

Reporting Mistreatment and Self-neglect of At-risk Adults

The Who, What, Why, When, and Where

Arapahoe County

Adult Protective Services

Who are At-risk Adults?



At-risk adults are persons 18 years of age or older who are susceptible to abuse, neglect, or exploitation because they are unable to obtain services necessary for their health, safety, or welfare, or lack sufficient understanding or capacity to make or communicate responsible decisions.

What Conditions May Increase an Adult's Risk?

Conditions that may substantially decrease an adult's ability to provide for his or her own health, safety, or welfare may include:

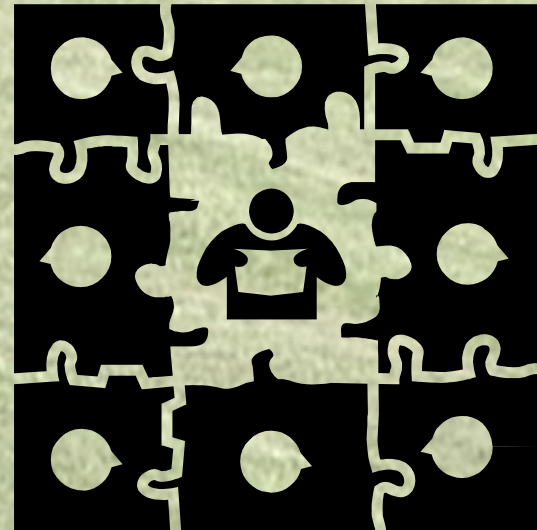
- Dementia
- Developmental disabilities, including Cerebral Palsy, Autism, and mental retardation
- Brain injury
- Behavioral disorders
- Mental illness
- Physical frailty

What is Mistreatment?

In Colorado, “mistreatment” refers to an act (or omission of an act) that threatens the health, safety, or welfare of an at-risk adult, or that exposes the adult to a situation or condition that poses an imminent risk of death, serious bodily injury, or bodily injury to the adult.

Mistreatment includes:

- Caregiver Neglect
- Physical Abuse
- Sexual Abuse
- Self-abuse
- Financial Exploitation
- Other Forms of Exploitation



What is Self-neglect?

Self-neglect is 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.

Please note: Choice of lifestyle or living arrangements, by itself, is not evidence of self-neglect.



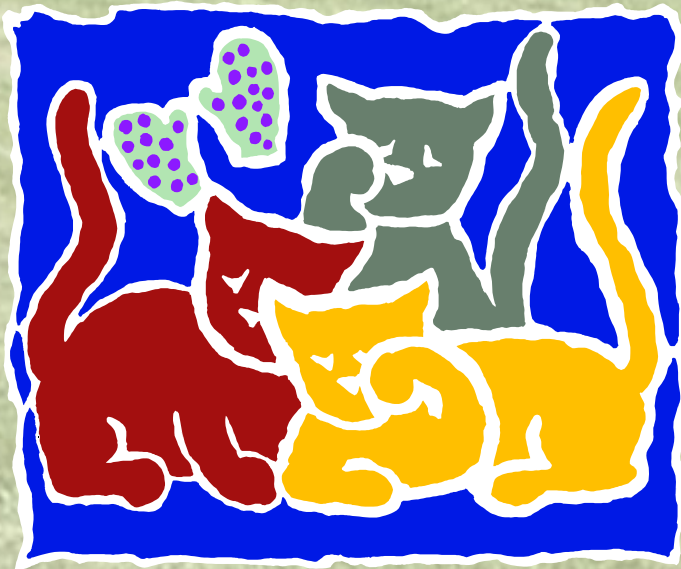
Self-neglect is the most commonly reported concern regarding at-risk adults.

The reasons at-risk adults may self-neglect range from lifestyle choice, to lack of knowledge about available services, to sensory or medical impairments that affect decision making.





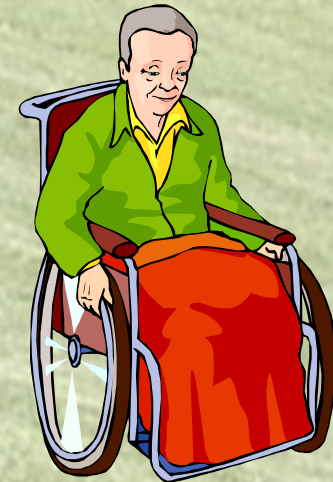
If the adult chooses not to clean his home or not to take her prescribed medications, and has the decisional capacity to make such decisions, he or she has the right to continue making such choices without intervention.



If the level of self-neglect is a violation of the law, such as with housing more animals than a city ordinance allows, the at-risk adult may be required to take actions to come into compliance with the law.

Why is it important to report?

At-risk adults are often unable and are unlikely to report mistreatment and self-neglect, which is why it is imperative that community members and service professionals learn to recognize and report abusive, exploitive, and neglectful behaviors involving at-risk adults.



It is estimated that less than 1 in 6 cases of mistreatment of at-risk adults is reported to the proper authorities.

Mandated Reporting and APS

- **Began July 1, 2014**
- **Adults age 70 or older**
- **Abuse, neglect or exploitation**
- **Reports are made to local law enforcement within 24 hours**
- **Professionals mandated to report**

Who is mandated to report?

- PHYSICIANS, SURGEONS, PHYSICIANS' ASSISTANTS, OSTEOPATHS, PHYSICIANS IN TRAINING, PODIATRISTS, OCCUPATIONAL THERAPISTS, AND PHYSICAL THERAPISTS;
- MEDICAL EXAMINERS AND CORONERS;
- REGISTERED NURSES, LICENSED PRACTICAL NURSES, AND NURSE PRACTITIONERS;
- EMERGENCY MEDICAL SERVICE PROVIDERS;
- HOSPITAL AND LONG-TERM CARE FACILITY PERSONNEL ENGAGED IN THE ADMISSION, CARE, OR TREATMENT OF PATIENTS;

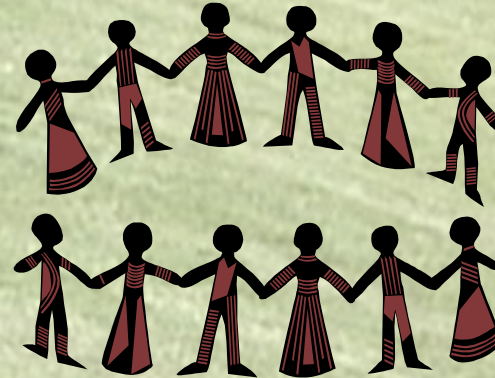
Mandated reporters

- CHIROPRACTORS;
- PSYCHOLOGISTS AND OTHER MENTAL HEALTH PROFESSIONALS;
- SOCIAL WORK PRACTITIONERS;
- CLERGY MEMBERS;
- DENTISTS;
- LAW ENFORCEMENT OFFICIALS AND PERSONNEL;
- COURT-APPOINTED GUARDIANS AND CONSERVATORS;
- FIRE PROTECTION PERSONNEL;

Mandated Reporters

- PHARMACISTS;
- COMMUNITY-CENTERED BOARD STAFF;
- PERSONNEL OF BANKS, SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, AND OTHER LENDING OR FINANCIAL INSTITUTIONS; AND
- A CARETAKER, STAFF MEMBER, OR EMPLOYEE OF OR VOLUNTEER OR CONSULTANT FOR A LICENSED OR CERTIFIED CARE FACILITY, AGENCY, HOME, OR GOVERNING BOARD, INCLUDING BUT NOT LIMITED TO HOME HEALTH PROVIDERS.

Any Other Person May Report.



According to Colorado law, "Any other person may report known or suspected mistreatment or self-neglect . . . to local law enforcement or [to] the county department." This includes family members, neighbors, friends, and any other persons suspicious that an at-risk adult is being subjected to mistreatment or that the adult is engaged in self-neglecting behavior.

When and Where Do I Report?

If you suspect mistreatment or self-neglect of an at-risk adult, immediately report the situation to the County Department of Human (Social) Services in the county where the adult lives. Ask to speak to:

“Adult Protection Intake”

If calling about an emergency situation during non-business hours, contact law enforcement to make the report.

When making a report, please have as much of the following information ready to provide to APS as possible:

- Adult's name, address, current location, phone, and date of birth or approximate age;
- The circumstances that cause you to suspect that mistreatment or self-neglect are occurring;



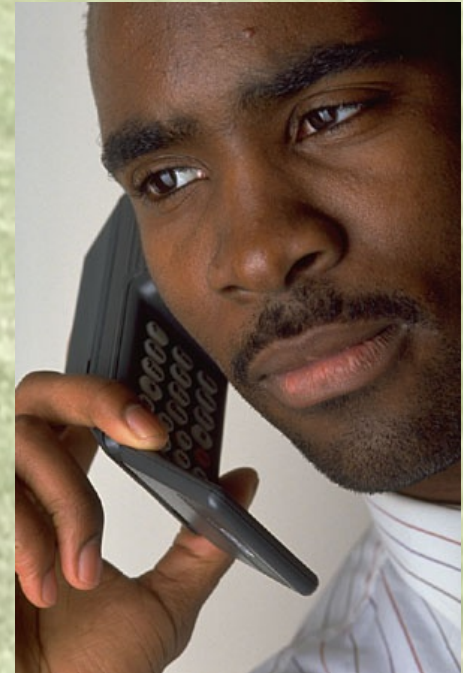
And the following information:

- When appropriate, the suspected perpetrator's name, address, and relationship to the adult; and
- Additional information about the adult, if available, such as his or her doctor, caregiver, attorney, guardian, or other person of significance to the adult.



The Adult Protective Services (APS) intake person will ask for information about the adult, the situation, and other pertinent details.

It's okay to make a report to APS even if you are not able to answer all of the questions.



Confidentiality and Reporting

The identity of a person reporting concerns about an at-risk adult to APS is confidential. If the reporter chooses, he or she may remain anonymous when making a report to APS.

However, it is very helpful to APS if the reporter provides some means by which the caseworker can re-contact him or her for additional information. Getting additional information from the reporter may help APS to provide a better outcome for the at-risk adult.

Reporter Liability



Some APS investigations result in findings that the alleged mistreatment or self-neglect are not occurring as suspected by the reporter.

If the reporter believed the person was at-risk and in danger and he or she made the report in good faith, there is no liability to the reporter should the information provided turn out to be false or incomplete.

False Reporting

If a person intentionally makes a false report of mistreatment or self-neglect of an at-risk adult that he or she knows is not true, that person has committed a crime in Colorado and is subject to criminal prosecution.

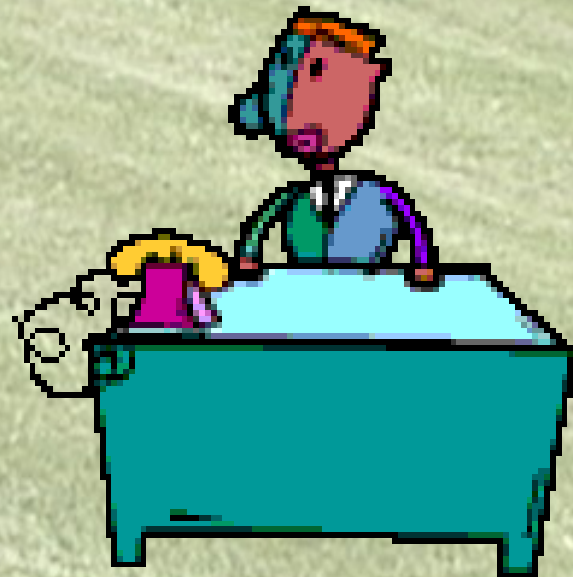
If found guilty, the person who made the false report could be fined up to \$750, or receive a jail sentence of up to 6 months in jail, or BOTH.



What Happens When I Report?

Each report made to Adult Protective Services (APS) is assessed by a caseworker and/or APS supervisor.

In many counties a team of professionals reviews the referral in a RED (Review, Evaluate and Direct) team process.



RED TEAM

- **Review, Evaluate, Direct**

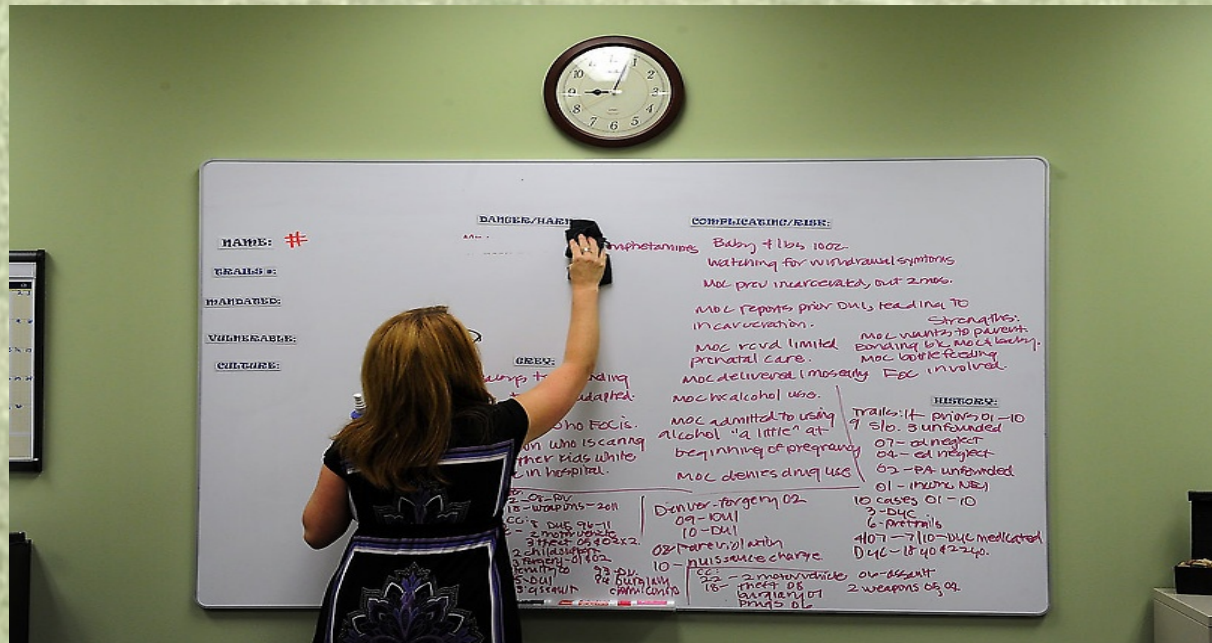
The referral acceptance decision is a very crucial initial step that is made regarding the safety of children after a report is made to the Department. Traditionally this has been the decision of one or two people reading and reviewing reports then making the decision whether it should be assigned.

A Team Decision Making model was implemented which provides a structured format for reviewing all referrals. The team includes representation from all areas across the Department. ACDHS established a structured framework and process to review alleged reports of child maltreatment, evaluate the available information and give direction regarding the agency response.

Our experience has shown that this model works and provides a more in depth analysis to determine the Department's role and resources for the family.

What Does the RED Team Decide?

- **Does the report of alleged mistreatment meet the statutory threshold for intervention?**
- **If so, what is the appropriate response time?**
- **If it does not meet the threshold of adult protection intervention, should it be referred for community services?**



What is the Role of APS

In Colorado, Adult Protective Services (APS) caseworkers seek to arrange for services for consenting at-risk adults to help ensure the adult's health and safety is protected.

Caseworkers may assist at-risk adults for whom actual or potential risk exists from mistreatment or self-neglect.

APS Priorities

When providing protective services, APS strives to secure the safety and protection of the at-risk adult and to ensure, as much as possible, that each case is handled with priority given to the following aspects of case management.

- Confidentiality
- Consent
- Self-Determination
- Least Restrictive Intervention

Confidentiality

The adult's confidentiality is a high priority outlined by Section 26-3.1-102(7)(b) C.R.S., which states that all case information reported to APS is confidential.

This includes information such as:

- The adult's name and address;
- The names & addresses of the adult's family members;
- The name of the person making the report;
- The allegations of mistreatment or self-neglect; and
- Other identifying information.



Confidential information regarding a report of mistreatment or self-neglect of an at-risk adult may only be disclosed when a court, for good cause, orders the information released;

- A criminal complaint, information, or indictment based on the report is filed;
- There is a death of a suspected at-risk adult from mistreatment, self neglect, or exploitation and a law enforcement agency files a formal charge or a grand jury issues an indictment in connection with death;
- Such disclosure is necessary for the coordination of multiple agencies' investigation of a report or for the provision of protection services to an at-risk adult.



Under any other circumstance, the release of confidential APS information is illegal; and is punishable by a fine of up to \$300.

Consent

The adult's consent is another high priority. Its importance is underscored by Section 26-3.1-104(1), C.R.S., which states:

"[If] an at-risk adult is being mistreated or self-neglected, or is at risk thereof, and the at-risk adult consents in writing to protective services [ongoing protective services may be provided]."



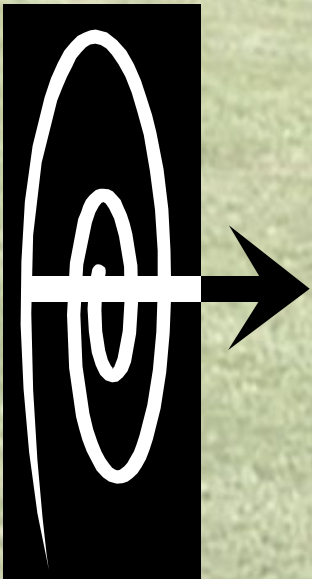


If the adult refuses APS assistance and appears capable of understanding the consequences of doing so, the caseworker will leave APS contact information, if possible, and will not be further involved.



If an adult appears incapable of making important decisions, APS may seek professional assistance to establish the adult's decision-making capacity in order to better protect the safety of the adult. This may require professional medical and court involvement.

Self-Determination



Self-determination is another priority of APS service provision. Traditionally, self-determination refers to a person's ability to exercise deliberate control over his or her activities of daily living, including lifestyle choices.

Self-determination especially pertains to an at-risk adult's choices regarding which, if any, protective services to accept.

Least Restrictive Intervention

Least restrictive intervention is another high priority for APS and involves planning an intervention that will cause the minimum disruption possible to the adult's life.

APS is sometimes called upon to help an adult remain in his or her own home by arranging for assistance in the home or by the assignment of a representative payee to assist with monthly bills, such as past-due rent or mortgage payments.

Guardianship

- **County APS programs are not required to petition for guardianship or to become an adult's guardian. Each county establishes its own policy.**
- **In all cases, county APS programs are guardians of last resort.**
- **Clients are entitled to make their own decisions until a court determines they lack the ability to make decisions that adequately provide for their physical health, safety, or welfare.**

Guardianship

- **Guardianship is not a “quick fix” to solve problems with patient decision-making. It takes many weeks from initial involvement to court hearing.**
- **Emergency guardianships are pursued when there is potential for substantial harm to the client and there is no one with the authority to act on behalf of the person’s best interests.**
- **Emergency guardianship may take days to a week or more.**

Guardianship

- **APS cannot petition for guardianship solely to make medical decisions.**
- **Alternatives:**
Medical Durable POA
Proxy Decision Maker

Even a guardian cannot:
impose mental health treatment or medications,
impose alcohol or drug addiction treatment ;
or place an adult with a developmental disability in a regional center.

Arapahoe County APS

Crisis Intake Hotline:

303-636-1750