Colorado Adult Protective Services (APS)

Annual Report – Fiscal Year 2016-17

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COLORADO
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Colorado Adult Protective Services (APS) Program Overview

The Colorado Adult Protective Services (APS) program was established in 1983 to provide protective services for vulnerable persons age 65 and older. The program was expanded in 1991 to the current statute, which establishes protective services for at-risk adults[1] age 18 and older (Title 26, Article 3.1 of the Colorado Revised Statutes). The APS program is located within the Colorado Department of Human Services (Department). The purpose of the APS program is to intervene on behalf of at-risk adults to correct or alleviate situations in which actual or imminent danger of abuse[2], caretaker neglect[3], or exploitation[4] (termed "mistreatment"), or self-neglect[5] exist. APS does not have statutory authority to investigate allegations of verbal or emotional abuse, in the absence of other mistreatment categories or self-neglect. APS is charged in statute (Title 26, Article 3.1, C.R.S.) with accepting reports of mistreatment and self-neglect of at-risk adults and then investigating the allegations[6] and assessing the client for other health and safety needs. The APS program collaborates with law enforcement and/or the district attorney for criminal investigation and possible prosecution.

APS receives reports from professionals who work with at-risk adults, such as health care professionals and community non-profit agencies; from other government agencies, such as local health departments; from law enforcement, and concerned friends, neighbors, and family members. When the investigation of the allegations and the assessment of the adult's strengths and needs determines that the adult is

[1] **At-Risk Adult** means an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for his or her health, safety, or welfare, or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person or affairs. (Section 26-3.1-101, C.R.S.)

[2] **Abuse** means any of the following acts or omissions committed against an at-risk person:

1) The non-accidental infliction of bodily injury, serious bodily injury, or death;
2) Confinement or restraint that is unreasonable under generally accepted caretaking standards; and
3) Subjection to sexual conduct or contact classified as a crime under the Colorado Criminal Code, Title 18, C.R.S. (Section 18-6.5-102, C.R.S.)

[3] **Caretaker Neglect** means:

1) Neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision, or other treatment necessary for the health or safety of the at-risk adult is not secured for an at-risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk adult.
2) (b) The withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, artificial nutrition and hydration, any medication or medical procedure or device, in accordance with any valid medical directive or order, or as described in a palliative plan of care, is not deemed caretaker neglect, Section 18-6.5-102 (2.3), C.R.S.

[4] **Exploitation** means an act or omission committed by a person who:

1) Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive an at-risk adult of the use, benefit, or possession of anything of value;
2) Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk adult;
3) Forces, compels, coerces, or entices an at-risk adult to perform services for the profit or advantage of the person or another person against the will of the at-risk adult; or
4) Misuses the property of an at-risk adult in a manner that adversely affects the at-risk adult's ability to receive health care or health care benefits or to pay bills for basic needs or obligations; Section 18-6.5-102 (4), C.R.S.

[5] **Self-Neglect** means an act or failure to act whereby an at-risk adult substantially endangers his or her health, safety, welfare, or life by not seeking or obtaining services necessary to meet his or her essential human needs. Choice of lifestyle or living arrangements shall not, by itself, be evidence of self-neglect. Refusal of medical treatment, medications, devices, or procedures by an adult or on behalf of an adult by a duly authorized surrogate medical decision maker or in accordance with a valid medical directive or order, or as described in a palliative plan of care, shall not be deemed self-neglect. Refusal of food and water in the context of a life-limiting illness shall not, by itself, be evidence of self-neglect; Section 18-6.5-102 (10), C.R.S.

[6] **Allegation** is a statement asserting an act or suspicion of mistreatment or self-neglect involving an at-risk adult.

being mistreated or is self-neglecting, the APS program offers protective services to the adult to prevent, reduce, or eliminate risk and improve safety.

APS County and State Roles

The Colorado APS program is state-supervised and county administered. Specifically, as stated in Section 26-1-111(1), C.R.S., the Department is charged with the administration or supervision of all the public assistance and welfare activities of the State, including the APS program. And, by statute, County Departments of Human Services (County Departments) are responsible for implementing the APS program. (Section 26-3.1-101, C.R.S., et seq.)

County Department APS programs receive reports of at-risk adult mistreatment and self-neglect, evaluate the report to determine whether an investigation is warranted, i.e., the victim is or may be an at-risk adult and mistreatment or self-neglect may be occurring. The County Department APS program then conducts face-to-face investigations into those reports meeting criteria for an investigation. County Departments provide protective services by offering casework services; arranging, coordinating, delivering, and monitoring services to protect adults from mistreatment and self-neglect; assisting with applications for public benefits; providing referrals to community service providers; and initiating probate proceedings, when appropriate. County Department APS programs exchange information and collaborate with local law enforcement, district attorneys, and other agencies authorized to investigate mistreatment and self-neglect. However, the role of APS is limited by the fact that once the investigation is complete, the client has the choice as to whether or not to accept services that may reduce or eliminate mistreatment or self-neglect from continuing to occur. For example, if an at-risk adult who appears to be competent refuses services, he or she cannot be forced to accept services.

The State APS program located within the Department establishes statewide program policy (in consultation with counties and through the legislative process); provides technical assistance and consultation to counties, especially regarding the interpretation of state regulations and best practices; monitors statutory compliance and program operations; develops methods for inter-program coordination through the development and implementation of protocols and interagency agreements; develops and provides training to counties; provides management and oversight of the Colorado APS data system (CAPS); and handles consumer inquiries regarding APS.

Currently, there is no federal APS program or regulations for state APS programs. As a result, the population served, the mistreatment accepted for investigation, and program rules for implementation of the APS program vary from state to state. For example, some states only serve persons age 60 and older and do not provide protective services to younger adults who may also be vulnerable to mistreatment. The U.S. Department of Health and Human Services, Administration for Community Living (ACL) has developed guidelines for state APS programs. These guidelines, while voluntary, are the first step in establishing a model for APS programs with the long-term goal of standardizing APS practice across all states and U.S. territories. The Federal guidelines can be found at ColoradoAPS.com.

APS Priorities

Adults have inherent rights to make their own choices and decisions, including the right to make decisions that other people would consider unsafe or unwise decisions. In other words, adults have the right to folly. When working with at-risk adults, APS works to reduce risk and improve safety for the adult while respecting the adult's right to live his/her life as he/she wants to live. APS will work to ensure that protective services are provided within the key priorities, outlined below.

Confidentiality: By statute and rule (Section 26-3.1-102(7), C.R.S., and 12 CCR 2518-1, 30.250), all APS report and case information (written or electronic) is confidential and cannot be released without a court order except in very limited circumstances. For example, limited information can be shared with another agency, such as law enforcement, when conducting a joint investigation with that agency; or when necessary to set up services needed to improve safety such as with a home care provider.

Self-Determination & Consent: An adult has a right to make decisions for him/herself without interference from others. Therefore, unless the adult is breaking the law or a municipal code or does not have the cognitive capacity to make responsible decisions or understand the consequences of their decisions, adults have the right to refuse APS services if they appear capable of understanding the consequences of refusing those services. The client may choose to accept some services but not all services the APS caseworker determined necessary for their health and/or safety. The client may choose to continue living in an unsafe situation or with the perpetrator of the mistreatment (Section 26-3.1-104, C.R.S. and 12 CCR 2518-1, 30.240).

Least Restrictive Intervention: APS will acquire or provide services, including protective services, for the shortest duration and to the minimum extent necessary to remedy or prevent mistreatment and/or self-neglect. For example, APS will attempt to implement services that keep clients in their homes, if it is safe to do so. Placement in an assisted living or other long-term care facility would only be considered if the client's needs were too great to remain safely in his/her home. Additionally, APS does not keep cases open for longer than is necessary to complete the investigation and implement services. As a result, the vast majority of cases are open for less than three months (Section 26-3.1-104, C.R.S. and 12 CCR 2518-1, 30.240).

Mandatory Reporting

There are mandatory reporting laws in almost all states (49), for professionals who have consistent contact with at-risk and older adults (National Adult Protective Services Resource Center [NAPSRC] & National Association of States United for Aging and Disabilities [NASUAD], 2012). The Colorado Legislature passed Senate Bill 13-111, which modified the criminal statute, making it mandatory for certain occupational groups to report physical and sexual abuse, caretaker neglect, and financial exploitation of at-risk elders (persons age 70 and older) to law enforcement within 24 hours, beginning July 1, 2014 (Section 18-6.5-108, C.R.S.). The Legislature passed Senate Bill 15-109, which expanded the criminal mandatory reporting law to include at-risk adults with an intellectual and developmental

disability (IDD) and expanded the list of professionals named as mandatory reporters. These changes took effect July 1, 2016. The same list of mandated professionals and some additional professionals groups are named as "urged" reporters under the APS statute, for reporting the possible mistreatment or self-neglect of an at-risk adult age 18 and older (Section 26-3.1-102, C.R.S.) Once reports have been made, law enforcement is required by statute to share the reports with APS and APS has a similar statutory requirement to share their reports with law enforcement. Law enforcement is responsible for investigating criminal activity while APS focuses on identifying risk factors for the client and alleviating any safety issues.

For information on how the number of APS reports and cases has increased since the implementation of mandatory reporting in Colorado refer to page 11 (link).

APS Funding

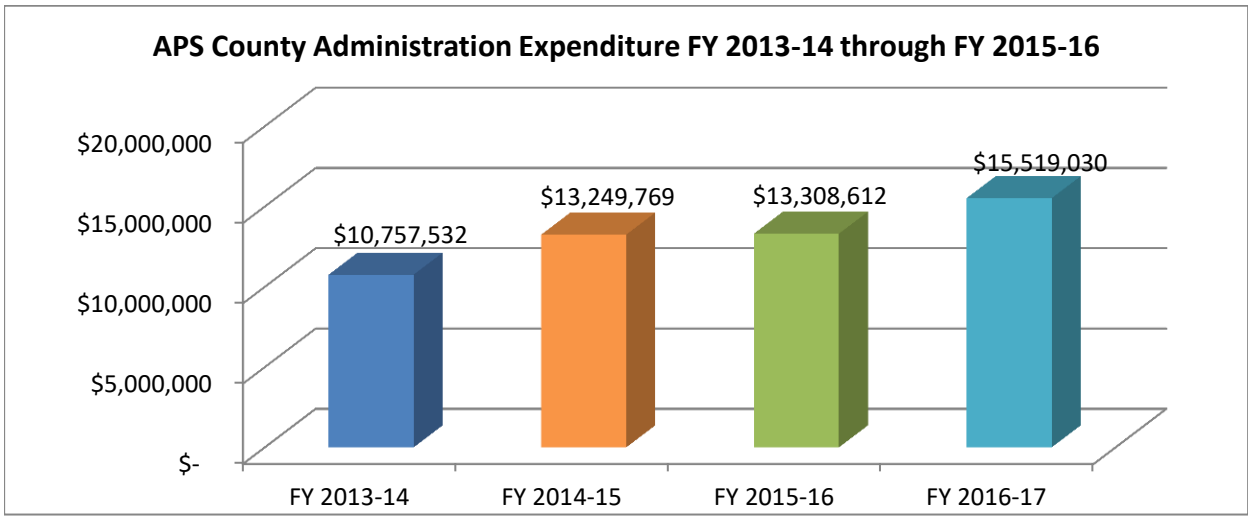
States do not receive any single source of funding for their adult protective services programs, which results in those programs turning to multiple funding sources (NAPSRC & NASUAD, 2012). The Colorado Adult Protective Services program is funded through the APS Administration Allocation. In Fiscal Year 2016-17[7] the Colorado APS program received just over $18.9 million, of which approximately $13 million was from State General Funds, $3.6 million was from local matching funds, and $2 million was from federal funds. It is important to note that there are no dedicated sources of federal funding for APS programs in states, however the APS allocation includes approximately $2 million of Social Services Block Grant (SSBG), a.k.a., Title XX, federal funds dedicated to Adult Protective Services. The remainder of funding for APS is State General Fund and local County Department funds. County Departments must provide 20 percent matching funds to receive State General Fund. County Departments may also use additional local monies outside of the APS administration allocation, depending on County Department needs and priorities. The $18.9 million for the APS program in Fiscal Year 2016-17 was allocated as follows:

- Approximately $745,000 for State Department staff salary, benefits, operating, travel, and to provide training to County Department APS staff and the community
- Approximately $179,000 for the Colorado Adult Protective Services data system (CAPS)
- Approximately $17 million for County Departments' APS program administration costs
- $1 million for Client Services. The Client Services allocation was established in Senate Bill 13-111 to purchase emergency, short term, and one-time goods and services that are unavailable through other programs and are necessary for APS clients' health and/or safety.

In Fiscal Year 2016-17, the Legislature provided approximately $4 million in additional funding, over funding levels in Fiscal Year 2015-16 for County Departments' APS administration costs. This additional funding allowed County Departments to hire additional APS staff to investigate the increased reports received as a result of the mandatory reporting laws.

[7] The state fiscal year (FY) runs from July 1 through June 30 (i.e., FY 2016-17 was 7/1/2016 through 6/30/2017).

The chart below details County Department APS administration expenditures since Fiscal Year 2013-14.



**Note: county administration expenditures do not include State administration expenditures or client service funds.*

The Aging Population

With the aging Baby Boomer generation (people born between 1946 and 1964) and longer life expectancies, the number of people over the age of 65 is going to grow exponentially, particularly in Colorado. In fact, between 2010 and 2030, the Colorado State Demography Office projects that the number of people 65 years and over will increase by 150%. Colorado's growth in this age group is the 4th fastest in the U.S. With this explosion of the elderly population, the need for APS programs will become even more important.

Rates of Mistreatment

It is hard to create estimates of mistreatment of at-risk adults nationwide for many reasons. Mistreatment is defined differently in different programs and states. Moreover, it is estimated that for every report of mistreatment received there are many more that go unreported (Choi & Mayer, 2000; Cooper & Livingston, 2016; National Center on Elder Abuse & Westat Inc., 1998) due to the fact that the victims are resistant to report on the alleged perpetrators for fear of losing their social support, experiencing retaliation, are embarrassed, or are simply not able to report due to various deficits (i.e., dementia, non-verbal, etc.; Quinn, 2002). Even with underreporting, estimates for the rates of mistreatment experienced by adults range from about 2 percent to 11 percent (Acierno et al., 2010; Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997; Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging, 2011; Pillemer et al., 2011)

The Impact of Mistreatment and Self-Neglect

Researchers estimate that elders who have experienced abuse are at a 300 percent higher risk of death compared to those who did not experience abuse (Dong, Simon, Mendes de Leon, Fulmer, Beck, Hebert, 2009; Taylor & Mulford, 2015). After a 13-year follow-up, elders who had experienced mistreatment, compared to elders who experienced self-neglect, had a poorer survival rate (Lachs et al., 1998). Elders

who experience abuse are three times as likely to be admitted to a hospital (Dong & Simon, 2013; Taylor & Mulford, 2015) and four times as likely to be admitted to a nursing home (Taylor & Mulford, 2015). These admittances impact more than just the victims of the abuse given that many elders and at-risk adults rely on government programs for resources, such as Medicaid to pay for nursing home care. This can be particularly apparent in cases of financial exploitation. If the adult was not already dependent on government resources, sometimes exploitation can cause the adult to rely on these programs (e.g., Medicaid; Gunther, 2011; U.S. Department of Justice, Department of Health and Human Services, Connolly, Brandl, & Breckman, 2014). Complicating the situation further, sometimes these adults do not qualify for Medicaid because the Medicaid rules consider five-year "look back" for finances and prior to the recent exploitation, the adult would not have qualified. In Utah's 2011 report on the cost of exploitation, it was estimated that the direct and indirect costs of exploitation of seniors in the state amounted to $52 million in 2009.

Individual Characteristics Associated with Higher Rates of Mistreatment

Undue influence involves the exertion of one person's will over another's. It often utilizes threats, deception, or fraud and is frequently present in instances of mistreatment, particularly, financial exploitation (Quinn, 2002). Elders may be more susceptible to undue influence given that cognitive, physical, and health issues start arising with increased age; not to mention that they are more desirable targets for exploitation with the financial assets and savings that they have acquired over their lifetimes (Quinn, 2002). One of the most widely recognized characteristics associated with mistreatment is low social support (Acierno et al., 2010; Cooper & Livingston, 2016; Lachs et al., 1997; Pillemer et al., 2011). Individuals with physical impairments (i.e., needing assistance with activities of daily living [ADLs]) and/or having poor physical health are associated with higher risk of being mistreated (Acierno et al., 2010; Lachs et al., 1997; Lachs & Pillemer, 2015; Peterson, et al., 2014). Similarly, individuals with intellectual or developmental disabilities, dementia, or cognitive impairments are also at a much higher risk of being abused and exploited (Cooper et al., 20009; Gunther, 2011; Lachs et al., 1997; Lachs & Pillemer, 2015; NCEA, n.d.; Petersilia, 2001; Pillemer et al., 2011). Adults who need help managing their finances are much more likely to be exploited (Choi & Mayer, 2000; Gunther, 2011). Perpetrators are also taking larger amounts of money from older adults with dementia or cognitive impairments compared to those older adults without these impairments (Gunter, 2011). Gunther (2011) points out that when older adults need help with their finances, they are more likely to be taken advantage of by a family member, but that often times , it is a family member or close friend who catches the exploitation. Mental illness is also correlated with higher rates of mistreatment (Teaster, Stansbury, Nerenberg, & Stanis, 2009). Finally, past traumatic events are associated with higher rates of mistreatment (Acierno et al., 2010).

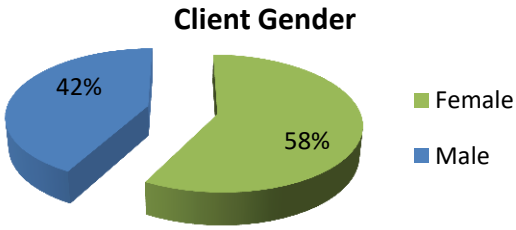
APS Client Demographics

According to APS statute (Section 26-3.1-101, C.R.S.), at-risk adults are individuals age 18 or older who are susceptible to mistreatment or self-neglect because they are unable to perform or obtain services necessary for their health, safety, or welfare, or lack sufficient understanding or capacity to make or communicate responsible decisions. Examples of conditions that increase risk include: dementia, physical or medical frailty, developmental disabilities, brain injury, neurological disorders, and major mental illness. Persons are not considered "at-risk" solely because of age and/or disability.

The following sections identify demographic information about APS clients served in Colorado in Fiscal Year 2016-17.

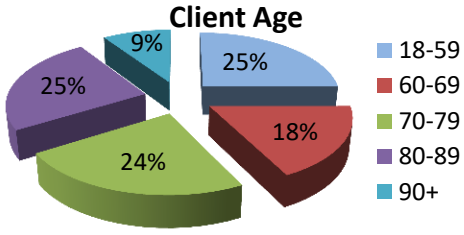
Client Gender

A majority of APS clients in Fiscal Year 2016-17 were female (58%), which is consistent with statistics that show that women tend to experience greater instances of abuse in comparison to men (Laumann, Leitsch, & Waite, 2008). Less than 1 percent of APS clients in Fiscal Year 2016-17 were transgender.



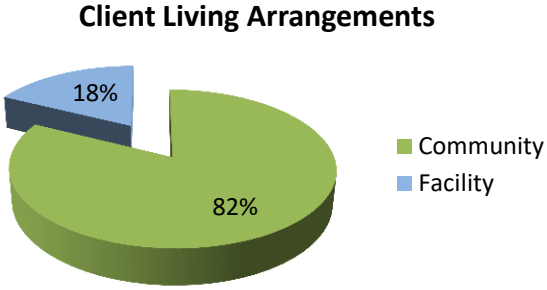
Client Age

The majority of APS clients were aged 70 or older (57%).

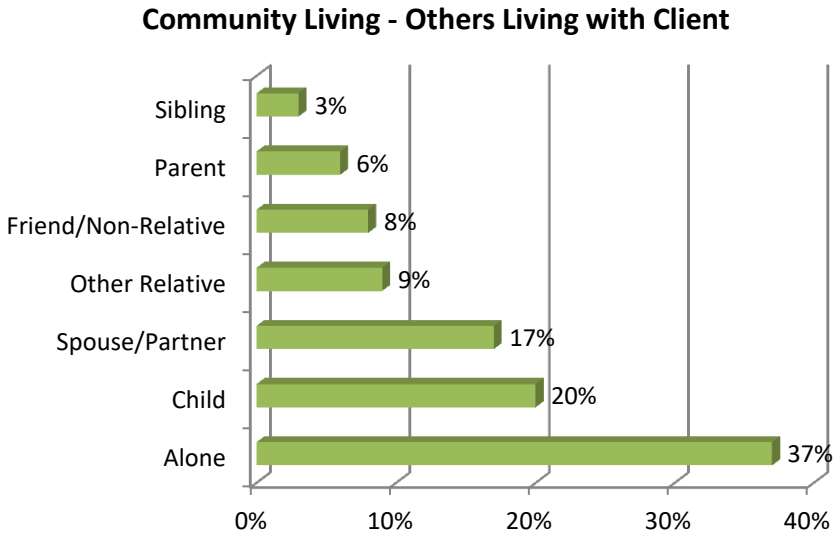


Client Living Arrangements

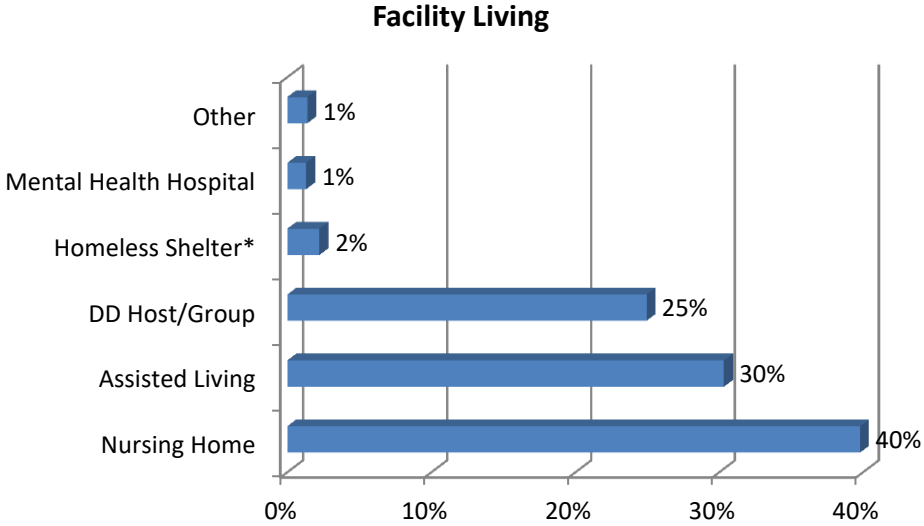
In Fiscal Year 2016-17, about 82 percent of APS clients lived in a community setting, such as their own home or the home of a family member, while 18 percent lived in a facility, such as a skilled nursing facility or a group home.



Most clients in Fiscal Year 2016-17 living in the community lived alone (37%), with a child (20%), or with a spouse/partner (17%).



Clients who lived in a residential facility most often lived in a nursing home (40%) or an assisted living facility (30%). In Fiscal Year 2015-16, approximately 14 percent of clients lived in a host/group home for persons with intellectual and developmental disabilities in comparison to 25 percent in Fiscal Year 2016-17. It is likely that this major change is due to the implementation of Senate Bill 15-109 and the increased number of reports made involving individuals with an intellectual and/or a developmental disability.



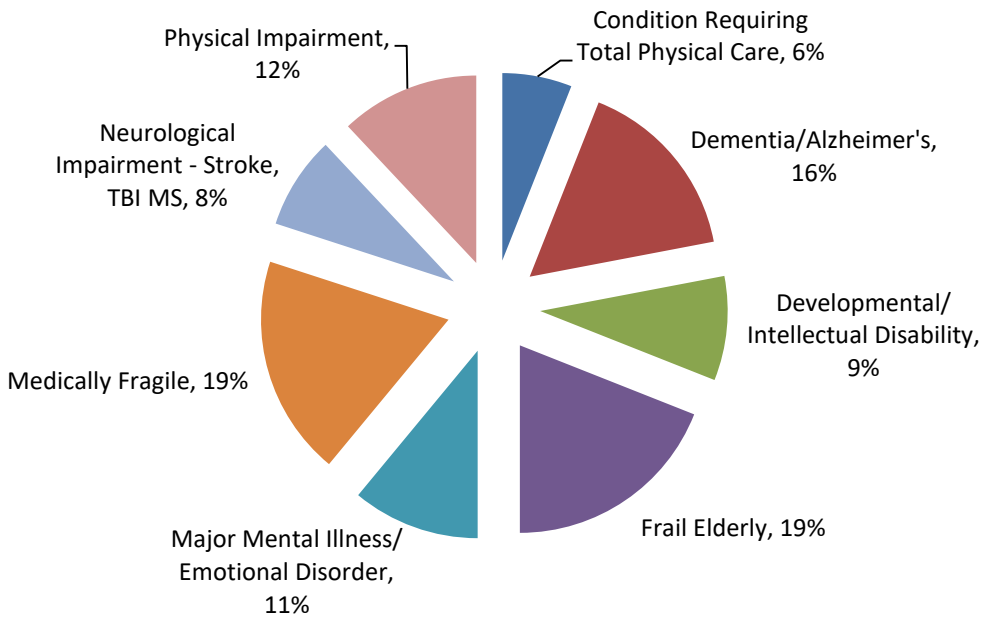
*Only includes clients living in a homeless shelter facility. If all homeless clients were included the percentage would increase to 7%.

Client Risk Factors

There are many physical, medical, and cognitive conditions that may make an adult "at-risk" for mistreatment or self-neglect depending on the severity of the condition and how that condition impacts the adult's ability to provide for their health and safety or impacts their ability to make or communicate responsible decisions. In Fiscal Year 2016-17, the most common conditions impacting APS clients were

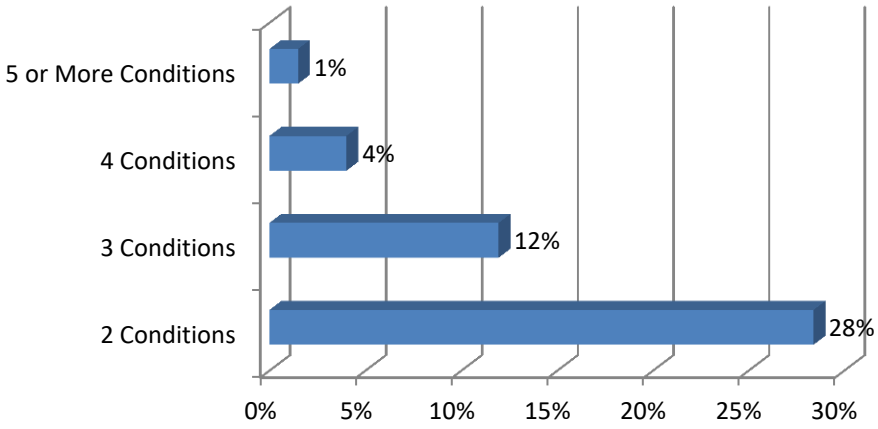
"Frail Elderly" and "Medically Fragile" (both at 19%), "Dementia/Alzheimer's" (16%), "Physical Impairment" (12%), and Major Mental Illness/Emotional Disorder (11%).

Physical, Medical, and Cognitive Conditions



Furthermore, 46 percent of APS clients had two or more of these conditions, adding complexity to resolving the health and safety issues for the client.

Clients with Multiple Conditions



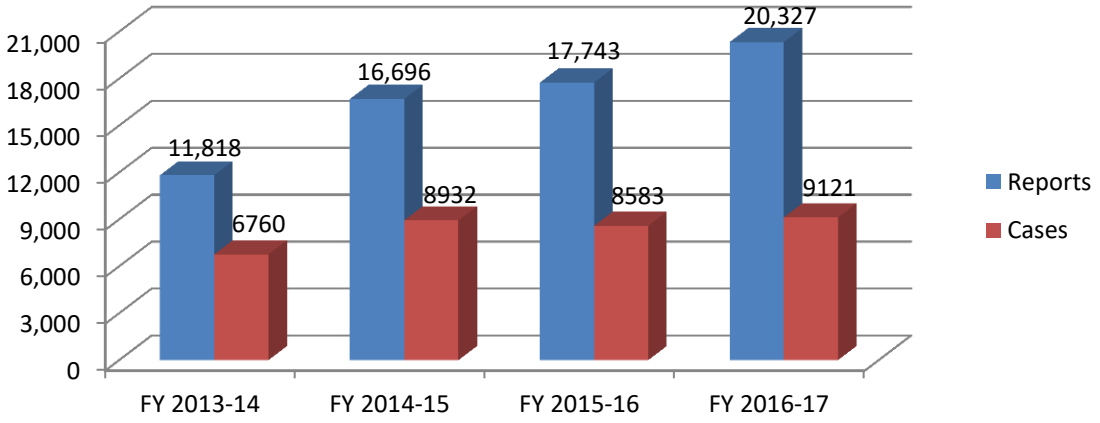
In Fiscal Year 2016-17, the Department conducted an analysis of the association between Colorado APS repeat involvement and various factors (Zanti & Martinez-Schiferl, 2017). Repeat involvement was defined as when a client's case was closed and within 12 months a subsequent APS case was opened for the same client. The sample consisted of cases received between July 1, 2014 and December 31, 2016. One of the findings was that the greater number of these risk factors that a client had, the higher the likelihood for repeat involvement.

The APS Case Process

Reports and Cases

Historically, there has been a 1-2 percent increase each year in the number of APS reports made statewide. However, in July 2014, a new law became effective in Colorado that requires certain professionals to report mistreatment of persons age 70 and older to law enforcement; law enforcement must then share those reports with APS. Then on July 1, 2016, the law was expanded to include reporting of mistreatment of at-risk adults with an intellectual and developmental disability. More professional groups were added as mandatory reporters, as well. As a result of these changes, there was a 15 percent increase in the number of reports APS received in Fiscal Year 2016-17 over Fiscal Year 2015-16. Overall, there has been a 72 percent increase in the number of reports made to APS in Colorado since July 2014.

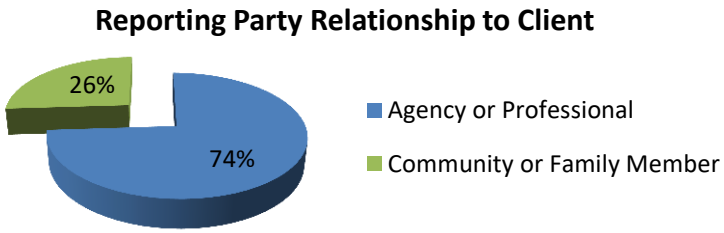
APS Reports and Cases FY 2013-14 through FY 2016-17

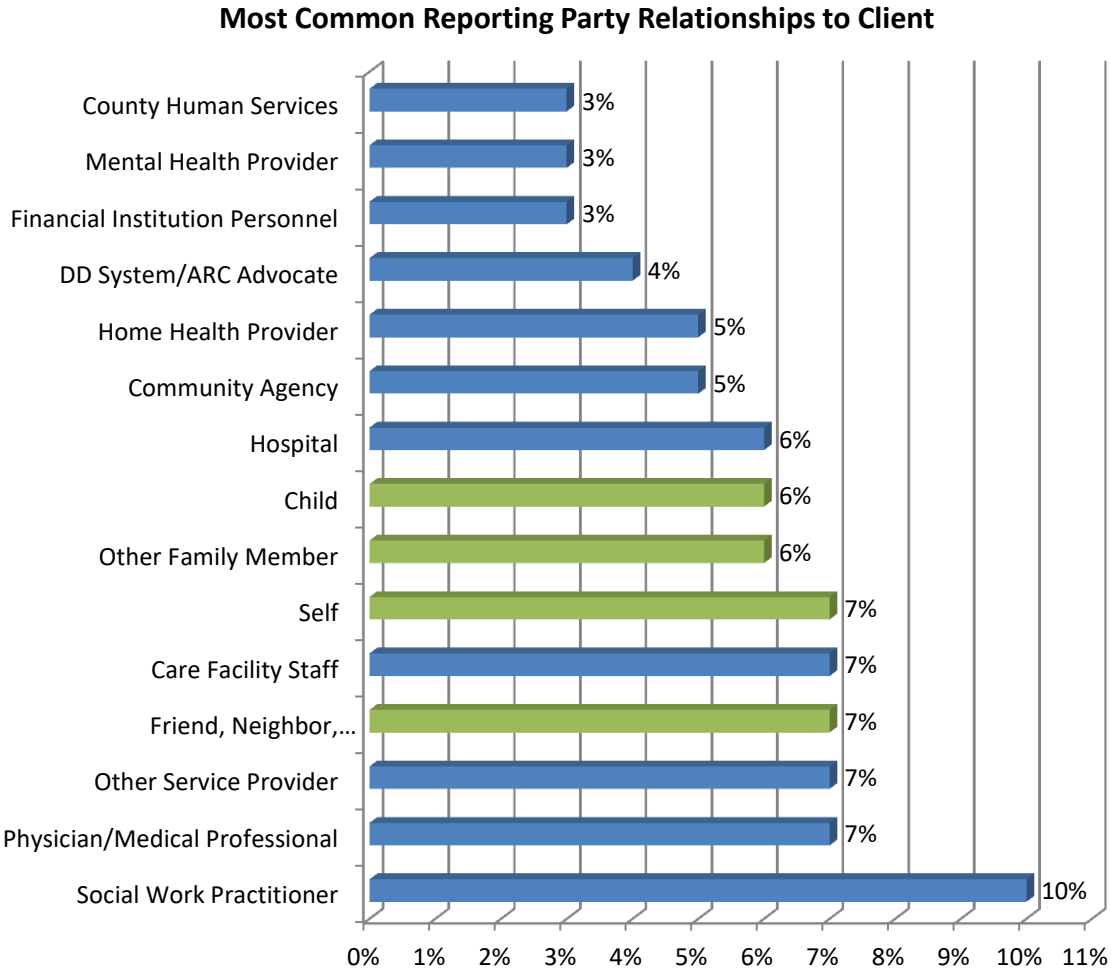


It is important to point out that being an “at-risk elder” or an “at-risk adult with IDD” under the mandatory reporting statute does not mean the person is an “at-risk adult” per the APS statute. APS cannot provide protective services to “at-risk elders” or “at-risk adults with IDD” as defined by the mandatory reporting statute, unless they also meet the definition of “at-risk adults” under the APS statute. Given that distinction, with the surge in reports as a result of mandatory reporting, there was also a 21 percent increase in the number reports screened out in Fiscal Year 2016-17 compared to Fiscal Year 2015-16. However, due to the significant increase in reports overall, APS still screened in 5 percent more reports for investigation in Fiscal Year 2016-17 and APS continues to have 35 percent more open cases over the number of cases open in the year prior to mandatory reporting.

Reporting Party Relationship to Client

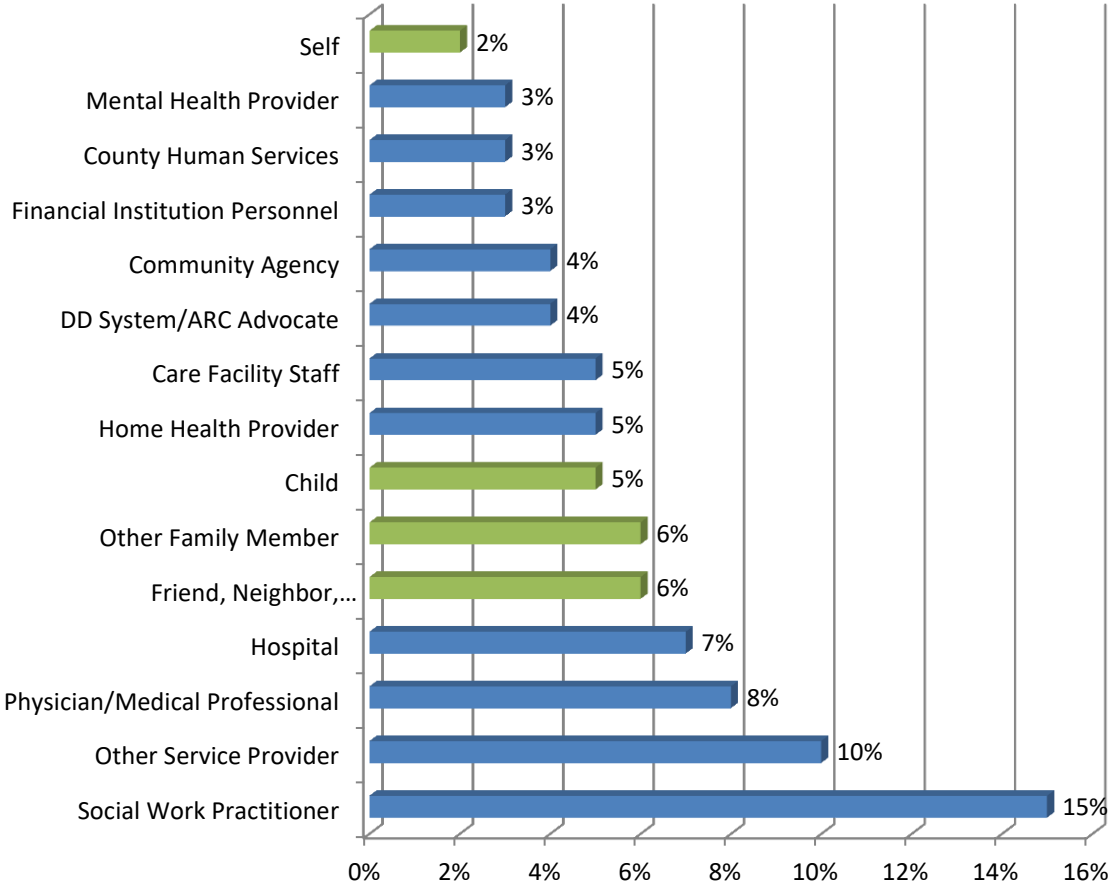
Reports are made to APS by a variety of professionals who work with at-risk adults, family, friends, neighbors, and sometimes by the adult themselves. If the reporter chooses, he or she may remain anonymous when making a report to APS. In Fiscal Year 2016-17, a majority of reporting parties were professionals who work with at-risk adults (74%). The most common reporting party group were social work practitioners (10%). Again, the effects of Senate Bill15-109 can be seen in the increased percentage of Intellectual and Developmental Disabilities System staff (DD system) and ARC advocates as source for APS reports. In Fiscal Year 2015-16, DD system and ARC advocates accounted for 1 percent of all reporting parties, whereas in Fiscal Year 2016-17, those same professionals accounted for 4 percent of all reporting parties.





The concentration of different reporting party relationships changes when the pool is limited to cases that result in a substantiated allegation. For instance, when looking at all reports, social work practitioners account for 10 percent of all reporting parties versus 15 percent when limited to cases with substantiated allegations. Conversely, 7 percent of all reports that APS receives come from the client (self-reporting), but when restricted to cases with substantiated allegations, the number drops to 2 percent.

Most Common Reporting Party Relationships to Client with Substatiated Allegations



Reporting Party Relationship to Client Restricted by Allegation Type

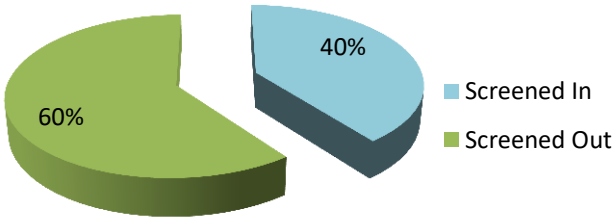
When the pool of cases was limited to substantiated allegations of self-neglect, the social work practitioner reporting party group percentage grew to 19 percent (vs. 10%). Similarly, “other service providers” (emergency services providers, housing staff, landlords, etc.) grew to 12 percent of the substantiated self-neglect cases (vs. 7% originally). With substantiated allegations of exploitation specifically, the biggest change in reporting party concentrations was the financial institution personnel, which accounted for 14 percent (vs. 3% of all reports). Additionally, in April 2017,the Colorado General Assembly passed House Bill17-1253, which created a mandatory reporting requirement for investment

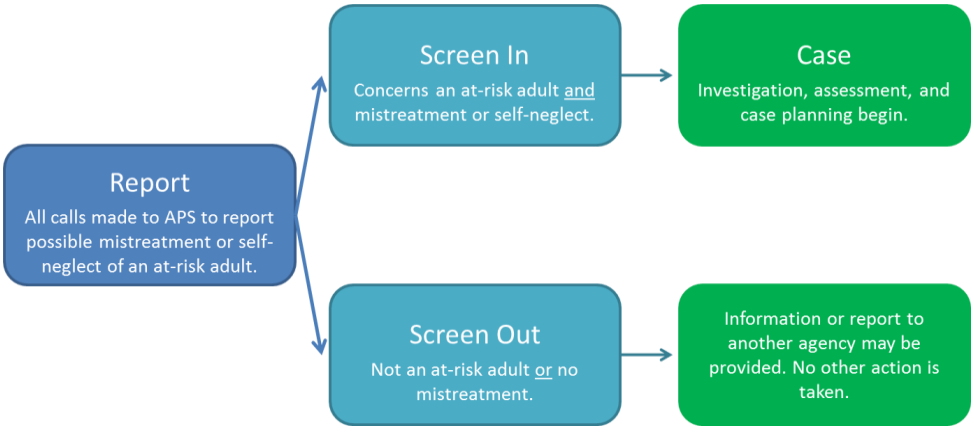
advisors, as defined in Section 11-51-201(9.5), C.R.S. and broker dealers, as defined in Section 11-51-201(2), C.R.S. These professionals are now required to report possible exploitation to the Division of Securities, who in turn will share those reports with APS. This bill allows the brokers/dealers to stop a transaction from going through if they believe it is a fraud, scam, or exploitation. It also requires these broker/dealers provide all the pertinent financial records to APS when they make the report or upon request. For substantiated allegations of physical and/or sexual abuse, clients' children accounted for 1 percent of reporting parties in comparison to 6 percent of all reports. The DD system/ARC advocate group accounted for 11 percent of reporting parties on cases with substantiated allegations of physical and/or sexual abuse and 14 percent of cases with substantiated allegations of caretaker neglect versus 4 percent of all reports.

Report Screening

When a report is made to APS, County Department APS personnel evaluate the report to determine whether it meets eligibility criteria for investigation, which is twofold: (1) it involves an at-risk adult, as defined in the APS statute, (2) there is alleged or suspected mistreatment and/or self-neglect. Reports that do not meet criteria are "screened out" and are not investigated further. Regardless of whether the report meets criteria for APS intervention, the report will be shared with law enforcement within 24 hours so that law enforcement can review the report for potential criminal activity. APS does not have access to law enforcement records and so is not able to provide information on the number of these reports that were criminally investigated by law enforcement or prosecuted by district attorneys.

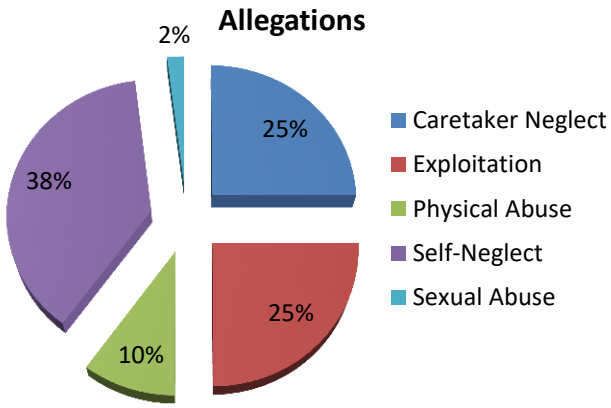
Once a report is determined to meet criteria for intervention by APS, the report is "screened in", meaning it will be assigned to a caseworker who will begin an investigation, and it is now considered a "case." In Fiscal Year 2016-17, 36 percent of reports were screened in and became an APS case. In general, cases require a thorough investigation of the allegations and an overall assessment of the client's strengths and needs. A vast majority of all APS cases that are screened in result in an investigation, but some cases do not require an investigation. For example, if the safety concerns are resolved by working with the client's case manager or the caseworker was unable to locate the client.





Investigation

Investigations and assessments are usually completed simultaneously. Investigations involve interviews with witnesses and other persons who have knowledge of the client and/or allegation. Caseworkers collect evidence to review such as photographs of bruising, medical records, and/or bank statements. A review of the evidence is then completed to determine if the allegations are substantiated, unsubstantiated, or inconclusive. A finding on the alleged perpetrator will also be made. A substantiated finding means that the investigation established by a preponderance of evidence that mistreatment or self-neglect has occurred and the alleged perpetrator was responsible. An unsubstantiated finding means the investigation did not establish any evidence that mistreatment or self-neglect has occurred. An inconclusive finding means that indicators of mistreatment or self-neglect may be present but the investigation could not confirm the evidence to a level necessary to substantiate the allegation.



In Fiscal Year 2016-17, 38 percent of clients were self-neglecting, that is, not providing for their basic needs. The most common form of mistreatment was exploitation (24%), which was closely followed by caretaker neglect (23%). There may be multiple allegations occurring in any given case. For example, a client may be self-neglecting and be exploited by a family member; or a client may be physically and sexually abused.

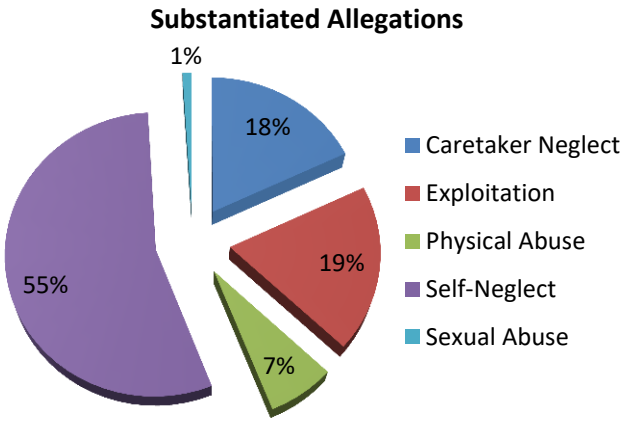
Over the years, the percentage of each type of mistreatment/self-neglect being alleged, when measured as a percentage of the total allegations received on all new reports, has remained relatively consistent, except for exploitation and self-neglect. In Fiscal Year 2006-07, exploitation accounted for 16 percent of the total allegations made in reports to APS versus 25 percent in Fiscal Year 2016-17. Exploitation is the only mistreatment allegation that has considerably increased over the years. APS has been receiving fewer reports of self-neglect in relation to all allegations received; self-neglect allegations have decreased from 52 percent of all allegations in Fiscal Year2006-07 to just 37 percent in Fiscal Year 2016-17.

The approximate loss of money and property to clients who were exploited (the allegation was substantiated) in Fiscal Year 2016-17 was approximately $11.3 million.

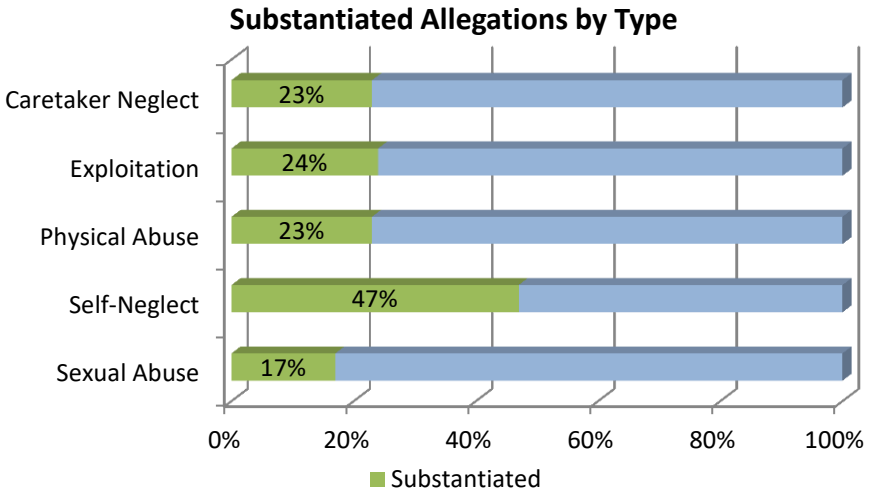
This approximate loss of assets does not include the loss that the State experienced as a result of these clients being exploited, which may have increased the need for public services and benefits, such as Medicaid, food assistance, or Old Age Pension. This cost can be high.

Due to the explosion of the elderly population (i.e., the aging baby boomer generation), financial exploitation of the elderly is likely to increase at a similar pace. Financial exploitation is recognized as one of the fastest growing areas in APS nationally (NAPSRC & NASUAD, 2012). The most common forms

of financial exploitation range from scams, misuse of power of attorney, credit cards (misuse or identity theft), bank account withdrawals, and changes in house ownership (either though deeding property or through deception; Gunther, 2011; Gunther, 2012). Furthermore, many perpetrators use more than one method of exploitation (Gunther, 2011; Gunther, 2012; Thomas, 2014). In Fiscal Year 2016-17, Colorado APS had 409 substantiated cases in which APS recorded that a client experienced a financial loss, with 31 cases that had approximate losses of $100,000 or more.



Approximately 32 percent of the total number of allegations made in Fiscal Year 2016-17 were substantiated, 17 percent were inconclusive, 36 percent were unsubstantiated, and 15 percent could not be determined. The largest proportion of substantiated allegations belonged to self-neglect with 55 percent, which is similar to the 49 percent rate reported in the National Center on Elder Abuse (NCEA) and Westat Inc.'s 1998 national elder abuse incidence study. The other proportions differed but the study included mistreatment categories that Colorado APS does not investigate (i.e., emotional/psychological abuse and abandonment).

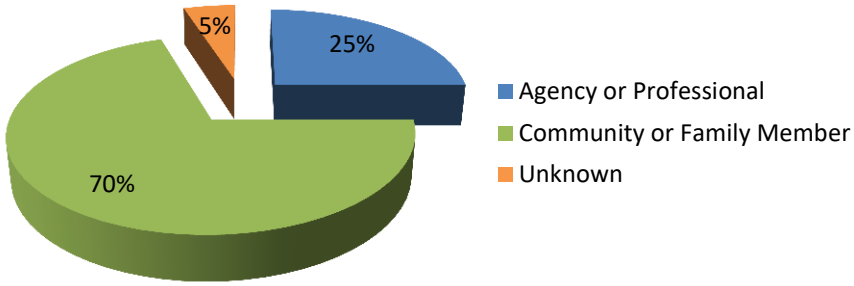


Perpetrator Relationship to Client

The great majority of substantiated perpetrators identified in reports to APS programs across the state in Fiscal Year 2016-17, about 70 percent, were either a family member or person the victim knows, such as a neighbor, friend, or acquaintance. This estimate is in line with others found in research (Choi & Mayer, 2000; Gunther, 2011; Gunther, 2012; Lachs & Pillemer, 2015; Lachs et al., 1997; Peterson et al.,

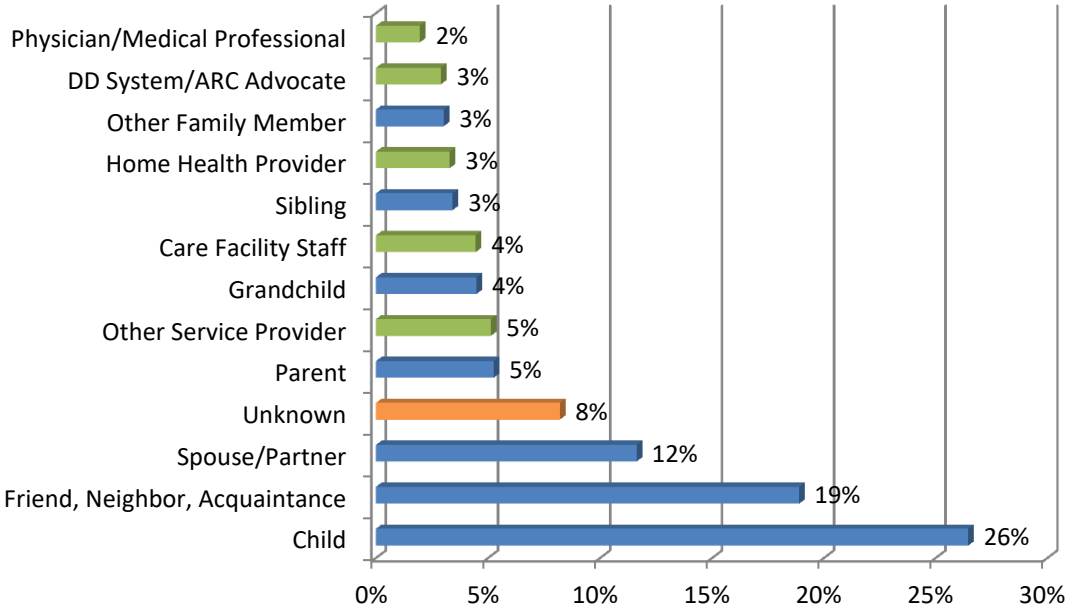
2014). About 25 percent of alleged perpetrators were professionals who provide services to the client, such as home care or nursing care staff, and about 5 percent of perpetrators were unknown at the time of the report.

Substantiated Perpetrator Relationship to Client



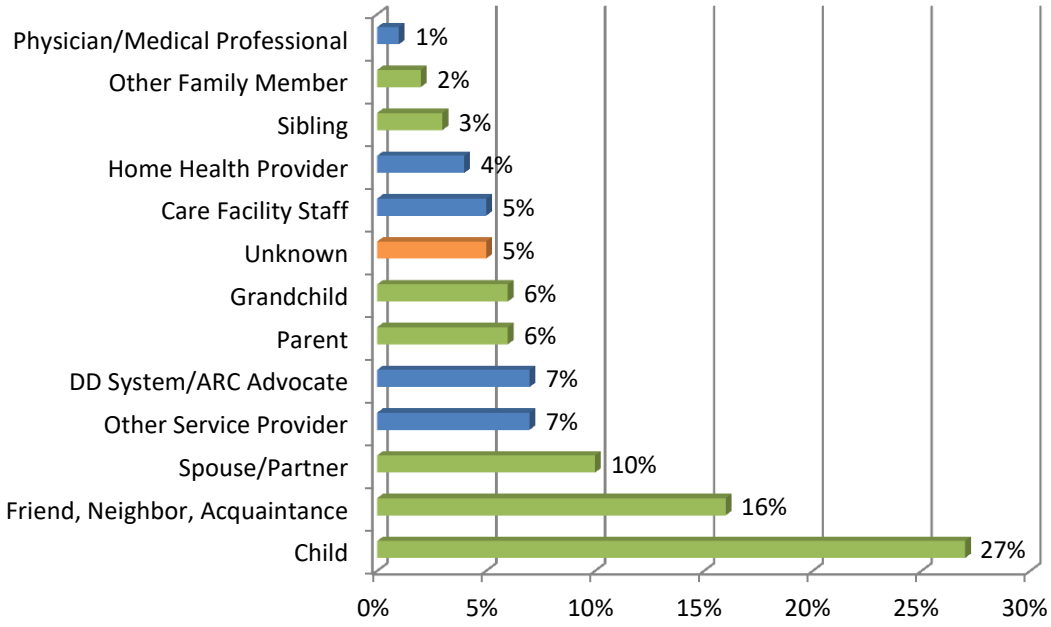
In Fiscal Year 2016-17, the most common relationships named as alleged perpetrators of mistreatment were children (26%), a friend/neighbor/acquaintance (19%), and spouse/partner (12%).

Most Common Alleged Perpetrator Relationships to Client



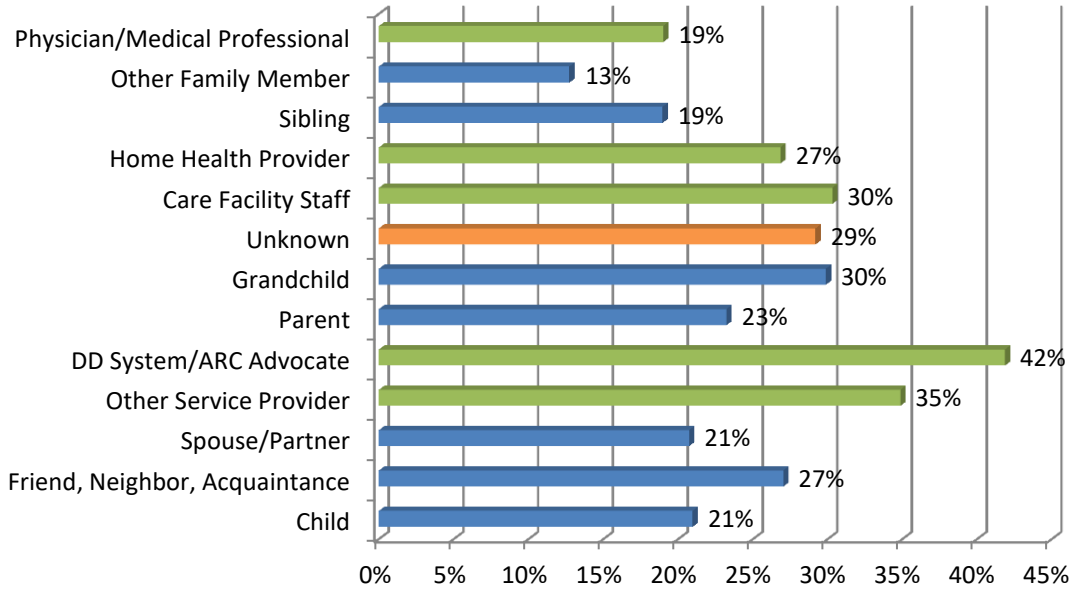
When we look at this same chart but limit the pool to perpetrators that had a substantiated finding of mistreatment we see some minor changes. For instance, both the “Friend, Neighbor, Acquaintance” and the “Unknown” relationship groups go down 3 percent (from 19% to 16% and from 8% to 5%, respectively) while the “DD System/ARC Advocate” group’s percentage goes up 4 percent (from 3% to 7%).

Most Common Substantiated Perpetrator Relationships to Clients



In terms of allegations against a specific alleged perpetrator, approximately 25 percent of all allegations made against alleged perpetrators in Fiscal Year 2016-17 were substantiated, 19 percent were inconclusive, 41 percent were unsubstantiated, and 15 percent could not be determined. Below is a chart with the percentage of substantiated allegations by relationship for Fiscal Year 2016-17. For instance, 30 percent of all the allegations made against care facility staff were substantiated.

Rate of Substantiation by Perpetrator Relationship Group



Joint Investigations

Investigations may be conducted jointly with a partnering agency that has statutory authority to investigate mistreatment (i.e., a collaborative investigation). Typical agencies that conduct joint investigations with APS include:

- Law enforcement
- District attorneys
- Medicaid fraud investigators
- Community Centered Boards
- Colorado Department of Public Health and Environment Health Facilities Division
- Long-term care ombudsmen
- County Department of human services fraud investigation and child welfare units

County Department APS programs, law enforcement agencies, district attorneys, and other agencies responsible by law to investigate the mistreatment of at-risk adults are required by statute (Section 26-3.1-103(3), C.R.S.) to develop and implement cooperative agreements to coordinate these joint investigative duties to ensure the best protection for at-risk adults, to include:

- Local law enforcement
- District attorney (DA)
- Long-term care ombudsman - advocates for residents of nursing homes, assisted living residences, and similar licensed adult long-term care facilities.
- Community Centered Boards (CCBs) – organizations that provide services to adults with intellectual and developmental disabilities, such as: eligibility determination, coordination and arrangement of services, and oversight of direct care providers.

Assessment

An assessment involves an evaluation of the client's strengths and needs to determine risk[8] and safety[9]. In an assessment, caseworkers evaluate risk factors in the areas of activities of daily living, cognition, behavioral concerns, medical concerns, home/residence, finances, and mistreatment to identify areas that place the client at risk and areas that are strengths for the client. The client's current support system, such as caregivers in place or family or friends who help the client, is also noted. Caseworkers will identify any risk areas such as the client's ability to communicate, whether their plumbing, utilities, and appliances are working, whether the client is aware of their financial needs or if they have many unpaid bills, whether the client is experiencing delusions, their orientation to time/place, if they have an acute/unmet medical issue, and more. Caseworkers also record whether any services have already been

[8] **Risk** means conditions and/or behaviors that create increased difficulty or impairment to the client's ability to ensure health, safety, and welfare.

[9] **Safety** means the extent to which a client is free from harm or danger or to which harm or danger is lessened.

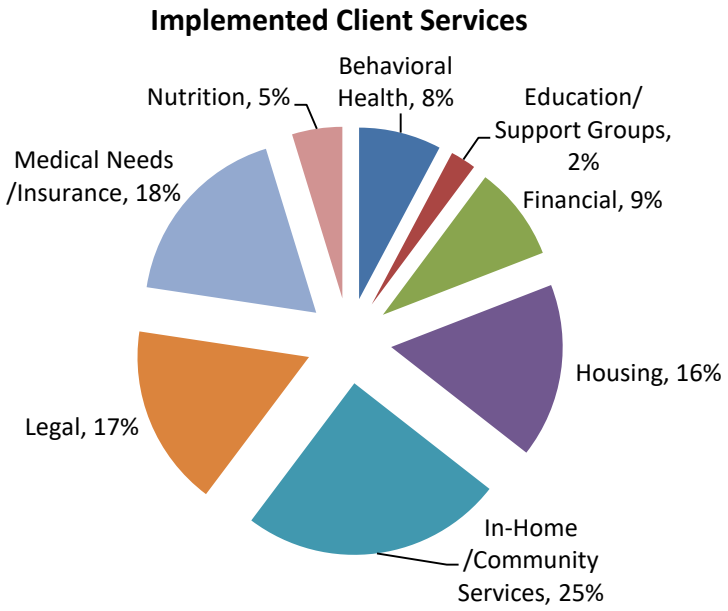
implemented to help mitigate the risk of these factors and increase the client's safety. If a client has a risk and there is no adequate service or support in place to ensure the risk is mitigated, the APS, caseworker will identify a service or support in the case plan and work with the client to implement the service/support. For example, if a client is no longer able to prepare meals, do their laundry, or clean their home, the APS caseworker would work to get a homemaker to come into the client's home to assist with these daily chores.

Case Planning

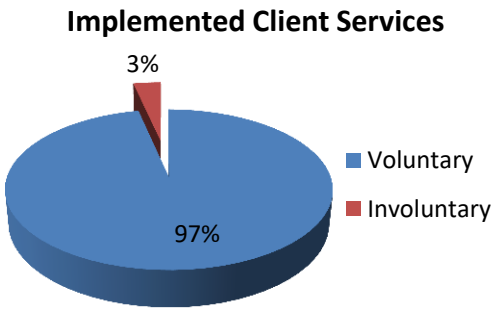
Case planning refers to using the information obtained from the investigation and assessment to identify, arrange, and coordinate protective services in order to reduce the client's risk and improve safety. Unless it has been determined that the client does not have a sufficient understanding or capacity to make responsible decisions, services may only be implemented with the client's consent. APS caseworkers strive to involve clients in the case planning whenever possible, in keeping with the APS principals of consent, self-determination, and least restrictive intervention. APS will attempt to identify and implement services that will allow the client to remain safely in their home, if that is their wish. However, a move to a family member's home, an assisted living residence, or a nursing home may be necessary if the client's level of care is so great that safety cannot be maintained by in-home services.

In Fiscal Year 2016-17, APS implemented 5,085 services for clients in need. The most common types of services implemented were in-home/community services (25%), medical needs/insurance (18%), legal (17%), and housing (16%). In-home/community services include items such as home health care, homemaker services, and transportation. Medical needs/insurance services include things like doctor visits, dental care, medications, and insurance applications. Legal services involve resources like attorney consultations, requests for legal documents (i.e., ID, birth certificates, etc.), and legal authority designation. Housing services are comprised of subsidized housing applications, rent counseling, and assisting clients in moving to appropriate housing (e.g., assisted living), etc. Common financial services include application for public assistance programs, financial counseling, and setting up auto-pay for bills. Behavioral health services involve items such as mental health treatment, substance abuse treatment, and neuropsychological evaluations. Nutrition services include things like grocery receipt, delivered meals, and proper/special diet education. Lastly, education/support group services range from care giver education to Alzheimer's/dementia support.

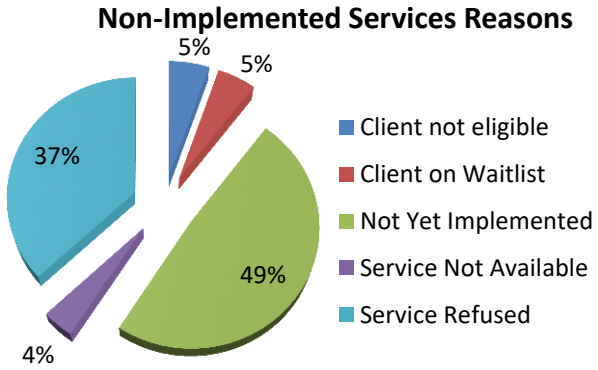
In Fiscal Year 2016-17 statewide APS utilized approximately $703,000 of the Client Services funds allocated to purchase goods and services necessary for clients' immediate health and safety. These funds are used only for emergency or short-term services necessary for the client's health or safety when a client is unable to pay for the good/service and there is no other program available to provide the needed goods/services. These funds were used for home modifications (grab bars in showers, wheelchair ramps, etc.), short-term home health services, cleaning services and pest eradication, cognitive capacity evaluations, housing, transportation services, and more.



Approximately 97 percent of all of the implemented services were arranged with the client's cooperation. The other 3 percent of implemented services were carried out because the client was unable to consent (e.g., client lacks cognitive capacity or is in a coma) and/or the client's legal guardian consented to the service.



There were 4,542 services identified by APS caseworkers as needed to improve safety and reduce risk for their client that were not implemented. There are several reasons why a service may not be implemented. Clients with cognitive capacity have the right to refuse any or all suggested services, services may be unavailable in certain areas of the state, the client may not meet eligible criteria for the service, the client may be on the waitlist to receive the service, or it may be that the caseworker is still in the process of coordinating the service.

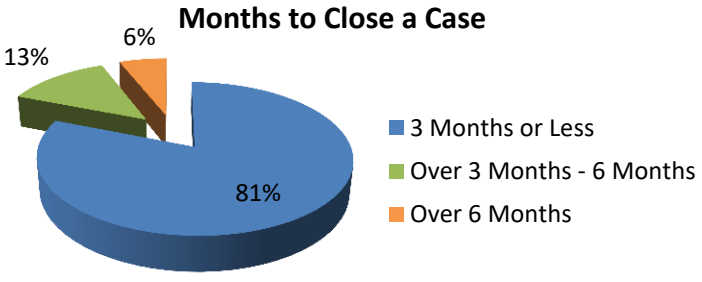


When analyzing the 4 percent of services that were not available, two trends stood out: 30 percent fell into the Legal grouping and 25 percent were categorized as in-home/community services. More specifically, the two most common services were for home health care and guardianship. These shortages were present most frequently in the larger metro areas but were identified as unmet needs across the state.

Occasionally, the client may have cognitive deficits that are so great that they are unable to consent to or refuse protective services. In these cases, the only option to ensuring the client's health and safety might be to petition the court to have a guardian appointed to assist with decision making for the client. A client who is unable to manage his/her finances because of cognitive limitations may need a conservator or a representative payee. The APS program works to identify an appropriate family member or friend who can take on this responsibility for the client or, if a client has enough financial resources, a paid guardian, conservator, or representative payee could be appointed. Some counties have a Public Administrator who can be appointed the conservator for some clients. County Departments may assume guardianship for clients who have no other guardian option, but are not required to do so. In keeping with the priority of ensuring the least restrictive intervention, less than 1 percent of new cases each year can only be resolved by the County Department APS program becoming the client's legal representative. Cases in which the County Department APS program is appointed as guardian, conservator, or representative payee remain open for as long as that legal authority is needed for the safety of the client.

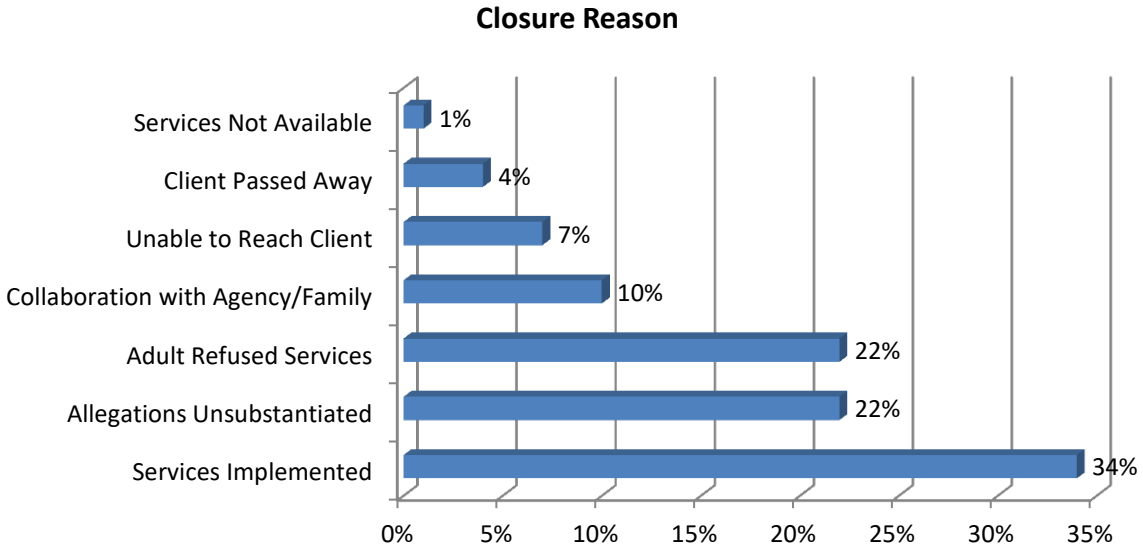
Case Closure

As the NAPSRC and NASUAD (2012) pointed out in their review of APS programs, due to the complexity of cases, 40 percent of APS programs across the country do not have a specific timeframe for closing cases. The states that did report they had a specific timeframe also stated that there are many exceptions and extensions to those policies. For Colorado APS, with the exception of cases in which APS holds legal authority for the client (guardianship, conservatorship, or representative payeeship) or the case is exceptionally complex, APS services (i.e., cases) are short-term. About 81 percent of all cases are closed within three months and 94 percent are closed within six months. Only 1 percent of cases are open longer than one year, which are primarily those cases in which APS holds legal authority for the client. In 2012, the NAPSRC and NASUAD reported that 80 percent of states had the authority to become legal guardians for clients, but only 18 percent stated that they would allow their caseworkers to become guardians. Additionally, only 14 percent of the state APS programs stated they would take on represenative payee roles for their clients. In Colorado, County Departments are urged to seek guardianship as needed, however by statute, they are not required to do so; therefore not all counties will take on the role of guardian.



Cases are closed once APS has completed its intervention. In 34 percent of cases, APS is able to implement services, sometimes with assistance from other agencies or family members, to improve the health and safety for the client. In about 22 percent of cases, the case is closed immediately following the investigation and assessment because the caseworker found that the allegations were unsubstantiated and the client had no other health or safety needs. In another 22 percent of cases, APS identified needs but the client was competent and refused any services or assistance from APS. In the APS program, clients often have a terminal illness, such as dementia, cancer, or a neurological disease such as Parkinson's disease. In other cases, the APS caseworker is unable to locate the client. Cases are closed when the APS client passes away or when the caseworker has exhausted all attempts to locate the client. For about 1 percent of cases, the service(s) needed to improve safety for the client is not available in the community, or sometimes is not available anywhere in Colorado. Other times, the only provider for the service cannot safely provide the service because of the client's aggressive or violent behaviors. The APS case is closed when the caseworker has exhausted all options for the client.

Below is a chart of the most common closure reasons in Fiscal Year 2016-17.



Repeat Involvement by Closure Reason

In Fiscal Year 2016-17, the Department conducted an analysis of the association between repeat involvement and closure reason for APS cases (Zanti & Martinez-Schiferl, 2017). The closure reason "Adult Refuses Services" had a high rate of repeat involvement (24%), which makes sense because the client refused the intervention so the mistreatment was likely to go unresolved and thus be reported to APS again. One of the main APS values is self-determination (i.e., the adult has the right to make decisions without interference from others), but this finding has sparked the discussion on how to better reach these clients and possible strategies for follow-up to ensure that they are provided enough opportunity to accept assistance. The closure reason "Unable to Locate" was the only closure reason that had both a higher statistical likelihood of repeat involvement within the standard 12-month

measure and within 90 days of the initial case closure. Many of Colorado APS' clients are homeless and/or frequently move around, making them difficult to locate.

On the other end of the spectrum was the closure reason "APS Intervention Complete", which was the only closure reason with a lower statistical likelihood for repeat involvement within 12 months and 90 days post initial case closure. This was an important finding because it shows that when APS is able to get involved in a situation in which an at-risk adult is being mistreated and implement an intervention, that client is much less likely to come back into the system.

Progress and Future Developments

APS Staff Training

Every new Colorado APS caseworker and supervisor must attend a four-day intensive Training Academy; other APS staff, such as case aides or administrators may attend Training Academy. This in-depth training on the APS program includes the rules and regulations, casework practice, client populations, investigations, and assessments. In Fiscal Year 2016-17, 92 new workers attended one of the four Training Academy events. Of those attendees, 79 percent were caseworkers, 13 percent were supervisors, and 8 percent were case aides.

Quarterly Training Meetings (QTM) are provided in-person at various locations across the state, and are available to APS staff across the state via webinar. QTMs cover topics such as fiduciary oversight, case planning, institutional investigations, intake training, mandatory reporting, updated rules/statutes, and other casework related topics. There were more than 280 attendees in the QTMs. Along with the QTMs, APS delivered regional training sessions on executive functioning, financial exploitation/forensic accounting, and investigations and services in the intellectual and developmental disabilities system. More than 400 of APS staff attended these regional training events.

Colorado APS also facilitates approximately 10 (ten) 90 minute webinar training opportunities, called Tuesday Topics, each fiscal year. Nearly 500 attendees took advantage of the Tuesday Topic opportunities in Fiscal Year 2016-17, increasing their knowledge on a variety of casework topics, such as insurance and managed care, brain injuries, Colorado Crisis Services, and working with law enforcement.

Continuing Education Requirements

Nationally among state APS programs, about 66 percent of states require training for their workers through state policy but less than half have the requirement in their statutes (NAPSRC & NASUAD, 2012). Colorado APS has training/continuing education requirements for its workers and in Fiscal Year 2016-17, 100 percent of all new workers completed required training for new APS staff and 100 percent of all experienced APS supervisors, caseworkers, and case aides met the annual continuing education training requirements set by Colorado APS rules (12 CCR 2518-1). APS County Department staff completed more than 8,880 hours of continuing education.

Adult Protection (AP) Teams and Community Education

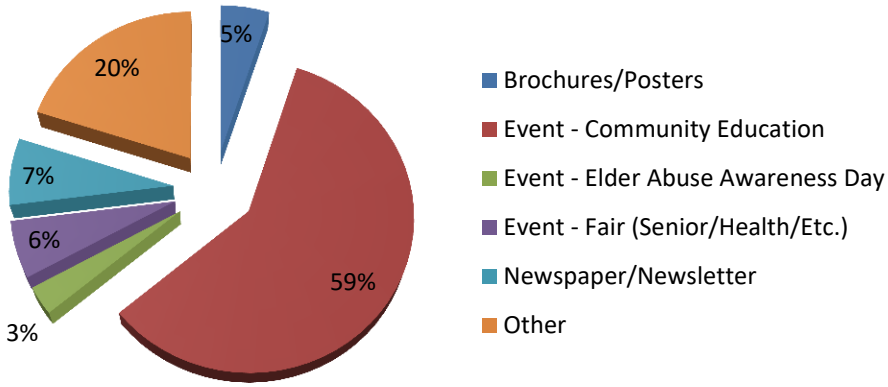
The Colorado Adult Protective Services (APS) rules require counties that had 10 or more screened-in reports in the previous Fiscal Year to convene a multi-disciplinary Adult Protection (AP) Team. The AP Team is an advisory group that can review the processes used to report and investigate alleged mistreatment and self-neglect, review the provision of protective services, facilitate coordination of services, and provide community education on the APS program and the mistreatment and self-neglect of at-risk adults, which is a fairly common practice within APS programs (NAPSRC & NASUAD, 2012). Colorado currently has 51 AP Teams representing 55 counties.

AP Teams consist of representatives from collaborating service agencies in a variety of professional groups which includes attorneys, law enforcement, mental health professionals, hospital/facility staff, social workers, long-term care ombudsman, Community Center Board (CCB) staff, agencies that provide services to at-risk adults, and other professionals who have experience with at-risk adults. Some strengths of these types of collaborations included enhanced communication, improved relationships among the collaborating agencies, better coordination of services, and an increased number of services provided to at-risk adults (Teaster et al., 2009). Furthermore, this coordination helps agencies gather an understanding of program limitations, their differing roles in serving this at-risk adult population, offers an opportunity for cross-training, can help reduce duplication of efforts, and can offer interventions that no one agency could provide individually (Lachs & Pillemer, 2015; Malks, Schmidt, & Austin, 2002; Taylor & Mulford, 2015; Teaster et al., 2009),

As mandated by rule (12 CCR 2518-1, 30.830), community education about at-risk adult mistreatment and self-neglect is a central function of AP Teams. During Fiscal Year 2016-17, AP Teams provided 260 community educational opportunities to an estimated 28,389 professionals and community members in their respective counties.

The most common form of community education opportunity in Fiscal Year 2016-17 was a community education event (59%).

AP Team Community Education Events



Strategies for Improving Future Outcomes

Colorado APS Data System (CAPS)

In 2014, Colorado APS designed and implemented the Colorado APS Data System (CAPS) and CAPS has proven to be a very effective data system. CAPS has enabled the State APS program to better identify client and program needs and track the progress of cases. CAPS allows for virtually every part of the case to be documented electronically, thus the entirety of the case can be viewed at once without referencing paper files. As a result, CAPS has facilitated a more efficient method of evaluating the quality

of casework and any areas of improvement identified during quality assurance analyses can be addressed.

For the first time in history, the U.S. Department of Health and Human Services, Administration for Community Living (ACL) offered state APS programs the opportunity to apply for one of eleven grants for research and/or data system development. Colorado APS was awarded one of the grants in September 2015. APS was awarded the grant to improve two of the areas in CAPS so that research related to improved client outcomes could be undertaken in subsequent years. To achieve APS' goal of increasing positive outcomes for at-risk adults in need of protective services, the grant will be used to improve two functions in CAPS: 1)Intake, and 2) the client strengths and needs assessment tool.

First, it is critical that the APS program is focusing its limited resources on at-risk adults who are being mistreated and providing those adults with optimal services to improve safety and reduce risk where possible. Therefore, because the information obtained during the screening process is used to determine whether a report is screened in for investigation, it is imperative that sufficient and complete information is acquired during the screening process so the decision as to whether to investigate is an informed one. The grant funds the development of a new intake process in CAPS that will dynamically generate additional follow up questions based upon the story that the reporter is telling the screener and the answers to some key questions. These "enhanced screening questions" are designed to gather more complete information to ensure that reports of an at-risk adult experiencing mistreatment are screened in for investigation, while at the same time, ensuring that APS is not spending time and resources investigating reports that do not involve an at-risk adult and/or mistreatment and therefore should not be screened in. The new Intake function was implemented in CAPS on July 1, 2016.

Second, Colorado APS developed an assessment tool in CAPS that measures both the adult's risk and safety. Assessment tools used by other states measure risk, but omit safety. Colorado APS wanted a tool that would provide a quantitative measure of improved outcomes for APS clients as a result of APS intervention for both risk and safety. APS is collaborating with University of Denver Associate Professor, Dr. Leslie Hasche, Ph.D, M.S.W. on this portion of the grant to scientifically validate the assessment tool. After the assessment has been validated, Colorado APS will be able to accurately compare clients' risk and safety before APS involvement and after APS intervention. Being able to see risk and safety will allow Colorado APS to analyze those areas where risk is most likely to be reduced and/or safety increased, and the services and supports that are most likely to improve safety. This validation study is ongoing and expected to be completed in Fiscal Year2017-18.

Judicial District 18 (JD18) and CAPS

Both the mandatory reporting statute (§18-6.5-108(2)(b), C.R.S.) and the APS statute (§26-3.1-102(3), C.R.S.) require the sharing of new reports between the law enforcement agency (LEA), APS, and the district attorney's office (DA) within 24 hours of receiving the report. APS is required to share all new reports with the appropriate LEA, who in turn must share those reports with the DA. When the LEA takes the new report, they must share the report with APS and the DA. Sharing of reports in a timely manner between these three agencies is important and may be critical in ensuring the safety of the at-

risk adult. In practice, sharing reports is a manual process and APS and LEAs have limited resources that sometimes cause delays in the sharing of those reports.

In an effort to create a more efficient and timely process for sharing reports, the state APS program began a pilot project with Judicial District 18, which serves Arapahoe, Douglas, Elbert, and Lincoln counties, the County Department APS programs in those counties, and the 21 LEAs serving those communities to develop a common data system for Judicial District (JD18) and the 21 LEAs within JD18. This new JD18 system will interface with the Adult Protective Services data system (CAPS) to take and track new reports.

Phase one of this project will build the new JD18 system in which LEAs can take reports they receive from mandatory reporters. The DA will have access to this system so LEAs will no longer need to manually share the report with the DA, though they will still have to manually share the report with APS. Phase One also includes building an interface between CAPS and the JD18 system so that as soon as a new report is created by APS in CAPS, it will be sent automatically to the JD18 system, eliminating the need to manually share the reports with LEAs. This also ensures that LEAs are notified immediately of a new report so that they can respond more quickly to emergency situations. This phase is expected to be implemented in October 2017. When additional funding is identified, Phase Two will build an interface between the JD18 system and CAPS so that when LEAs create a new report in their system, it will automatically be sent to CAPS so that once Phase Two is implemented LEAs will no longer have to manually share reports with APS. If the pilot is successful, the project will be expanded to other Judicial Districts across Colorado.

CAPS Background Check (House Bill 17-1284)

In 2016, Executive Management of the Colorado Department of Human Services conducted community listening sessions across Colorado to get input from professionals and community members. During those sessions, a common theme that arose was concern that a caretaker who was fired from one care facility for mistreating residents would simply apply to another facility “across town” and begin working with vulnerable adults again. As a result of these concerns, the Colorado General Assembly passed House Bill 17-1284, which will require certain employers to request a check of the Adult Protective Services data system (CAPS) to determine whether a prospective employee has been substantiated of causing or committing mistreatment (physical or sexual abuse, caretaker neglect, or exploitation) of an at-risk adult. Employers who will be required to request a CAPS check for new employees include health facilities, adult day care facilities, nursing homes, regional centers for persons with intellectual and developmental disabilities, home care agencies, service provider agencies for persons with IDD, and other service and care providers who work with at-risk adults. These CAPS checks will be required for any new employee beginning January 1, 2019.

As noted earlier in this report, House Bill17-1284 also requires that APS caseworkers and supervisors be provided additional training related to investigations. This training will be provided between January and June 2018.

In addition, the Department is working with stakeholders to draft Rule revisions based on House Bill17-1284 that will establish a due process system for APS. Currently when a perpetrator is substantiated in an APS case, that information remains confidential and is not shared with employers and those perpetrators do not have the right to appeal the decision made by the County Department APS program related to the substantiation. Beginning July 1, 2018, pending Rule adoption by the State Board of Human Services, a due process system for substantiated perpetrators will be established. Finally, changes to CAPS will need to be made to accommodate the due process, appeals, and employer CAPS checks processes and will be made throughout 2017 and 2018.

State General Fund was allocated to the Department to hire new staff to handle the appeals by substantiated perpetrators and the employer CAPS checks, to provide the additional training for APS caseworkers and supervisors, and to complete the changes to CAPS needed to implement the law. Once the employer CAPS checks begin in January 2019, the costs for the program will covered by the fees paid by employers for the CAPS checks.

Colorado joins many other states in creating a process for employers to check APS records prior to hiring a new employee. In 2012 (the most recent data available) 40 percent of states reported having a process for employers to check APS records prior to making a hiring decision, often termed a “registry”.

(NAPSRC and NASUAD 2012)

Investigations Training

As mentioned previously in this report Colorado’s APS caseworkers and supervisors will now be required to attend specialized investigations training and become certified investigators. APS is contracting with an experienced APS and investigations training company to develop and deliver a three-day curriculum. This training will be provided between January and June 2018 to all current APS staff and will be incorporated into the current APS Training Academy for new staff beginning in July 2018. Also beginning in Fiscal Year 2018-19, a three-day advanced Investigations training will be developed and delivered four times a year by the same vendor, with the goal of having all APS supervisors certified as advanced investigators and providing caseworkers an opportunity to continue to improve their investigation skills.

Quality Assurance

Colorado APS performs formal and informal reviews of individual cases and other statutory and regulatory program requirements. In addition, County Department APS Supervisors are required by rule (12 CCR 2518-1, 30.340) to perform case reviews on 15 percent or more of each caseworker’s caseload each month. A monthly review of specific casework measures such as timeliness of initial responses, monthly contacts, investigations, and client safety improvement is also conducted as part of the Department’s C-Stat process to create a clearer picture of how County Department APS programs are performing over time across various measures of performance. Finally, each year a statewide review of specific program requirements is conducted.

During the 2017 Legislative Session, the General Assembly provided funding for the Department to establish an APS quality assurance (QA) unit to conduct reviews of casework performed by County Department APS programs. This APS QA unit will be housed in the Administrative Review Division of the Department to ensure independence. The APS unit will follow up and provide additional training or assistance to those counties whose reviews by the APS QA unit show a need for improvement.

APS Caseload Ratios for Fiscal Year 2016-17

In the legislative declaration for Senate Bill 13-111, the Colorado General Assembly identified a recommendation for caseload average for the APS program of 25:1 or less. This recommendation was based on national best practices established by the National Adult Protective Services Association. Caseload average is calculated by adding the number of ongoing cases plus the number of new reports and dividing by the number of caseworker FTE. In Fiscal Year 2016-17, the caseload average for the APS program was 27:1 statewide (while the ten largest County Department APS programs had a 29:1 caseload average). This was an improvement over the statewide caseload average of 29:1 (while the ten largest County Department APS programs had a 32:1 caseload average) in Fiscal Year 2015-16.

APS Contacts

For more information visit the APS website (www.ColoradoAPS.com).

If you have questions concerning the APS program, please email us (cdhs_aps_questions@state.co.us). Do not email a report of mistreatment or self-neglect of an at-risk adult.

If you are a mandatory reporter and need to make a report of abuse, caretaker neglect, or exploitation of an at-risk elder (aged 70 years or older) or at-risk adult with an intellectual and developmental disability (aged 18 and older), please notify law enforcement where the mistreatment occurred.

If you are not a mandatory reporter and want to make a report of abuse, caretaker neglect, self-neglect, or exploitation of an at-risk adult, please contact the County Department's APS intake line in which the at-risk adult resides. County Department phone numbers are listed on the APS website or you can access them directly by clicking on the link here.

Training on mandatory reporting to law enforcement and reporting to APS is available online or in person. For more information visit ColoradoAPS.com.

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