
Allow preventive services to be offered to a vulnerable adult's support network.	1
Provide education to mandated reporters.	1
Allow preventive services to be offered at any point in the process.	0

Table 25. Location: Recommendations of greatest concern

Recommendation	Number Overall	Number Greater MN	Number Twin Cities Metro
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	10	4	5
Maintain the rights of individuals involved in the process.	9	2	5
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	9	5	3
Update current definitions and develop new ones.	8	2	6

Recommendation	Number Overall	Number Greater MN	Number Twin Cities Metro
Allow for more data sharing during intake process but not mandate what requires an investigation.	7	4	2
Protect privacy while allowing access to necessary information to increase safety.	7	3	2
Consider changes to current time requirements for APS response.	7	2	4
Increase public awareness and empowerment.	6	3	1
Maintain APS ability to implement restrictive interventions.	6	2	4
Allow for an alternative to investigating reports.	5	1	2
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	5	2	2
Support and expand multidisciplinary teams but do not require them in statute.	4	2	2
Increase collaboration and data sharing between partner agencies.	4	1	3
Review how emergencies are determined and who should have responsibility for making that determination.	3	3	0
Ensure APS workers have basic introductory training.	3	1	1
Allow preventive services to be offered to a vulnerable adult's support network.	1	1	0
Provide education to mandated reporters.	1	0	1
Allow preventive services to be offered at any point in the process.	0	0	0

Table 26. Role: Recommendations of greatest concern

Recommendation	Number Overall	Number APS	Number Non-APS
Increase consistency by expanding the role of DHS and continue to encourage the use of best practices in policy.	10	2	7
Maintain the rights of individuals involved in the process.	9	2	6

Recommendation	Number Overall	Number APS	Number Non-APS
Maintain 24/7 reporting and improve the common entry point for reporting such as using social workers to staff the entry point.	9	4	4
Update current definitions and develop new ones.	8	1	7
Allow for more data sharing during intake process but not mandate what requires an investigation.	7	4	2
Protect privacy while allowing access to necessary information to increase safety.	7	3	3
Consider changes to current time requirements for APS response.	7	0	6
Increase public awareness and empowerment.	6	0	4
Maintain APS ability to implement restrictive interventions.	6	2	4
Allow for an alternative to investigating reports.	5	3	1
Revise investigation options and determinations but not allow vulnerable adults to decline an investigation.	5	2	2
Support and expand multidisciplinary teams but do not require them in statute.	4	1	3
Increase collaboration and data sharing between partner agencies.	4	1	3
Review how emergencies are determined and who should have responsibility for making that determination.	3	2	1
Ensure APS workers have basic introductory training.	3	0	2
Allow preventive services to be offered to a vulnerable adult's support network.	1	1	0
Provide education to mandated reporters.	1	0	1
Allow preventive services to be offered at any point in the process.	0	0	0