

June 2022 APS TARC Podcast Transcript

Enacting Equity-Informed APS Program Change: Maximizing Funding, Data and Collaboration

Intro

[00:00:00]

Krista Brown: Welcome to the Adult Protective Services, Technical Assistance Resource Center podcast. The third in a series of podcasts plan for this year, we come to you with the goal of sharing promising practices and innovations from various APS programs. Who've received Administration for Community Living ACL discretionary grants.

We hope to highlight what is achievable with fresh ideas and new partnerships to help you envision what may be replicated in your program. In this podcast, Jennifer Spoeri, APS, TARC subject matter expert and Mary McGurran Adult Protection Supervisor with the Minnesota Department of Human Services.

Discuss how Minnesota APS is making equity informed change across the program. Spectrum. By maximizing ACL funding data and multi-level stakeholder collaboration. Before we go to our interview a quick disclaimer. [00:01:00] The Adult Protective Services, Technical Assistance Resource Center APS TARC is a project of the U S Administration for Community Living Administration on Aging Department of Health and Human Services and administered by WRMA incorporated, contractors, findings, conclusions, and points of view, do not necessarily represent the official policy of the federal group.

For those that may be new to adult protective services and not familiar with the APS TARC. Our mission is to enhance the effectiveness of state APS programs by supporting federal state and local partners. Use of data and analytics, applying research and evaluation to practice and encouraging the use of innovative practices and strategies.

Now let's join Jennifer Spoeri and Mary McGurran in conversation.

Interview

Jennifer Spoeri: Hello, this is Jennifer Spoeri. I'm here to introduce Mary McGurran. She is the Adult Protection [00:02:00] Supervisor at the Minnesota Department of Human Services and has been leading Minnesota's progress across the program spectrum by building on 2016 and 2018 state enhancements.

And other ACL grants specifically in the areas of data, reporting, assessment, quality assurance, equity, and inclusion, and person-centered outcomes. Mary, I know you've mentioned to me that you couldn't have done this without your incredible team. Can you tell us a bit about your team?

Mary McGurran: Well, in Minnesota, adult protection is located in the Department of Human Services, Aging and Adult Services, which is under the leadership of as Assistant Commissioner for Continuing Care.

Dan Pollock. And Aging and Adult Services Director. Kari Benson APS has tremendous support at the state level from Dan and Kari. Our state team consists of the operations for the state centralized reporting system, the Minnesota Adult Abuse Reporting Center, which we also call MAARC managed by Margie Aranda and Denee Sturdevant.

Uh, five-person [00:03:00] policy team, including Melissa Bonxie as our program policy consultant, Angelo Flowers as our quality assurance program consultant, Peter Larson, our trainer Kelly Klein and Lindsay Brekkie, our local resource specialists for counties and tribal nations. Joseph WowWee is our data analysts for maltreatment reporting and for adult protective services.

And then Minnesota has dozens of APS, supervisors, and managers, and hundreds of workers in local county and tribal programs, along with all the supports that that takes.

Jennifer Spoeri: It does take a village. Right. I'm always curious. And I'm sure our listeners are curious too. Can you tell us about your path to adult protection and how you came to be in your current position?

Mary McGurran: Well, I've always worked with adults who are vulnerable to maltreatment. and a.

Large part of what I did before coming to DHS was assessing strengths needs and decisional capacity of adults with some type of vulnerability or cognitive impairment in order to develop social and service supports for them and alternatives less than [00:04:00] guardianship or at times, um, guardianship was, this was, um, what was necessary for that person in all of my positions.

I've worked with APS workers across multiple counties in Minnesota. And conducted thousands of joint assessments, safety plans, and service interventions alongside APS to engage adults who are vulnerable to maltreatment and their supports and interventions to prevent or stop maltreatment. And after decades of partnering with APS and others in the social services system, I decided I wanted to work on policy and came to the Department of Human Services in 2012 as the policy specialist.

And in 2018, I accepted the position as the supervisor.

Jennifer Spoeri: Well, that experience led, led the way to this position, which really equipped you for this task.

To set the stage for all of us because we know all the states are very different, we're all the same, but we're all we all have our own subtle differences.

Can you briefly explain how APS is administered in Minnesota?

Mary McGurran: Minnesota is, [00:05:00] in the minority in the United States as a state supervised county administered adult protective services system. So, in Minnesota adult protection is, legally in our statutes and essential human service program. That's delivered by counties and tribal nations.

And state supervision in Minnesota means that the state provides the centralized reporting system for suspected maltreatment technology and data system for our county and tribal partners, standardized decision tools, policy guidance, training, case consultation, and quality assurance, performance outcome measures for adult protective services.

And the state also provides some limited grant funding for APS programs. And counties that are responsible to administer their own program. And they also are responsible for a balance of the funding. Our state statute provides definitions and timeframes and procedural requirements, but allows counties, the discretion to create their own prioritization guidelines.

For people that are referred to adult protection by [00:06:00] the MAARC, by the state centralized reporting system, the commissioner's role in APS includes the policy guidance and consistent application of, of the policy across our 87 counties. To carry out our responsibilities for consistency and performance outcomes for adult protection.

We have a small but mighty team located, in the Department of Human Services that I talked about earlier. And so, we're operating the MAARC and, providing that training policy, guidance and support for our county partner. We also have, uh, 11 federally recognized tribal nations, some of whom have adult protective services programs, and the commissioner of DHS can enter into an agreement with any tribal nation to assume the APS duties that are designated under statute as essential human service programs.

Jennifer Spoeri: Wow. So, you said Minnesota has 11 federally recognized tribal nations. Can you tell us more about the work between APS and these tribal nations and how that works?

Mary McGurran: So, it's different, with, with each nation [00:07:00] and each county. Each nation and each county have different relationships, and some are actually the county receives the APS report and then they share it with the tribal nation who responds if the vulnerable adult is a member of the tribal nation or living in their land, on their lands.

Um, some, uh, adult protection programs from the county continue to serve people that are members of tribes. It really, varies tremendously. Across the state at this time, there aren't any tribal nations that have, asked the commissioner to assume APS duties, but that doesn't mean they're not providing adult protective services.

They provide them in a way that's culturally appropriate for their tribal nation and consistent with their own tribal codes.

Jennifer Spoeri: That's just interesting. So let's start with Minnesota's first ACL enhancement grant you received in 2016. Now that's six years ago now. How was this funding used back in 2016?

Mary McGurran: Well, [00:08:00] we use the 2016 funding to really take a look at, the outcomes for people that were reported to APS. Although all of our counties were using a centralized data system, the social service information system that's provided by the department. And they've all been using that since 2009, there was very limited ability to track the outcomes for people that were referred to APS.

We were also focusing on reports and allegations and determinations when we did our counts, but not really on the outcomes for the people that were referred to at all protection. So, we needed to make some critical enhancements to our data system. We lacked, robust data reporting from the social service information system that we really needed to supervise the APS system and that our local county partners needed to manage their own programs.

So, in 2016, we took the opportunity through the ACL grant to enhance Adult Protective Services, to move towards a person centered, coordinated data system, to provide state national data for reporting analysis [00:09:00] and management of APS programs. And our objectives at that time were to create a person-centered data warehouse for reporting on critical steps in response to.

To the person who was reported as maltreated, including determining if the interventions that were offered by APS were effective to reduce risks of recurrence. And we also wanted to de-identify our data to allow for a longer-term trending than was possible due to our data destruction rules so that we could meet our responsibility for data, for evaluation management and prevention and remediation for.

Who are vulnerable to maltreatment. And of course, we wanted to increase our ability to provide case component data for NAMRS submissions, the product of this grant. In addition to the NAMRS submissions that the state made were a public report, which became a adult protection dashboard at the department.

Jennifer Spoeri: Yeah. I think a lot of APS programs have really beefed up their data due to NAMRS and it's, it's helping because we have. That all across the country for APS. [00:10:00] So, so following

the work you did with his 2016 grant in 2018, Minnesota received a second ACL enhancement grant. How did this second enhancement grant build on the grant from 2016,

Mary McGurran: The 2016 grant identified that our adult protection data lacked a quality assurance review.

Prior to the data being tabled in our warehouse. And that was resulting in a lot of anomalies in the data that were impacting the reliability. So, our technical partners at Minnesota, IT which we call minute identified the need for an internal quality assurance process and, and a development environment for our person centered vulnerable adult data mart.

We also had new data now that required analytics that were outside the scope of our resources because in 2013, Our counties we're required to use a standardized intake tool that was provided by the department for making decisions on which people referred by the MAARC as [00:11:00] suspected of being vulnerable adults and maltreated would be accepted by APS.

And as we discussed earlier, consistency is important in a county administered system. People in our state need to be offered the same level of protection, regardless of which county they're located. So, in late 2017, that standardized intake tool that we were using to try and standardize decisions for which people were accepted for APS was integrated into the social service information system.

This meant that there was no statewide data in our data Mart on the results from the standardized intake tool in regard to service outcomes for people referred to adult protection. And then also we had added in, in 2017 a process, we started several years earlier to, uh, capture information on interventions that APS offered and provided to people that they, that they were serving in order to stop the maltreatment and reduce the risk of recurrence.

And so, we had this data also now in our data mart.

Jennifer Spoeri: So [00:12:00] this was really collecting some data you could, you could chew on, you could use and really. Hopefully the outcomes of cases going forward. So, so what did you find in the data collected on the service outcomes or service interventions? I'm curious.

Mary McGurran: Sure. Well, first we found that we, the business rules were only requiring that the interventions be entered for substantiated maltreatment, and that isn't the majority of the work that APS is doing doesn't result in a, in a substantiation. So we found that we really want. Capturing the interventions for all of the work that APS was doing, because we know that even when they didn't substantiate maltreatment, APS was still working with that person in their supports and interventions to reduce their risk.

Of maltreatment. So, we needed to better capture all of the work that APS was doing for all of the people that they were serving, even those that weren't substantiated as having experienced maltreatment. So, we, from what we learned about that instituted a business, a new business rule, requiring [00:13:00] documentation for all the service interventions before the case was closed.

And then we also started to look at the interventions that were being used. We have a very. Um, menu of interventions in our data system for APS to document. And we found that restrictive interventions like guardianship or moving the person where some of the more common APS interventions that were being implemented.

So, this helped us to focus on policy and training, training communications, and partnership to support more person centered interventions by APS, and then to help focus our federal grant funding, our future funding that we got through CRRSA., and ARPA on service fundings for APS client outcomes that are less restrictive to guardianship.

Jennifer Spoeri: Oh boy. You really had a lot of stuff to look at. So, so when did you find, when you really looked at the tool that you were talking about?

Mary McGurran: So, the, intake tool was really probably one of the most significant findings that we had when we, when we did the evaluation. So, the grant [00:14:00] was really offering us an opportunity to improve our data quality and to develop customized reporting and evaluate the validity and the service outcomes from the standardized tool we wanted to see, we had a standardized tool where we are getting standardized outcomes across the state.

So, we looked at, the validity of the tool. We knew that it was, reliable. It had inter-rater reliability. If one person in one county used it, another person in another county used it, they were getting the same results. We knew that cause that was part of the development of the tool. But we didn't know if the tool was actually valid in screening in the right people or an improving the consistency across the state, which, which is what it was intended to do.

And then we also looked at. APS outcomes for people, for of diverse demographics, including age, gender, geography, disability type, race, and ethnicity across the state to see if the tool was resulting in equitable outcomes. And what we found was that the tool [00:15:00] wasn't able to be validated due to significant statewide use of discretionary overrides for the tools, decision guidance, and those overrides were based on local county.

Prioritization decisions. Our statute allows counties to override the decision of the tool and to apply their own discretionary decisions to the tool in order to decide finally, who was going to be accepted for APS or not. And we found that about a third of all incoming people referred to APS were ultimately screened out based on the discretionary override.

In other words, the tool. Screen them in and then the county, uh, applied their own local prioritization discretion and, did not accept the person ultimately for APS. So, we had 59% of the people across the state being screened in using the tool, meaning they were a vulnerable adult who met criteria as being vulnerable for an incident that met the criteria for being maltreatment.

But of those 59% [00:16:00] that were screened in by the tool. Ultimately only 24% of them were accepted by APS due to county-based prioritization. With the discretionary override. So, we knew that that was, significantly lower than the 62.3% national average of people being accepted for APS that's, through the NAMRS report.

And we also knew that of those 24% of people ultimately, that were accepted, that we had a great, variability across the state and the percent of people accepted from county to.

Jennifer Spoeri: Yeah. So, the NAMRS data was already coming and useful to compare, you know, try to increase consistency across the country.

And so, um, did you find out anything further about the cases that were screened out on the local level county level?

Mary McGurran: We found that inequity in the race and the type of disability of the adults excepted for APS. Was in [00:17:00] existence, adults who were racial and ethnic minorities and referred to APS for maltreatment were statistically more likely to be screened out for services than adults who were white statewide screening rates for adults who were white were about 50% versus a 39% for American Indians, 32% for people of Asian descent and about 20% for black or African-American.

So. Huge amount of variability based on race. We also found which was significant statistically significant, right? The evaluation also found high screen heart rates for adults with chemical dependency, referred to APS based on the local discretionary overrides to screen out people. We found that, 70% of people with a substance abuse disorder that were screened in.

We're then ultimately screened out based on a local discretion. So, we also found disability based inequity in our system.

Jennifer Spoeri: Yeah. And you, you always wonder, you know, did the counties [00:18:00] know these people? They have been in the process, but, but outside of the obvious concern regarding the equity and consistency, the 24% acceptance rate of reports is surprising.

Did you guys in Minnesota, did you look into why this was so low? Were there intake or staffing issues? You know, they always say you can't, you can't control your numbers, but through intake and opening up cases. So, wondering if you looked at that angle.

Mary McGurran: We sure did part of the evaluation, the research plan included focus groups with APS workers and supervisors, to look at their processes that may be impacting screening.

And in-depth evaluation was also done of APS text entries when they entered text into the tool. And we found that, assessment and service referrals were being conducted during intake. And then the report was screened out. So, APS was trying to do an efficient and efficient mini assessment and service referral through [00:19:00] intake.

As opposed to going out and doing a full safety and strengths and needs assessment and service planning, we know, that our, our state's APS system was developed without any state or federal resources when it was developed, the full burden of the, of the resources were on the local counties. And tribal nations that provide this service.

Thus, we added some state resources in 2013 and in 2019, but APS in Minnesota is still highly dependent on local county tax dollars. And we don't know for sure, but we can make a reasonable assumption that adults who qualify for APS that are not being offered assessment and engagement for service planning is because of a lack of resources at the local level for the program.

Jennifer Spoeri: Yeah, it's, it's nice to hear you acknowledging that and really working for your counties. You know, that's, that's all you can ask for as a county worker. So, after the two ACL enhancement grants, the pandemic. And [00:20:00] along came the new Corona virus, risk response and relief, supplemental appropriations act or CRRSA, which is a lot easier to say.

So, the CRRSA of 2021 grants to enhance adult protective services to respond to COVID-19. So, it got this grant. How did you use this emergency funding on top of the two ACL grants?

Mary McGurran: Well, we had the data for. From our previous study. So, we knew that we had people already disproportionately or inequitably served through our programs.

We also knew that COVID-19 funding, or the source of funding was for people disproportionately, disproportionally impacted by COVID. And this was the same groups. So, we really needed to focus on, on those groups of people that were not being served by APS. And the CRRSA provided us resources to implement.

Some of the recommendations that we had from our study of our intake tool. And so, we were really able [00:21:00] to apply that funding to try and move forward on the, recommendations to improve equity in the state.

Jennifer Spoeri: Yeah. You were already ready to run. So, the funding was kind of timely for you cause you had all this information collected.

So, um, I've heard you explained to me in the past about the challenges and awarding the grants to. The different areas within the state, through the CRRSA funding. Can you tell us about those challenges you don't hear often hear about, you know, it's hard to give away money, but that was more about that.

Mary McGurran: Sure. So, the way that, that Minnesota. Allocated our funding was really based on, as I said, the data that we had and also stakeholder engagement that we had been doing with APS stakeholders, as well as with our counties. And everybody was really concerned that we wanted to be able to provide services to people and provide it in an equitable way.

So that was consistent message from all of our [00:22:00] stakeholders. And so, what we did was we allocated, we had, we got in Minnesota \$1.5 million. And we allocated, over \$500,000 of that to tribal nations for APS, because tribes, as they haven't assumed the duties of APS from the commissioner, they haven't been getting the state grants for APS.

They've been really funding them themselves and cobbling together, other program funding. So, we dedicated funding to tribal nations. We also, allocated over \$400,000 for county competitive grants for adult protection, \$150,000 for public awareness and \$200,000 for APS training specifically on unconscious bias and equity.

So, we engaged a consultant to help support our tribal nations in their work with the grants and in their program, expansion or developments and that's Aniwahya consulting. And then we also. Are continuing to work with them [00:23:00] with our tribal nations to ensure that we, have contracts executed with, with all of the nations that county competitive grants were offered for amongst up to a hundred thousand dollars to expand, improve, or enhance the county administered APS programs to stop remediate or prevent maltreatment of a vulnerable adult.

In the context of COVID people disproportionately impacted by COVID. And then we also awarded, we awarded of that \$471,000 actually. Awarded all of the requests that were made, which were about \$50,000 for APS, uh, training on supported decision-making guardianship alternatives, client services, translation multi-disciplinary team support.

So, the challenge that we had was. I had about \$400,000 that was not applied for or awarded yet. And we're in the process of doing a deeper dive into why there was a lower uptake on, on those APS grants and try to figure out how to better support getting those services out to counties. So, we're right now [00:24:00] engaged in a, survey with our county directors and APS, supervisors, and managers, to get their feedback on what their barriers.

For applying for those grants and getting those service grants out to, to clients. But I think we know what it is. It's the same, the same thing as to why our screening rates are low is that it takes resources to apply for grants. It takes resources to manage grants. It takes resources to, to get those services out.

Jennifer Spoeri: Time is the most valuable resource,

right? Cause the grants weren't for sustained staff. Yeah. To, to do these things, and then our public awareness campaigns, for communities disproportionately impacted by COVID. We did two grants, one for the African American community and one for the, east African immigrant and Latin X communities.

So, we're, working now on, on getting those on, getting those out. And then, we're still working on our, our, uh, APS training.

So good, [00:25:00] good work. Therefore, we're thinking. So, I understand you did a survey to learn how to better support APS in Minnesota. What came out of that survey and who did it go to?

Mary McGurran: So, the survey that we're doing right now is to look more at the, the grants, the service grants under CRRSA, but we also had a fairly developed stakeholder engagement process that went beyond. Approach. We worked with another state agency, the Minnesota management and budget management analysis and development division, or we call it MADD, to develop and implement a stakeholder engagement process and MADD served as the facilitators for that process.

And we use that process to develop our APS, vision, mission, core operating principles and goals. And we worked with the Minnesota Association of County Social Service Administrators, MACSSA. And had an eight-member visioning team that was composed of, county leadership in APS that was appointed by MACSSA and then representatives from the [00:26:00] Department of Human Services that MADD facilitated.

And once we got, once we got a draft of the vision, mission operating principles and goals, The facilitators work to gain feedback on that draft and engaged over 200 community and institutional stakeholders through a survey process. We also did presentations for, live feedback from six special interest groups, including the Minnesota American Indian Tribal Health and Human Services Leadership, the Minnesota Leadership Council on Aging, Diverse Elders, Coalition, Minnesota Council and Disability, Minnesota Elder Justice Center, Minnesota Board on Aging and the DHS Cultural and Ethnic Communities, Leadership Council, um, for Vern LaPlante from our DHS Office of Indian Policy, we have our own.

Experts set up meetings with Tribal Health and Human Services from over eight tribal nations. That provided really excellent feedback that resulted in improvements to our final submission, to the ACL.

Jennifer Spoeri: The 200 stakeholders responded to the survey.

That's, [00:27:00] that's really impressive. So, what kind of feedback have you received in these surveys from all these various stakeholders?

Mary McGurran: So, it was various stakeholders, many of them were APS workers, we also had community providers, community service organizations and community members, and the, the feedback was really quite affirming to the vision, mission, and values that were developed.

The original draft from MACSSA and DHS. It's just amazing that everyone is really on the same page for wanting to have, a system that focuses on services for people, not investigation of people. And that focuses on, eliminating the inequity that we have based on geography, race, and disability for people referred to APS, we found all the stakeholders were fully aligned.

What we were really dealing with was, Semantic details of the language, but the concepts, everyone was, was a hundred percent on board.

Jennifer Spoeri: Yeah. [00:28:00] That the, the mission, vision and goals is something always good to keep your eye on. And I'm sure our listeners would love to hear about how these were incorporated into your ARPA spending plans.

If you'd like to give us a little peak into that.

Mary McGurran: So, we have, four goals, that we set with this stakeholder engagement process. And the number one, the first goal was that adults referred to APS have equitable access. And so we're starting with a statewide listening tour in multiple areas of the state involving multiple different racial, ethnic, and disability communities that were underrepresented in APS referrals or service acceptance to hear from.

More about what they want. A lot of our stakeholder engagement has been with, service providers. And we want to try and get more deeply into the community, which is a challenge for a state agency, quite honestly. Yeah, we're also looking at policy and tools to help clarify APS's role when there's a case manager [00:29:00] or a hospital or other service provider or support involved to help really clarify what's APS.

In, in the support system and to help, provide that structure to APS, that will also clarify some of the discretionary overrides that we're finding, in our intake tool, we want to also improve our web-based reporting system. So, our current reporting system is, phone for the public and web-based for mandated reporters.

Although web mandated reporters can also use the phone. We want to enhance that. Based reporting system to be, simplified for both the mandated reporters and hopefully as an option also for the public, because we know that that's how people like to do things. Many people like to do things that way.

Jennifer Spoeri: Nobody wants to pick up the phone anymore, come on.

Mary McGurran: And then, training doing, uh, more training for our mandated reporters. So that's our, that's our first goal for equitable, accesses, uh, response and, and, uh, improving reporting. Awareness. And then we want also, our second goal is [00:30:00] adults referred to APS experience person centered trauma informed services.

So, we are going to be implementing, a learning management system for adult protection for our e-learning modules that are going to focus on balancing choice and interventions to keep the person safe from maltreatment. And we are, also putting more funds towards services and using the learnings that we have from CRRSA to how better get those services out to, to people like what's the best model to use to get the service to the people who need them, the services and supports the housing, the food, the transportation, the, all those, things, financial assistance in managing their finances, all the things that stop maltreatment and remediate the risk of reoccurring.

And, our third goal is that tribal nations are supported to assume adult protective services program administration, or if they're already administering programs, to be able to expand the programs to meet their service needs. And then our fourth goal is that the [00:31:00] workers have equitable resource access.

So, we're going to be doing an evaluation of APS resource needs. To try and identify what, what is needed at the local level, in order to accept people referred for APS that meet the criteria as a vulnerable adult in, experiencing maltreatment so that we can reach more of the people who can really benefit from APS and the outcomes that they can help them to achieve.

And we're also going to be, um using that for quality assurance to establish agreed upon quality assurance measures. In addition to what we have with our human service performance management system, that we'll look more closely at equity.

Jennifer Spoeri: I'm kind of blown away at how well you have built on the funding over the years to really create.

Such good information and data for both the workers and the clients and the outcomes. So, it, but if there's always something, if maybe there's not, but is there anything looking [00:32:00] back over the last six years that you would have done differently?

Mary McGurran: You know, I wish that we had, uh, uh, APS, Case management system technology system that provided us better data for analytics.

We are constantly challenged with data issues, as much investment as we've made in our, in our data system, it seems like it's just a constant challenge.

Jennifer Spoeri: I don't think you're alone there with the states and, you know, APS, we have so much data. I mean, it's just, we're all over the place with what we can collect.

So, on the flip side of that, how about any success stories or anything you're particularly proud of?

Mary McGurran: I am a proud is probably not the word, but our ability to identify the geographic racial and disability-based inequities in APS service decisions and not being afraid to talk about them and how our partners have really embraced this discussion and embraced the data and said, yep, we need to make changes.

it's very [00:33:00] encouraging. How all of the stakeholders, the, the APS stakeholders, tribal nations, community stakeholders, everyone is sharing the same goals for equity and service outcomes. And we find that, um, we all share. Uh, goal for an APS service model of compassion and person centered supports for outcomes of dignity and safety.

That really will make a difference for the adult experiencing abuse, neglect, or financial exploitation. And I, I mean, a difference more than just conducting an investigation and making a determination a difference in actually changing that person's life to be better in the ways that they want it to be.

Jennifer Spoeri: Yeah. Yeah. I think we all need to get more comfortable having those difficult conversations, but you know, coming together and learning together. So, in closing, is there anything else you'd like to share?

Mary McGurran: Find a research partner it's critical to program improvements. We have a lot of data it's more than we can potentially analyze.

And we, we [00:34:00] need that, that research perspective. And then also think about how we can change the impacts of structural racism in human services and improve awareness of unconscious bias that we all the all carry to improve the outcomes of safety and dignity for all adults that are referred to APS. Our development of our APS operational plan in itself was really a success story for our state supervised county administered system.

We're grateful for the improved partnership and the sharpen focus on person centered outcomes, that are being developed from the federal government's historic new investment in our state's APS.

Jennifer Spoeri: Gotcha. And I have to say the key was getting the funding to support these initiatives. So, we got to keep that funding coming in.

So, thank you, Mary, for sharing information about your years of experience building upon federal funding and regarding how you utilized it to receive. [00:35:00] And evaluate and improve outcomes

for APS clients in Minnesota. I'm sure our listeners will appreciate the information and can use it going forward with future funding.

So, thank you and everyone have a good afternoon.

Closing

Krista Brown: Thank you very much for listening to give us feedback on this podcast or any other APS TARC product, please visit our podcast page at apstarc.acl.gov/podcasts and take our brief survey. Or email us at apstarc-ta@acl.hhs.gov. And please join us in September for another APS, TARC podcast.