Colorado Adult Protective Services (APS)

Annual Report – Fiscal Year 2018-19

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Colorado Adult Protective Services (APS) Program Overview

The Colorado Adult Protective Services (APS) program was established in statute 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. 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] (all of which are grouped in the term "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, investigating the allegations[6], assessing the client for other health and safety needs, and working with the client to implement protective services when appropriate. 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 at-risk adult's strengths and needs determines that the

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[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.

adult is 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 the alleged victim is or may be an at-risk adult and mistreatment or self-neglect may be occurring, i.e., meets criteria for APS intervention. The County Department APS program then conducts 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 to make decisions, 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 and rule making processes), 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 aged 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. When working with at-risk adults, APS works to reduce risk and improve safety for the adults while respecting their right to live as they want 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. The Administration for Community Living's (ACL) Voluntary Consensus Guidelines for State Adult Protective Services Systems, released in September 2016, also identifies the need to delineate confidentiality of APS reports and cases.

Self-Determination & Consent: Adults have the right to make decisions for themselves without interference from others. Therefore, unless the adult is breaking the law or municipal code or does not have the cognitive capacity to make responsible decisions or understand the consequences of the decisions, the adult has the right to refuse APS services. Clients may choose to accept some services but not all services that the APS caseworker determined necessary for their health and/or safety. The client may even 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). The Administration for Community Living's (ACL) Voluntary Consensus Guidelines for State Adult Protective Services Systems, released in September 2016, identifies person-centered service, another way to describe self-determination, as a recommended ethical principle.

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 Colorado's APS cases are open for less than three months (Section 26-3.1-104, C.R.S. and 12 CCR 2518-1, 30.240; see the Case Closure section for more details). The priority for least restrictive intervention is also included in the Administration for Community Living's (ACL) Voluntary Consensus Guidelines for State Adult Protective Services Systems, released in September 2016.

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) who are age 18 or older 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 professional 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.).

While mandatory reporting is in place in Colorado for the two sub-sets of vulnerable adults (at-risk elders and at-risk adults with IDD), the mandatory reporting laws do not cover about 30% of the populations served by the APS program, for example adults under age 70 who have dementia, a brain injury, or an advanced neurological disease. 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, including investigating who may be mistreating the client, and alleviating any safety issues.

APS Funding

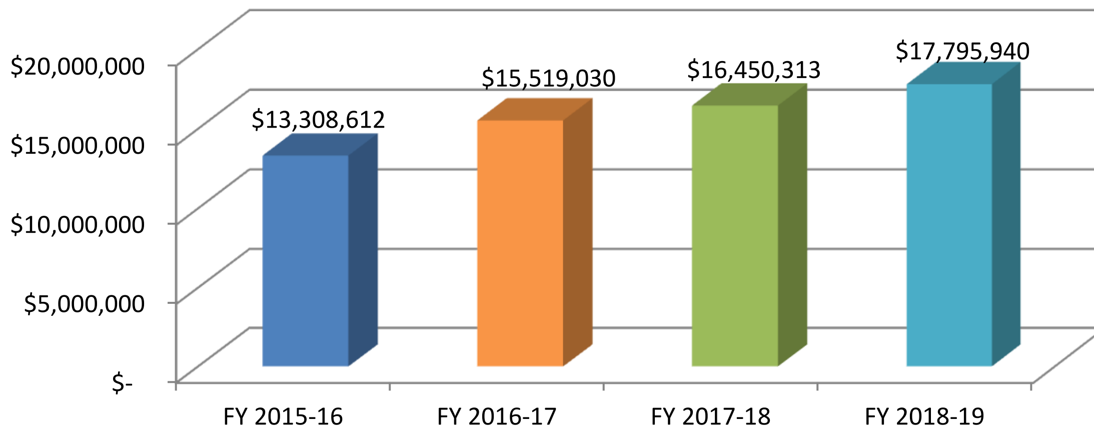
In the 2011 report, The U.S. Government Accounting Office (GAO) stated that the increase in demand for APS services has not been met with an equivalent amount of resources to effectively respond. In fact, a lack of financial resources was rated as the largest hindrance met by APS programs. States do 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 Line Items in the Long Bill. In Fiscal Year 2018-19[7] the Colorado APS program was appropriated approximately $19.37 million, of which approximately $13.6 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 Colorado General Assembly allocates approximately $2 million of Colorado’s federal Social Services Block Grant (SSBG), known as Title XX, to the Adult Protective Services program. 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 $19.37 million for the APS program in Fiscal Year 2018-19 was appropriated as follows:

[7] The state fiscal year (FY) runs from July 1 through June 30 (i.e., FY 2018-19was 7/1/2018 through 6/30/2019).

- Approximately $823,000 for State Department staff salary, benefits, operating, travel, and to provide training to County Department APS staff and the community
- Approximately $192,000 for the Colorado Adult Protective Services data system (CAPS)
- Approximately $17.3 million for County Departments' APS program administration costs
- $1 million for Client Services. The Client Services allocation is used 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.

The chart below details County Department APS administration expenditures since Fiscal Year 2015-16.

APS County Administration Expenditure FY 2015-16 through FY 2018-19



**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, Colorado's growth in this age group between 2010 and 2015 was the third fastest in the U.S. (Colorado State Demography Office, 2016). Looking forward, the Colorado State Demography Office (2019) projects that the number of people 65 years and over will increase by 57% between 2010 and 2020 and Colorado will see an additional 86% increase in the 65+ population between 2020 and 2050. During the same 2020 to 2050 time frame, growth in the 18-64 population is projected to increase 33%. While not every adult will be an "at-risk" adult or experience mistreatment, with this explosion of the elderly population and continued growth in population in the 18-64 population, the need for APS programs will become even more important in the years to come.

Rates of Mistreatment

It is hard to produce estimates of mistreatment of at-risk adults nationwide for many reasons. Mistreatment is defined differently in different programs and states. Additionally, many incidents of mistreatment go unreported (Aravanis et al., 1993; Choi & Mayer, 2000; Cooper & Livingston, 2016; GAO, 2011; 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 or experiencing

retaliation, or because they are embarrassed, overwhelmed, uncomfortable about the topic, in denial of the problem, or are simply not able to report due to various deficits (i.e., dementia, non-verbal, etc.; Aravanis et al., 1993; Bennett, Levin, & Straka, 2002; 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; Cooper, Selwood, & Livingston, 2008; 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). Moreover, with the rapid growth of the elderly population, an increase in the number of mistreatment cases can be expected in the future (Aravanis et al., 1993).

The Impact of Mistreatment and Self-Neglect

At-risk adult mistreatment and elder abuse have been recognized as a public health and human rights problem (ACL, 2016; Dong, 2015) and each year millions of older adults experience abuse (Lifespan of Greater Rochester et al., 2011; Acierno et al., 2010). Mistreatment and self-neglect impact vulnerable adults in a number of ways. For instance, 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). Hospitalizations of elders due to abuse are at least partially accountable for rising healthcare costs (Dong & Simon, 2013).

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 long-term 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. MetLife Mature Market Institute (MMI; 2011) estimated a $2.9 billion loss on behalf of elder financial abuse victims nationwide in 2010. The Administration for Community Living (ACL) (2016) pointed out that those loses are even higher, given that the MetLife MMI review did not include adults aged 18-64. Beyond the negative health and financial impacts, adult mistreatment can endanger a person's autonomy (ACL, 2016; GAO, 2011, Navigant, 2016).

Individual Characteristics Associated with Higher Rates of Mistreatment

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). Furthermore, older adults are more likely to be experiencing social exclusion/isolation (De Donder, De Witte, Brosens, Dierckx, & Verté, 2014). 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; GAO, 2011; 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., 2009; Gunther, 2011; Lachs et al., 1997; Lachs & Pillemer, 2015; NCEA, n.d.; Petersilia, 2001; Pillemer et al., 2011; Wood, Rakela, Navarro, Bernatz, Wilbur, Allen, & Homier, 2014). Mental illness is also correlated with higher rates of mistreatment (GAO, 2011; Teaster, Stansbury, Nerenberg, & Stanis, 2009). Finally, past traumatic events are associated with higher rates of mistreatment (Acierno et al., 2010).

Specifically related to exploitation, certain risk factors become more predictive. 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). 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). Castle et al. (2012) found that older adults may be more vulnerable to exploitation due to their decreased perception of untrustworthiness in other individuals. Additionally, studies have found that financial literacy of older adults declines with age, but confidence in managing personal finances and financial decision making does not drop with age (Finke, Howe, & Huston, 2011; Gamble, Boyle, Yu, and Bennett, 2015). This indicates that although the capacity to make these decisions may diminish with age, many older adults are not aware of the decline.

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. MetLife Mature Market Institute (MMI; 2011) found that there were three major reasons for the occurrence of elder financial abuse: (1) the older adult happened to be a barrier to what the perpetrator desired, (2) the perpetrator was desperate for money (often the perpetrator is dependent on the older adult for financial needs), (3) or the perpetrator formed a relationship with the adult solely for the purpose of exploitation. Furthermore, for elder financial abuse, a majority of victims were living alone and required assistance with their healthcare or home maintenance (MetLife MMI; 2011).

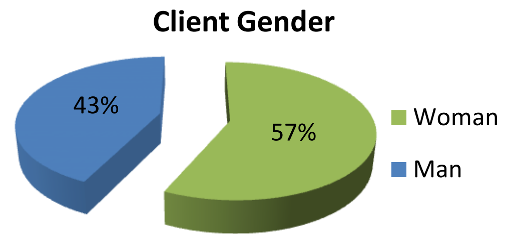
APS Client Demographics

According to APS statute (Section 26-3.1-101, C.R.S.), at-risk adults are defined as 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 2018-19.

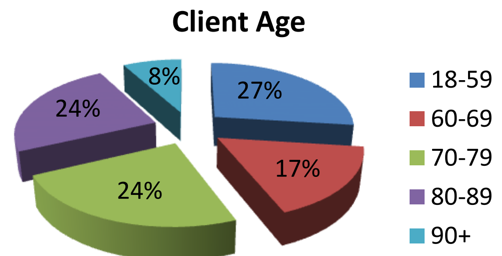
Client Gender

A majority of APS clients in Fiscal Year 2018-19 were female (57%), 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 2018-19 were transgender.



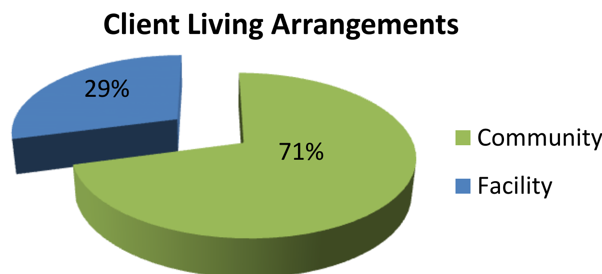
Client Age

The majority of APS clients were aged 70 or older (56%).

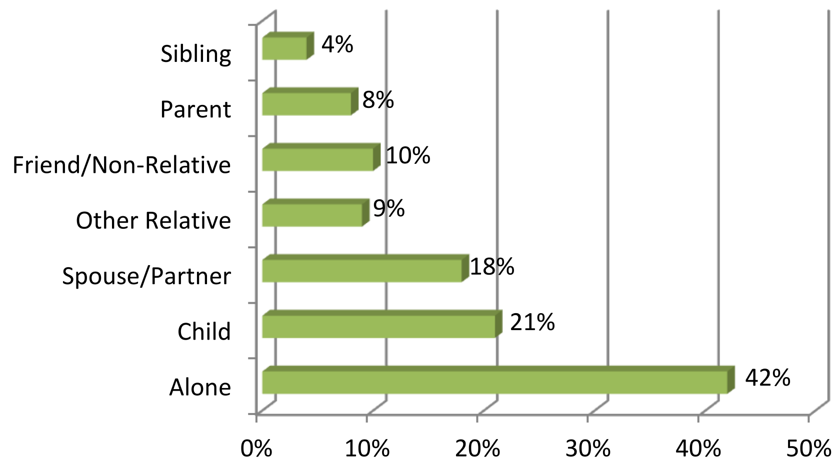


Client Living Arrangements

In Fiscal Year 2018-19, about 71 percent of APS clients lived in a community setting, such as their own home or the home of a family member, while 29 percent lived in a facility, such as a skilled nursing facility or a group home.

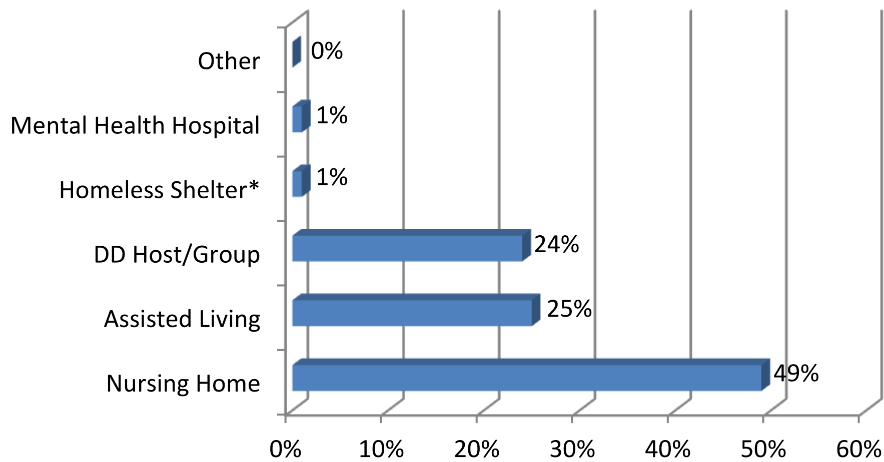


Most clients in Fiscal Year 2018-19 living in the community lived alone (42%), with a child (21%), or with a spouse/partner (18%).



Note that these percentages do not add up to 100 because clients may fall into multiple categories.

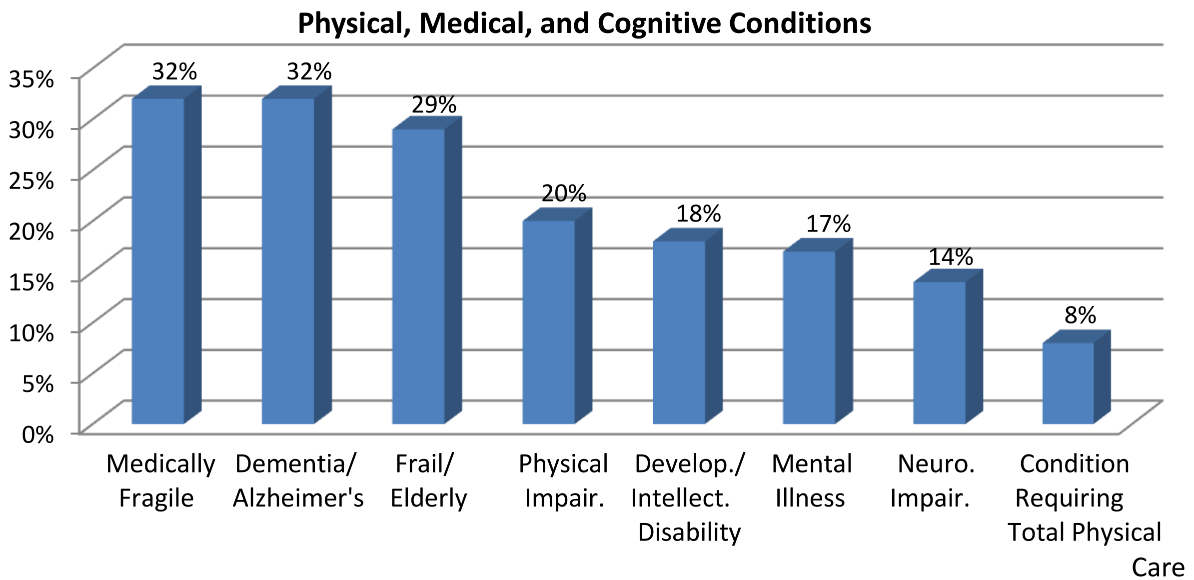
Clients who lived in a residential facility most often lived in a nursing home (49%) or an assisted living facility (25%). In Fiscal Year 2015-16, approximately 14 percent of clients living in a facility setting lived in a host/group home for persons with intellectual and developmental disabilities in comparison to 24 percent in Fiscal Year 2018-19. It is likely that this major change is due to the implementation of Senate Bill 15-109 which became effective July 1, 2016, and the increased number of reports made involving individuals with an intellectual and/or a developmental disability.



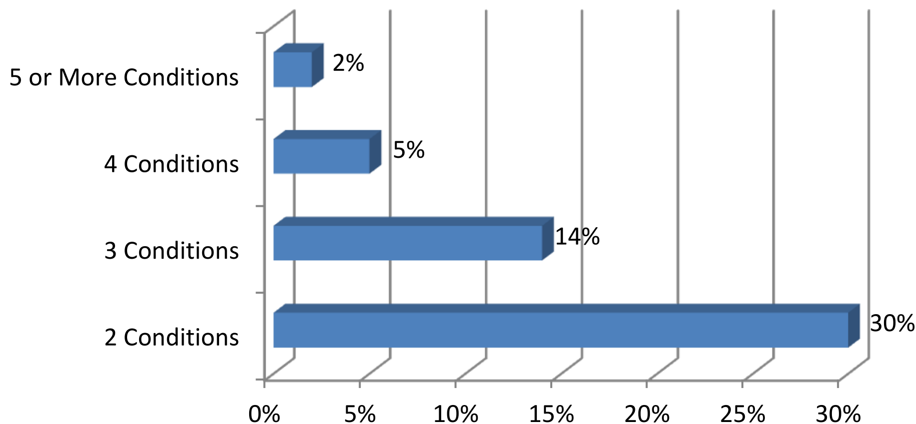
**Only includes clients living in a homeless shelter facility. If all homeless clients were included the percentage would increase to 6%.*

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 2018-19, the most common conditions impacting APS clients were “Medically Fragile” (32%) and “Dementia/Alzheimer’s” (32%). Other common conditions were “Frail Elderly” (29%), “Physical Impairment” (20%), “Developmental/Intellectual Disability” (18%), Major Mental Illness/Emotional Disorder (17%), “Neurological Impairment (14%), and “Condition Requiring Total Physical Care” (8%).



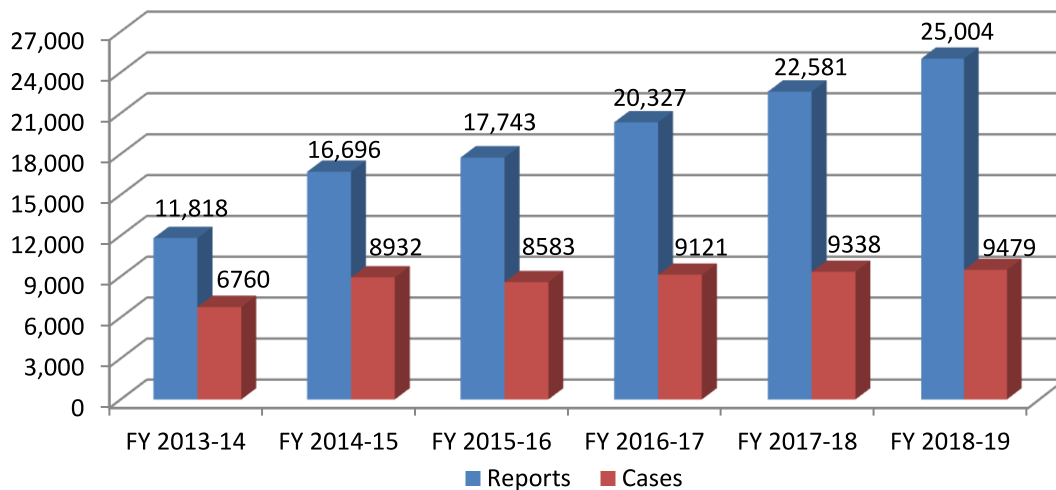
Furthermore, 51 percent of APS clients had two or more of these conditions, adding complexity to resolving the health and safety issues for the client.



The APS Case Process

Reports and Cases

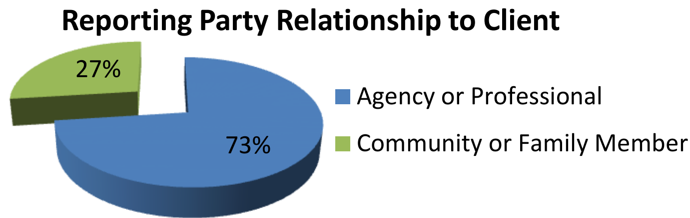
Colorado APS has experienced significant increases in the number of reports received each year since the Mandatory Reporting laws were passed and became effective on July 1, 2014 and July 1, 2016. As a result, the number of cases open for investigation and provision of protective services has continued to rise as well. There was an 11 percent increase in the number of reports APS received in Fiscal Year 2018-19 over Fiscal Year 2017-18. Overall, there has been a 112 percent increase in the number of reports over the past six years. There were 2 percent more cases opened for investigation in Fiscal Year 2018-19 than in Fiscal year 2017-18. Colorado APS has an experienced a 41 percent increase in open cases since the implementation of mandatory reporting.

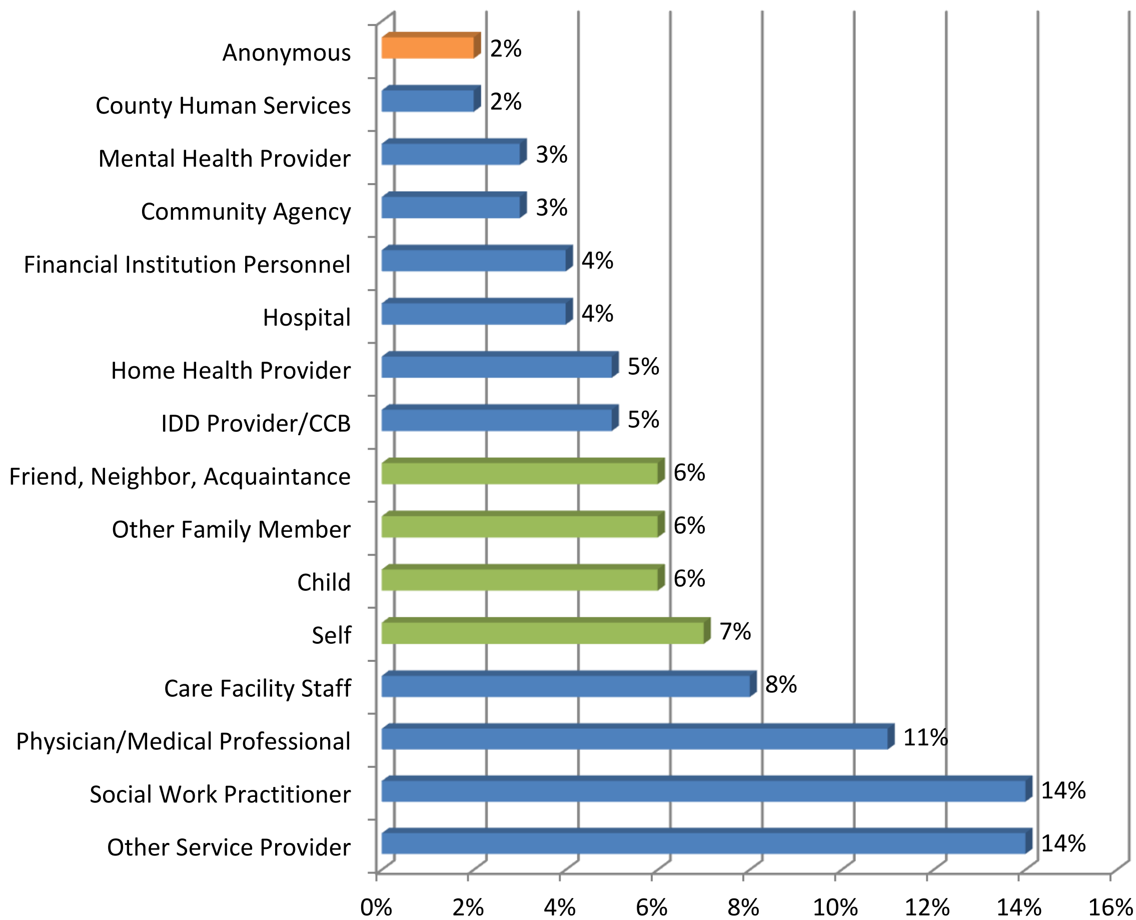


As this table shows, not all reports become a case. Approximately 31 percent of APS reports received in Fiscal Year 2018-19 were opened as a case compared to Fiscal Year 2017-18 when approximately 34 percent were opened as a case. Some reasons that not all reports become a case are: the report was made as a precaution due to mandatory reporting but did not meet APS criteria, the report did not include an allegation of mistreatment or self-neglect as defined in APS statute, the client in the report did not meet the APS definition of an at-risk adult (or did not appear to meet that definition at the time of the report), etc. As noted on page 2 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.

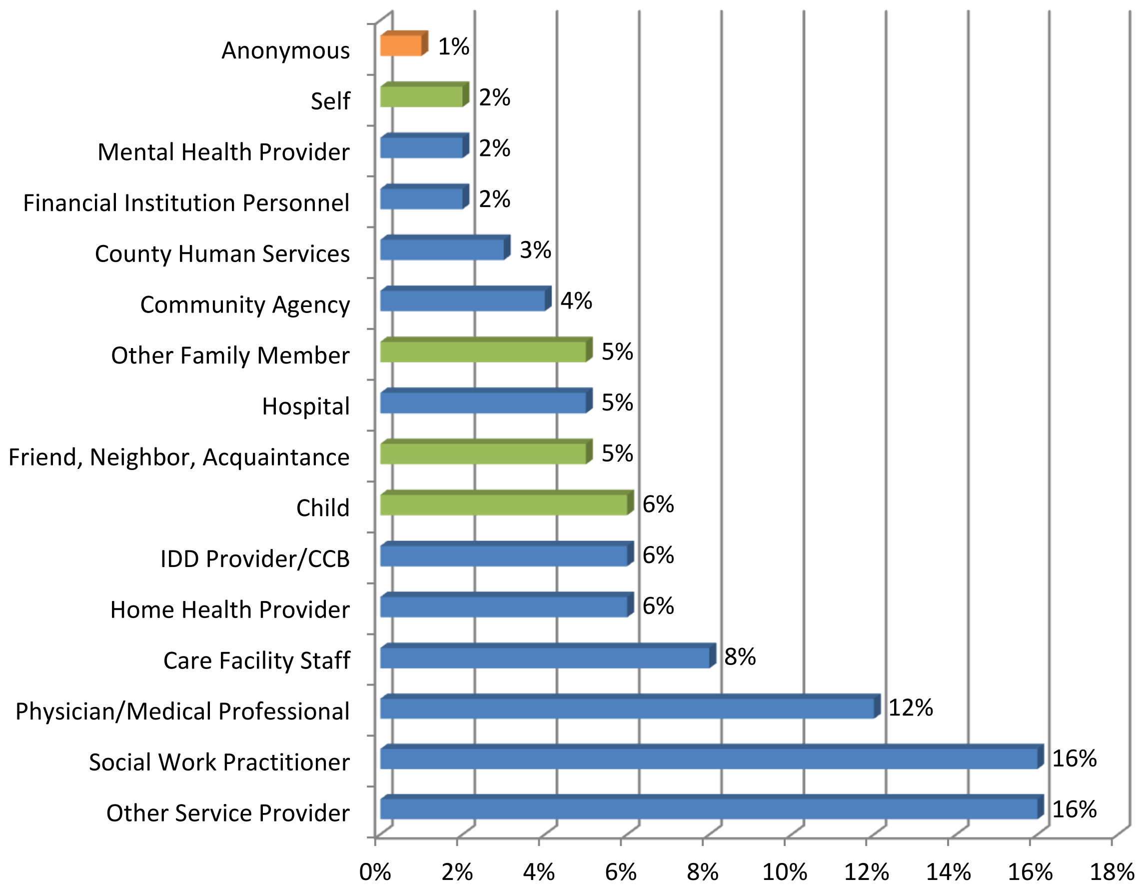
Reporting Party Relationship to Client

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 2018-19, a majority of reporting parties were professionals who work with at-risk adults (73%). The most common reporting party groups were social work practitioners and other service providers (both at 14%).





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 14 percent of reporting parties versus 16 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.



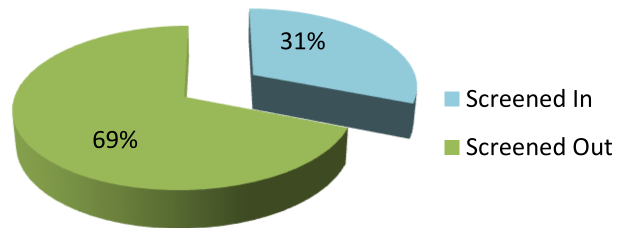
Report Screening

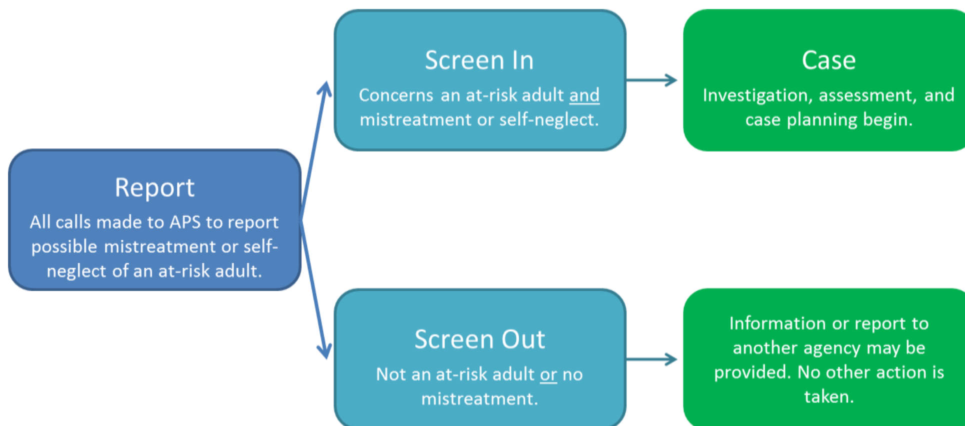
When a report is made to APS, County Department APS personnel evaluate the report to determine whether it meets eligibility criteria for investigation, which is twofold: (1) it involves an at-risk adult as defined in the APS statute and (2) there is alleged or suspected mistreatment and/or self-neglect. 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 all of Colorado's 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. However, as a result of a pilot project with Judicial District 18, limited information on criminal investigations can be found on pages 28-29.

The most common reason a report was screened out in Fiscal Year 2018-19 was that there was no reported mistreatment (51%; i.e., what was being reported did not meet Colorado APS' definitions of mistreatment or self-neglect). The second most common reason was that the client involved did not meet Colorado APS' criteria of an at-risk adult (32%). Reports can also be screened out if there is a current open case (9%; in such an instance the worker would add the new allegations to the existing case and investigate), or if there is not enough information to investigate (2%; i.e., the report does not have enough information to contact the client, reporting party, witnesses, or other collaterals and there is no other information to indicate where contact information can be found).

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 2018-19, 31 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 adult is not "at-risk" by Colorado's definition of an at-risk adult, the case will be closed without completing the investigation.

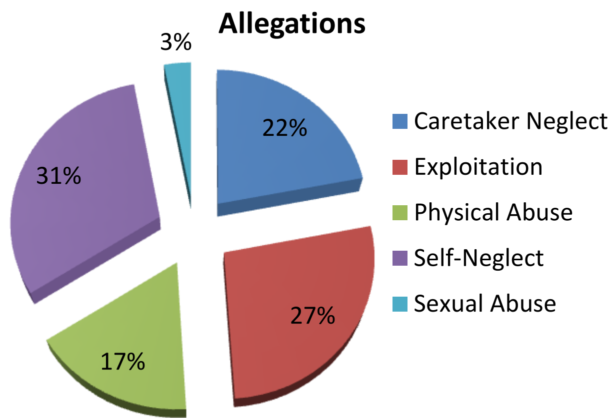




Investigation

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 substantiated finding means that the investigation established by a preponderance of evidence that mistreatment (or self-neglect) has occurred and the substantiated perpetrator was responsible. In their 2016 report, the National Adult Maltreatment Reporting System (NAMRS) identified that 62 percent of State APS programs utilized preponderance of evidence as their standard of evidence in investigations. An unsubstantiated finding means the investigation did not establish any evidence that mistreatment or self-neglect has occurred. An inconclusive finding means that some evidence of mistreatment or self-neglect may be present but the investigation could not confirm the evidence to a level necessary to substantiate the allegation. There are cases in which a finding is not made, either because an investigation was not required, for example, upon assessment the adult is determined not to be "at-risk" or because APS was unable to complete an investigation, for example, APS was unable to locate the adult and there were no other leads to follow for an investigation.



In Fiscal Year 2018-19, 31 percent of allegations were for self-neglect, that is, it was alleged that the client was not providing for their basic needs. Self-neglect was the most common allegation made. The most common form of *mistreatment* reported was exploitation at 27 percent. It is important to note that there may be multiple allegations occurring in any given case. Clients often experience multiple forms of mistreatment and self-neglect at the same time (Aravanis et al., 1993). For example, a client may be self-neglecting and exploited by a family member; or a client may be physically and sexually abused. The average number of allegations per case in Fiscal Year 2018-19 was 1.5.

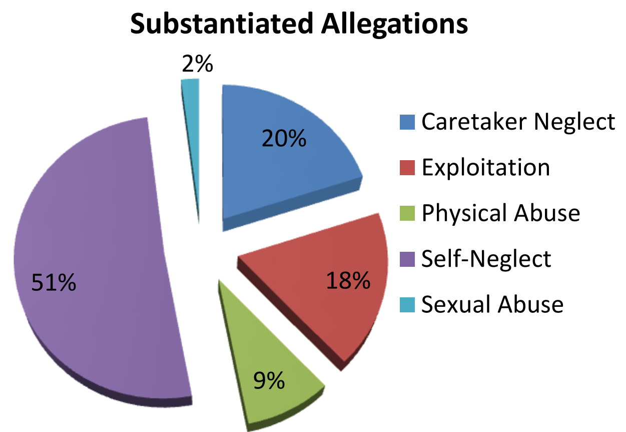
Over the years, the percentage of each type of allegation, when measured as a percentage of the total allegations received on all new reports, has remained relatively consistent, except for exploitation and self-neglect. In Fiscal Year 2006-07, exploitation accounted for 16 percent of the total allegations made in reports to APS versus 27 percent in Fiscal Year 2018-19. Exploitation is the only mistreatment allegation that has considerably increased over the years. This is in line with research findings that amounts elder financial abuse are higher than previously reported (Acierno et al., 2010). 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 31 percent in Fiscal Year 2018-19). Even with the reduction of self-neglect allegations over the years, it still remains the most common allegation made, which is in line with other state's rates of allegations (National Adult Protective Services Association [NAPSA] & NAPSRC, 2016).

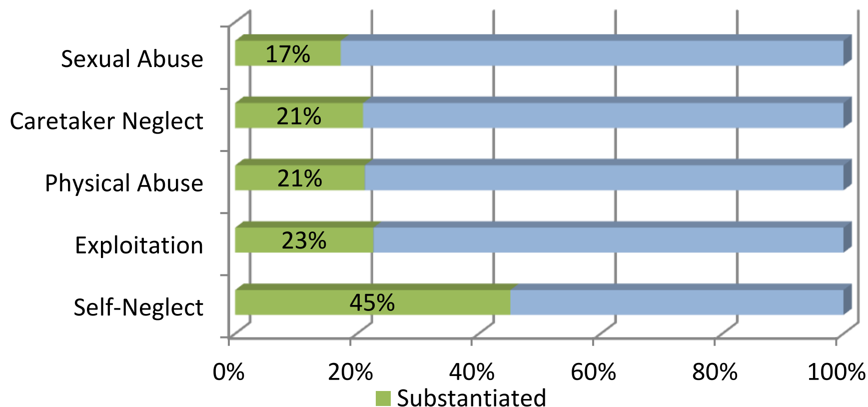
The approximate reported loss of money and property to clients who were exploited (the allegation was substantiated) in Fiscal Year 2018-19 was approximately $17.4 million. This approximate loss of assets

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. And, as noted previously in this report, 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).

Approximately 29 percent of the total number of allegations made in Fiscal Year 2018-19 were substantiated, 20 percent were inconclusive, 34 percent were unsubstantiated, and for 17 percent of the allegations, a finding was not made, as described above on page 16. The largest proportion of substantiated allegations belonged to self-neglect with 51 percent, which is in line with the finding in NAMRS (2017) national report that self-neglect represented the majority of substantiated allegations. The other proportions were similar as well (all forms of exploitation was 19%, caretaker neglect was 19%, physical abuse was 10%, sexual abuse was 0.8%). It is important to note that these numbers are likely to differ some due to the fact that the NAMRS report included mistreatment categories that Colorado APS does not distinguish as separate types of mistreatment (i.e., emotional abuse and abandonment, which in Colorado are captured within the neglect definition).

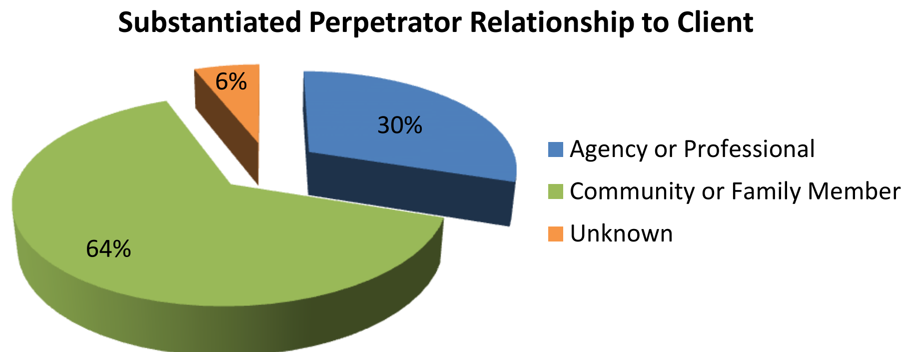




Perpetrator Relationship to Client

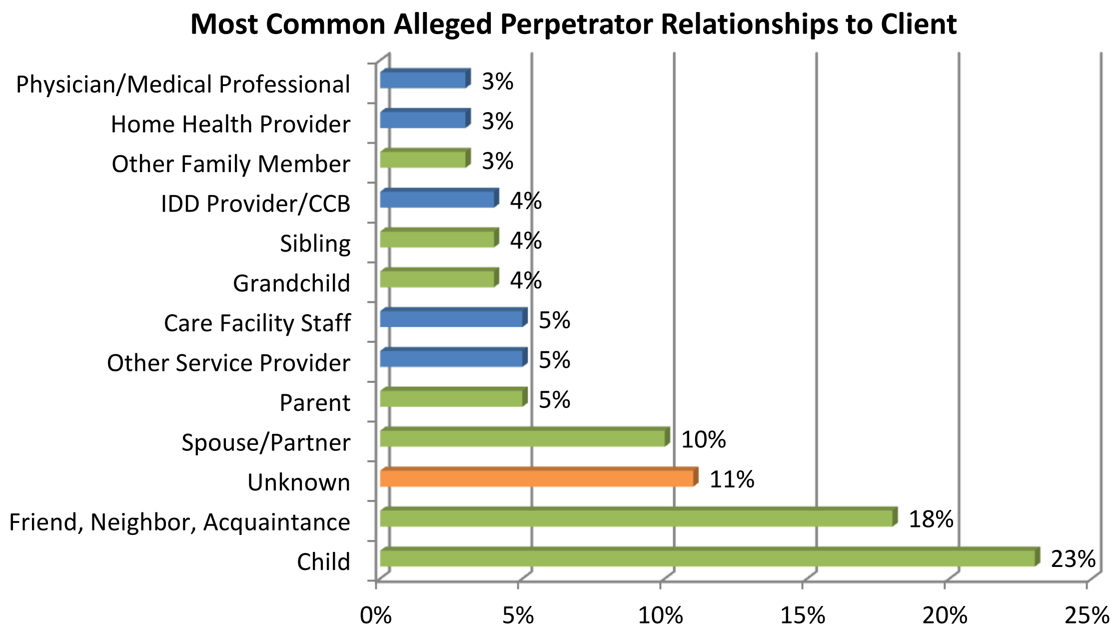
The majority of substantiated perpetrators identified in reports to APS programs across the state in Fiscal Year 2018-19 (64%), were either a family member or person the victim knows, such as a neighbor, friend, or acquaintance. This estimate is in line with others found in research (Choi & Mayer, 2000; Gunther, 2011; Gunther, 2012; Lachs & Pillemer, 2015; Lachs et al., 1997; Peterson et al., 2014). About 30 percent of substantiated perpetrators were professionals who provide services to the client, such as home care or nursing care staff, and about 6 percent of perpetrators were unknown at the time of the report.

Substantiated Perpetrator Relationship to Client



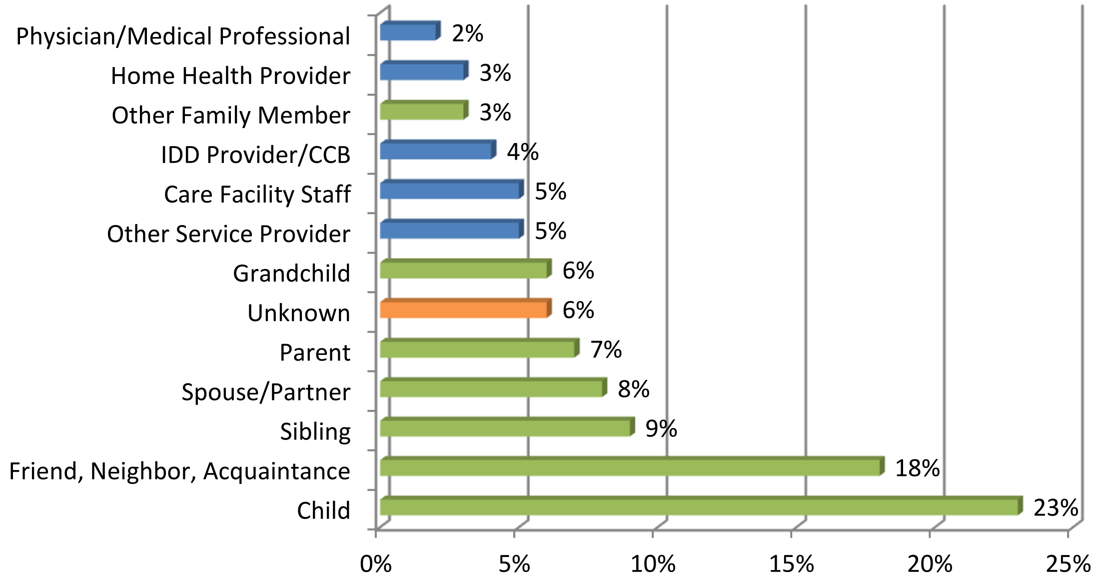
In Fiscal Year 2018-19, the most common relationships for *alleged* perpetrators of mistreatment were the adult's children (23%), a friend/neighbor/acquaintance (18%), and unknown (11%).

Most Common Alleged Perpetrator Relationships to Client

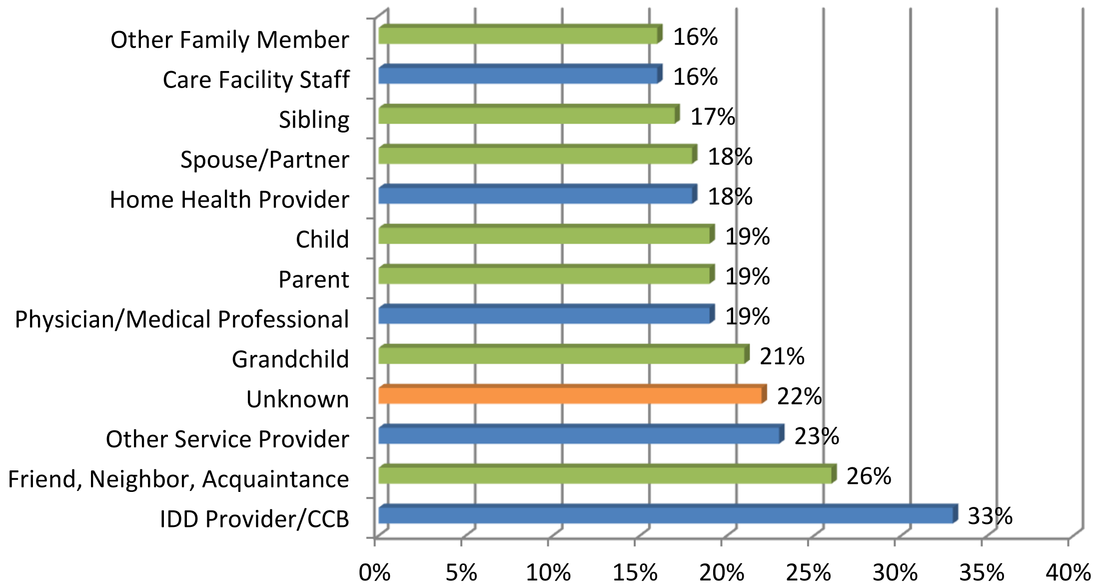


When we look at this same chart but limit the pool to perpetrators that had a substantiated finding of mistreatment we see some minor changes. For instance, the "Sibling" relationship group goes up 5 percent (from 4% to 9%) while the "Unknown" relationship group percentage goes down 4 percent

(which is partially due to caseworkers identifying and updating the "Unknown" perpetrator relationship identified at the time of the report). However, "Child" still remains the most common relationship, along with a spouse.



Overall, approximately 21 percent of all allegations made against alleged perpetrators in Fiscal Year 2018-19 were substantiated, 26 percent were inconclusive, 38 percent were unsubstantiated, and 15 percent could not be determined. Below is a chart with the percentage of substantiated allegations per relationship category for Fiscal Year 2018-19. For example, 33 percent of all the allegations made against IDD Providers/CCBs (providers of services for persons with intellectual and developmental disabilities) were substantiated.



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. Those agencies 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

Colorado APS has developed a systematic assessment tool that underwent a validation process. The validation process is critical to ensuring the reliability and validity of the data, which is why validated assessment tools are recommended (ACL, 2016; De Donder et al., 2014). The assessment involves an evaluation of the client's strengths and needs to determine risk[8] and safety[9]. Caseworkers create a holistic evaluation of risk 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.

Colorado's assessment tool looks at risk factors in the status areas of: 1)activities of daily living and instrumental activities of daily living (often revolving around the client's physical capabilities), 2)

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[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.

cognition, 3) behavioral concerns, 4) medical concerns, 5) home/residence, 6) finances, and, 7) mistreatment. Examples of specific risk factors that are evaluated include the client's ability to communicate, whether the plumbing is working, whether the client's awareness of personal financial needs, whether the client is experiencing delusions, the client's orientation to time/place, whether the client has an acute/unmet medical issue, and so on.

Caseworkers also record whether any services have already been implemented prior to APS involvement that help mitigate the risk of these factors and increase the client's safety. If a client has a risk in a certain area and there is no adequate service or support already in place, the APS caseworker will identify a possible solution in the case plan and work with the client to implement the needed service or intervention. For example, if clients are no longer able to prepare meals, do their laundry, or clean their home, the APS caseworker, with the client's input and consent, would work to get a homemaker to come into the client's home to assist with these daily chores. As such, the assessment is used to help identify possible interventions (e.g., services) for the case plan.

Case Planning

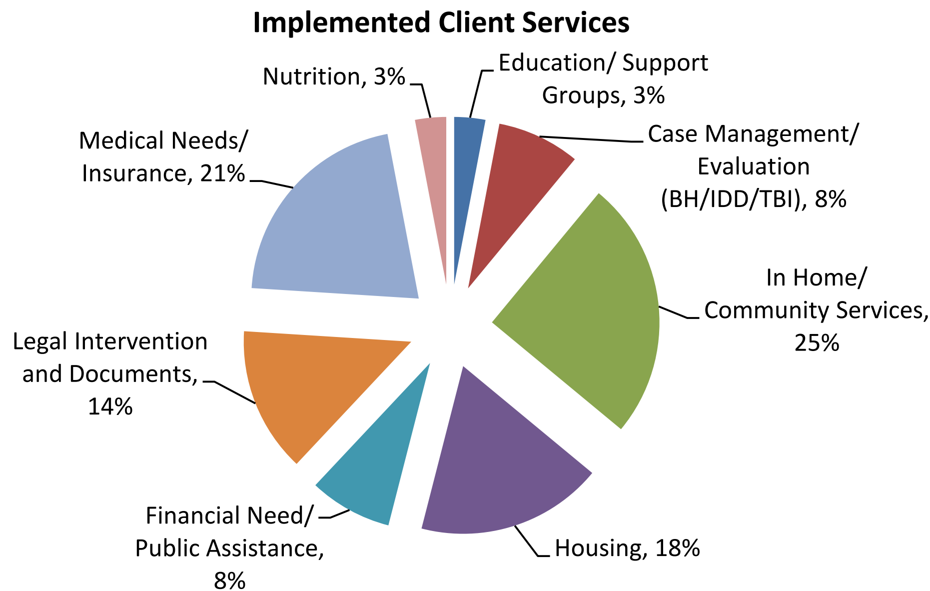
Case planning refers to the process of using the information obtained from the investigation and assessment to identify, arrange, and coordinate protective services in order to reduce the client's risk and improve safety. Unless it has been determined that the client does not have a sufficient understanding or capacity to make responsible decisions, services may only be implemented with the client's consent. (See the Involuntary Case Planning and Alternative Decision Makers section below for more details when the client does not have sufficient understanding or capacity.) 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. The Administration for Community Living (2016) also recommends involving the client when case planning, utilizing a person-centered approach (self-determination). APS will attempt to identify and implement services that will allow clients 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 the best option if the client's level of care is so great that safety cannot be maintained by in-home services. But, unless the client has been determined to lack capacity by the Court, the client may refuse some or all services. As a result, APS caseworkers will attempt to identify additional alternative services that the client may be more open to implementing.

The most common types of services implemented were in-home/community services (25%), medical needs/insurance (21%), housing (18%), and legal (14%).

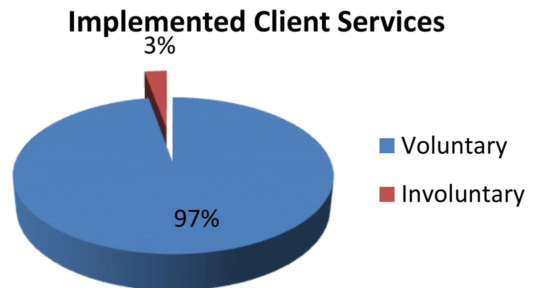
In-home/community services include items such as home health care, homemaker services, and transportation. Medical needs/insurance services include things like doctor visits, dental care, medications, and insurance applications. Housing services are comprised of subsidized housing applications, rent counseling, and assisting clients in moving to appropriate housing (e.g., assisted living), etc. Legal services involve resources like attorney consultations, requests for legal documents (i.e., ID, birth certificates, etc.), and legal authority designation. Common financial services include application for public assistance programs, financial counseling, and setting up auto-pay for bills.

Behavioral health services involve services such as mental health treatment, substance abuse treatment, and neuropsychological evaluations. Nutrition services include things like emergency grocery receipt and home delivered meals. Lastly, education/support group services range from care giver education to Alzheimer's/dementia support.

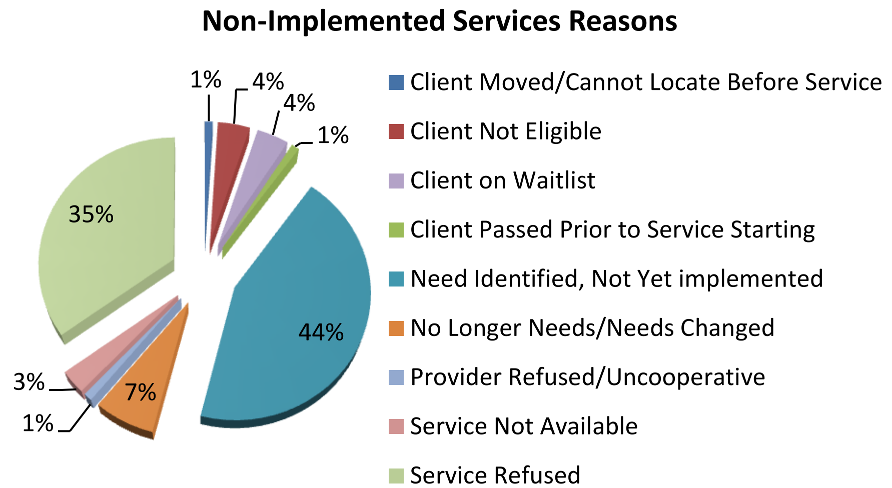
In Fiscal Year 2018-19 statewide APS utilized approximately $641,946 of the APS Client Services funds to purchase goods and services necessary for clients' immediate health and safety. These funds are used only for emergency or short-term services necessary for the client's health or safety when a client 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 remaining 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), the client's legal guardian consented to the service, and/or the client was violating a municipal code (see the Involuntary Case Planning and Alternative Decision Makers section below for more details).



There are services that are 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 eligibility criteria for the service, the client may be on the waitlist to receive the service, the client may have moved out of the state prior to the implementation of the service, the caseworker may be unable to locate the client after the service was identified, or it may be that the caseworker is still in the process of coordinating the service. When analyzing services that were not available, two trends stood out: 36 percent fell into the In Home/Community Services and 22 percent fell into the Legal grouping. The two most common services were for home health and homemaker services. These shortages were present most frequently in the larger metro areas but were identified as unmet needs across the state. In their multi-country research, Bennett et al. (2002) noted the lack of available quality services for older adults was a common challenge faced.



Involuntary Case Planning and Alternative Decision Makers.

As noted previously in this report, approximately 3% of services that APS implemented on behalf of clients in FY 2018-19 were implemented involuntarily. APS may need to implement services without a client's consent when there are circumstances that prevent a client from being able to provide consent, when a client is at imminent risk of serious injury or death, or when a law is being violated. For example, for emergency medical or behavioral health treatment, or when the client may be in violation of a law or municipal code, such as hoarding or vermin clean up requirements.

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, as outlined in Section 15-14-301, C.R.S., to assist with decision making for the client. Only the court can declare a person to be incapacitated. A client who is unable to manage his/her finances because of cognitive limitations may need a conservator, as outlined in Section 15-14-401, C.R.S. Representative payees may be a less restrictive option for some APS clients who need assistance with managing finances but who otherwise are not incapacitated. However, a representative payee is only an option for clients who receive Social Security benefits (including SSI or SSDI) or who are receiving a pension from another company that offers a

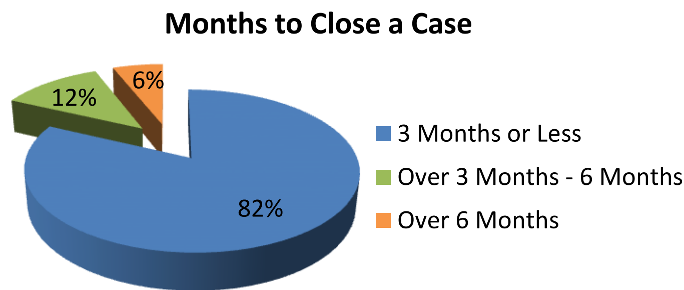
representative payee option. APS would work with their county attorney whenever a legal intervention, such as guardianship or rep payeeship is necessary.

The APS program works to identify an appropriate family member or friend who can take on fiduciary 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. If the APS client is living in or moving to a long-term care facility, that facility might be named by the Social Security Administration (or other pension plan administrator) as the client's representative payee. Per statute and rule, County Departments may assume guardianship, conservatorship, and/or representative payeeship for clients who have no other appropriate option, but are not required to do so. In keeping with the priority of ensuring the least restrictive intervention, approximately 1 percent of new cases in FY2018-19 could 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 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. Colorado is one of these states. 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, even though there is no specified timeframe by which a case must be closed, 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 83 percent of all cases are closed within three months and 94 percent are closed within six months. Only 2 percent of cases are open longer than one year, which are primarily those cases in which APS holds legal authority for the client.

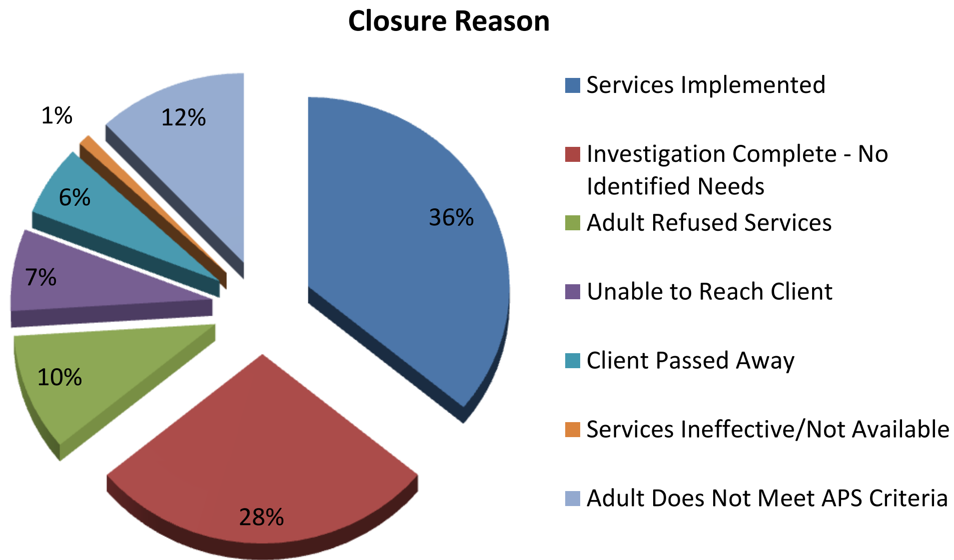
Months to Close a Case



Cases are closed once APS has completed its investigation and intervention (or there is no further need of intervention, or all options for intervention have been exhausted). In 36 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 28 percent of cases, the case is closed immediately following the investigation and assessment because the client had no health or safety needs. In another

10 percent of cases, APS identified needs but the client was competent and refused any services or assistance from APS. In other cases, the APS caseworker is unable to locate the client so the case is closed once the investigation is completed to the best of the caseworker's abilities. Cases are closed when the APS client passes away or when the caseworker has exhausted all attempts to locate the client (in both instances, an investigation is completed prior to closure). For about 1 percent of cases, the service(s) needed to improve safety for the client is not available in the community (or not available anywhere in Colorado), the only provider for the service cannot safely provide the service because of the client's aggressive or violent behaviors, or the service(s) is ineffective. In these situations, the case is closed after the investigation is completed and the APS caseworker has exhausted all options for the client. Finally, APS cases are closed immediately if after assessing the client, the caseworker determines that the client does not meet the criteria of an at-risk adult.

Below is a chart of the most common closure reasons in Fiscal Year 2018-19.



Progress and Future Developments

APS Staff Training

Every new Colorado APS caseworker and supervisor must attend an eight-day intensive Training Academy; other APS staff, such as case aides or administrators may attend Training Academy but are not required to do so. This in-depth training on the APS program includes the rules and regulations, casework practice, client populations, client strength and needs assessment, and investigation certification. In Fiscal Year 2018-19, 77 new workers attended one of the four Training Academy events. Of those attendees, 77 percent were caseworkers, 12 percent were supervisors, and 11 percent were other positions (managers/administrators, case aides, etc.).

Quarterly Training Meetings (QTM) are provided in-person at various locations across the state, and are available to the rest of the APS staff via webinar. All QTMs are recorded so that APS workers who are unable to attend live can listen to the training at their convenience. QTMs cover topics such case plans, joint investigations, confidentiality, findings, appeals, updated rules/statutes, and other casework related topics. There were more than 533 total attendees in the four QTMs in FY 2018-19. Along with the QTMs, APS delivered regional training sessions on IDD Capacity, Competency, Consent; Person Centered Trauma Informed Care; Vicarious Trauma; and Mental Health First Aide. These regional training sessions are developed and delivered by experts in their field. There were over 245 attendees at these various trainings which were held in seven locations across the state.

Colorado APS also facilitates ten to twelve 90 minute webinar training opportunities, called Tuesday Topics, each fiscal year. These training sessions are offered to APS workers live via webinar and are recorded so that workers who are unable to attend live can listen to the training at their convenience. There were 924 total attendances for Tuesday Topic opportunities in Fiscal Year 2018-19, increasing APS staff knowledge on a variety of casework topics, such as prescription drug abuse prevention, intergenerational justice, long-term care ombudsman, Medicaid fraud, human trafficking, Colorado Crisis Center Services, Latino Community Foundation of Colorado, VA & Colorado Coalition for the Homeless, and the Department of Motor Vehicles.

Finally, APS provides a three-day Advanced Investigations training opportunity for all caseworkers and supervisors who wish to fine-tune their investigation and interviewing skills above what they learned in Training Academy. There were 66 caseworkers and supervisors who attended this training in FY 2018-19.

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). The ACL (2016) recommends requiring training for workers as it is associated with worker retention and satisfaction, not to mention enhanced skills and competency. Colorado APS has provided standardized training for new workers since 2007 and formalized its training and continuing education requirements for its workers in rule in 2012 (12 CCR 2518-1). In 2017, the Colorado General Assembly

passed legislation that formalized training requirements in statute (HB17-1284). During in Fiscal Year 2018-19, 100 percent of all new workers completed required training for new APS staff and all but six (6) of the 212 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 (those required to complete training and others) completed more than 11,000 hours of continuing education.

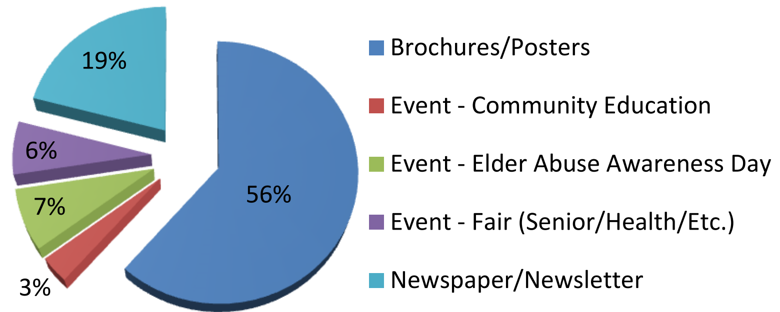
Adult Protection (AP) Teams and Community Education

The Colorado Adult Protective Services (APS) rules require counties that had 10 or more screened-in reports (cases) 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. AP Teams are a fairly common practice within APS programs (NAPSRC & NASUAD, 2012). Multidisciplinary teams are commonly recommended for addressing adult mistreatment and have been noted to be effective method for inter-agency coordination, data-sharing, coordinating care plans, etc. (ACL, 2016; Aravanis et al., 1993; Navigant, 2016). Among many other benefits, multi-disciplinary teams have been associated with increased rates of prosecution (ACL, 2016) and with reducing costs by decreasing long-term care placement (Navigant, 2016). Colorado currently has 50 AP Teams representing 54 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 2018-19, AP Teams provided 230 community educational opportunities to an estimated 19,117 professionals and community members in their respective counties.

The most common form of community education opportunity in Fiscal Year 2018-19 was brochures/posters (56%).



Colorado APS provides an online training about mandatory reporting which is available to mandatory reporters and other members of the public at ColoradoAPS.com. This training was accessed 4,555 times in FY 2018-19.

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 been 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 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.

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 (JD18), which serves Arapahoe, Douglas, Elbert, and Lincoln (and part of Adams) 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 18 (JD18) and the 21 LEAs within JD18.

Phase one of this project was completed in December 2017 and consisted of building a JD18 system, called Colorado At-Risk & Elder System (CARES), in which LEAs take reports they receive from mandatory reporters. The DA has access to this system so LEAs no longer need to manually share the reports with the DA. Phase one also included building an interface between CAPS and CARES so that as soon as a new report is created by APS in CAPS, it is sent automatically to CARES, eliminating the need to manually share the reports with LEAs. This also certified that LEAs are notified within 30 minutes of entering a new report so that they can respond more quickly to reports of mistreatment.

Phase two of this project was completed in October 2018 and consisted of building a connection that automatically sent the LEA reports created in CARES to the APS data system, CAPS. This phase completed the circle between APS and LEA report sharing, completely eliminating the need for manual sharing of reports in the JD18 jurisdiction. This also ensured that APS and LEAs within JD18 receive new reports within minutes rather than the full 24 hours allowed in statute. This project could be expanded to other Judicial Districts across Colorado that have an interest in automating report sharing and utilizing a data system that provides an efficient method for tracking reports, investigations, and investigation outcomes.

According to information provided to the State APS office by the 18th Judicial District Office (M. White, personal communication, July 10, 2019), this project has been very successful in tracking, investigating, and prosecuting crimes associated with the mistreatment of at-risk elders (aged 70 and above) and at-risk adults age 18 and older with intellectual and developmental disabilities. CARES has provided a centralized location for taking these reports and tracking investigation outcomes in an efficient and effective data system. Between calendar year 2017 (prior to implementation of CARES) and 2018 (the first full year of CARES operation), JD18 saw a 34 percent increase in the number of reports it received for at-risk elders and at-risk adults with IDD. More importantly, during this same time period, JD18 saw a 38 percent increase in cases that resulted in criminal charges against the perpetrator.

CAPS Background Checks and Appeals (House Bill 17-1284)

In 2017, the Colorado General Assembly passed House Bill 17-1284, which required certain employers effective January 1, 2019 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 are 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. Colorado joins many other states in creating a process for employers to check APS records prior to hiring a new employee.

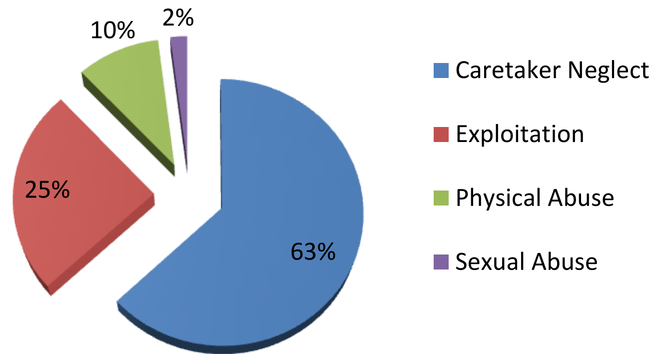
From January 2019 to June 2019, the CAPS Check Unit (CCU) received 56,041 requests for CAPS checks on potential employees. Of those, the CCU identified 98 hits (meaning that of the CAPS check requests from authorized employers, 98 were confirmed to have been substantiated as a perpetrator of mistreatment against an at-risk adult in CAPS). CAPS checks are “flagged”, i.e., each week CAPS check

staff cross-check potential employee requests for CAPS checks against newly substantiated perpetrators from the week before. If there is a "match" the employer will be notified of the new substantiation. Of the 98 hits, 37 were flagged hits. When there is a "hit" the employer is provided information on the date of the investigation, the county department that conducted the investigation, the mistreatment type (abuse, neglect, or exploitation), and the severity level (impact) of the mistreatment on the client.

House Bill 17-1284 also established due process for people substantiated in an APS case of mistreatment against an at-risk adult, which became effective on July 1, 2018. Appeal requests are handled by the Child and Adult Maltreatment Dispute Review Section (CAMDRS), which is located in the Administrative Review Division of the Department. Per rule (12 CCR 2518-1), an appeal can only be made if there was not a preponderance of evidence or if what was substantiated as mistreatment does not meet the statutory or regulatory definition of mistreatment.

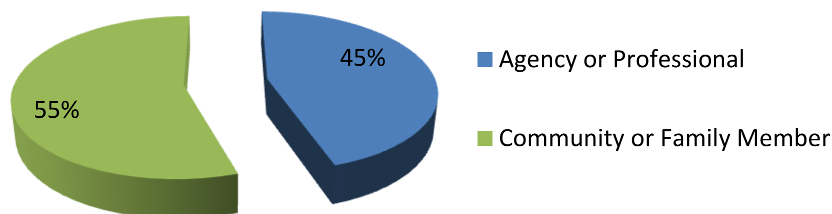
There were 250 appeals received in Fiscal Year 2018-19 with 121 that have an outcome (i.e., the appeal process has been completed). The majority of appeals (63%) were related to substantiated caretaker neglect findings.

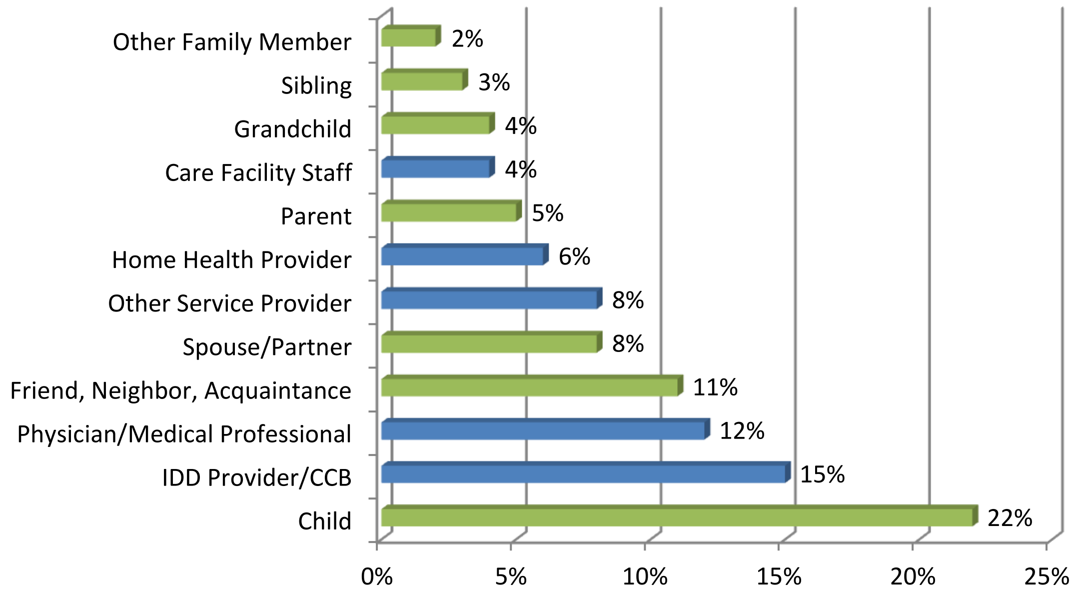
Appeals Received in Fiscal Year 2018-19 by Mistreatment Type



More than half of the substantiated perpetrators who filed an appeal were community or family members (55%). In looking at more specific relationships, the largest relationship groups filing appeals were children of the client (22%), service providers for people with intellectual and developmental disabilities (15%), and physicians and other medical professionals (12%).

Perpetrator Relationship Type for Received Appeals





Investigations Training

As mentioned previously, Colorado's APS caseworkers and supervisors are now required to attend specialized investigations training and become certified investigators as a requirement of House Bill17-1284. The Department contracted with a company that specializes in training related to mistreatment investigations to develop and deliver a three-day basic investigations curriculum for Colorado APS. This training was provided between January and June 2018 to all APS caseworkers and supervisors that were currently employed at that time. The curriculum has since been incorporated into the current APS Training Academy for all new staff. This same company developed a three-day advanced Investigations curriculum and delivered it four times during Fiscal Year 2018-19. The advanced investigations training is available to caseworkers and supervisors who wish to continue to improve their investigation and interviewing skills. There were 66 attendees in Fiscal Year 2018-19.

Quality Assurance

Formal and informal reviews of individual cases and other statutory and regulatory program requirements are conducted annually on the APS program. 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. In addition, every investigation must be reviewed and approved by the county department's APS supervisor at the conclusion of that investigation. 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 formal reviews of casework performed by County Department APS programs. This APS QA unit is located in the Administrative Review Division of the Department to ensure independence. In FY 2018-19, ARD conducted reviews for 51 counties. The reviews by ARD identify areas for improvement and need for continued education and guidance by the Department. The Department will continue to provide training and guidance to county departments.

APS Caseload Ratios

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. 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 2018-19, the caseload average for the APS program was 28:1 statewide (while the ten largest County Department APS programs had a 31:1 caseload average). This was an increase over the statewide caseload average of 26:1 (while the ten largest County Department APS programs had a 28:1 caseload average) in Fiscal Year 2017-18. As mentioned in the funding section, the high caseload and lack of resources to fund APS program needs, such as training, new staff, etc., were noted in the Government Accountability Office (GAO) survey as major challenges experienced in state APS programs across the country.

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 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. For more information visit ColoradoAPS.com.

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