

Submitted in Response to

# FOOTNOTE 108

FY 2002-03 Long Bill  
HB 02-1420

Colorado Department of Human Services  
Office of Adult, Disability and Rehabilitation Services  
Division of Aging and Adult Services  
Adult Protective Services

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October 1, 2002

# FOOTNOTE 108

## ADULT PROTECTIVE SERVICES

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## FOOTNOTE 108—EXECUTIVE SUMMARY

The Colorado Adult Protective Services (APS) Program has been in existence since 1983. The primary purpose of the program is to intervene with or on the behalf of at-risk adults who are age 18 years and over to correct or alleviate situations in which actual or imminent danger of abuse, neglect, or exploitation exists.

Locally administrated county departments of social services provide direct APS services. Such services include, but are not limited to, receiving and investigating reports of mistreatment or self-neglect; the provision of casework and counseling services; arranging, coordinating, delivering (where appropriate) and monitoring services; protection from mistreatment; and assistance with application for public benefits, referral to community service providers, and the initiation of probate proceedings. APS is a highly networked service system that collaborates with numerous program entities such as health care, mental health, law enforcement, ombudsmen programs, victim assistance programs, housing programs and others to meet its goals of protection and safety to at-risk adults.

The role of the state is consultative, educational, preventative, supportive, and evaluative. The primary functions of the state APS program are to determine policy; provide program supervision; monitor statutory compliance; address consumer and public inquiries; provide APS training to APS caseworkers and the network of professionals involved in providing protective services; and provide management and oversight of the Colorado Adult Protective Services (CAPS) automated data system.

The APS program took approximately 6,500 reports of adult abuse, neglect, and exploitation in FY 2001-02, resulting in 4,824 open cases, an increase of 19% in cases over FY 2000-01. The growth in the State's 60 + population (those most likely to be targets of abuse, exploitation and neglect) is projected to increase from 563,269 in 2000 to 787,582 in 2010, an increase of 39.8%. From FY 2000-01 to FY 2001-02, the growth in the 60 + population was 2.3%. The increase in APS referrals in Colorado was 7.5%, which represents an increase in referrals more than three times greater than the elderly population growth.

Funding for APS programs at the county level is based in the County Administration Allocation (CAA). The CAA is used to fund food stamp fraud investigations, adult assistance grant and medical programs, food stamps, Medicaid Only, and adult protection. CAA includes the Title XX Social Services Block Grant (SSBG), general fund monies and local county funds. In FY 01-02, \$1.9 million SSBG dollars were designated in the CAA for adult protection. However, counties spent \$4,921,448 on APS.

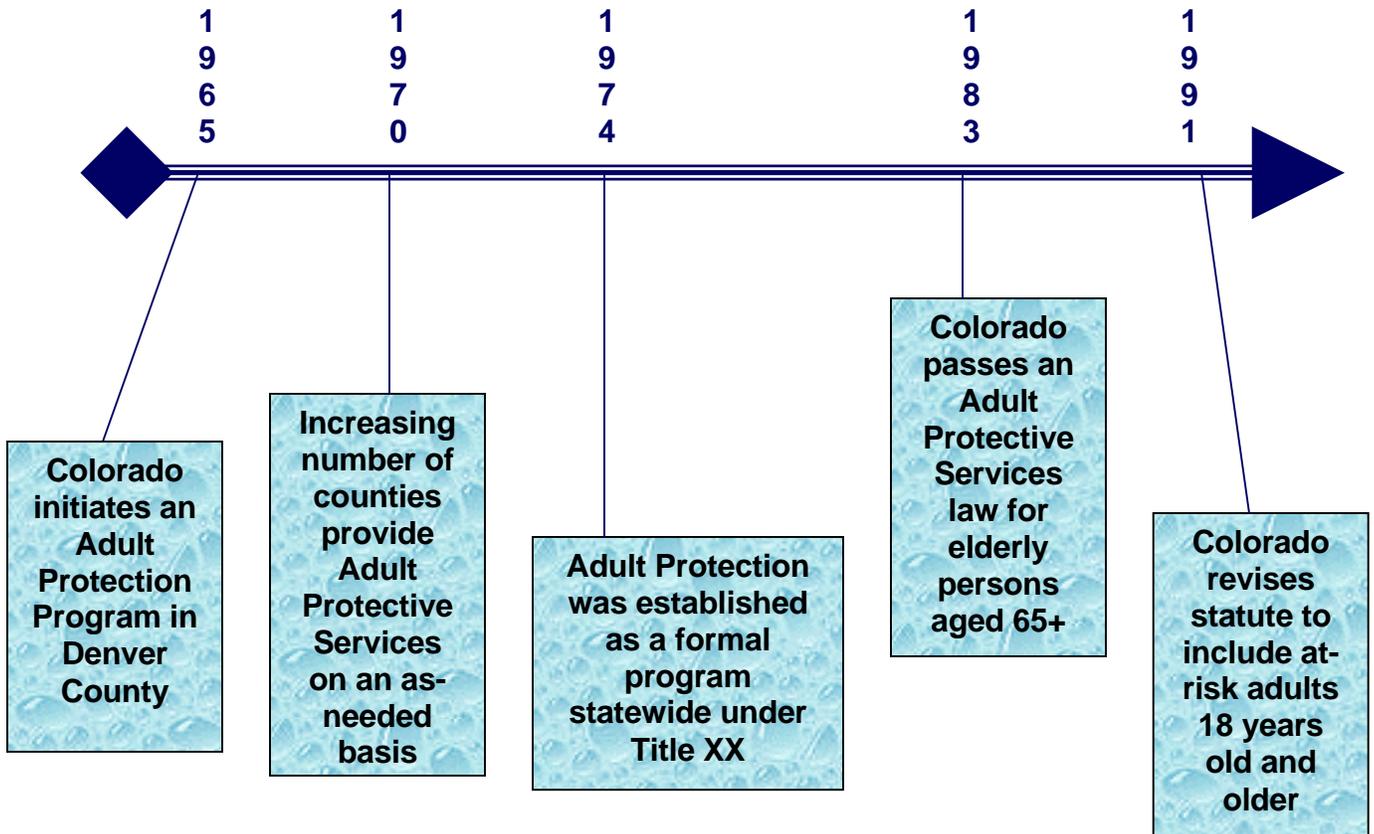
The state APS program does not have a designated funding line in the Long Bill. The state program is staffed by 2.75 FTEs, funded with Old Age Pension monies. This staffing level is inadequate to provide the necessary supervisory oversight of 64 counties. Both the state and counties programs require development of adequate infrastructures to meet the goals of protecting at-risk adults. Further, current resource limitations preclude sufficiently meeting state priorities such as APS worker training. For future consideration, it is recommended that the General Assembly establish formal funding lines in the Long Bill for the state adult protection program at an appropriate level to meet staffing and training needs.

**LANGUAGE OF FOOTNOTE 108: *Department of Human Services, Office of Adult and Veterans Services, Aging Services Programs--The Department is requested to submit a plan to the Joint Budget Committee, indicating the department's role, if any, in the adult protection program. The plan should include detailed descriptions of the roles of all entities involved in this program, costs estimates for all components of the program, and sources of funds for supporting the program. The Department is requested to submit such plan on or before October 1, 2002.***

**I. PROGRAM PURPOSE, GOALS AND SERVICES**

**APS PROGRAM HISTORY**

In 1965 Colorado became one of the first states in the nation to initiate an Adult Protection Program through a grant from the Administration on Aging to the Denver County Department of Welfare. During the 1970's, an increasing number of Colorado counties provided protective services to elderly and disabled adults on an as-needed basis because there were no other private or public agencies to fill this need.



Adult Protection was established as a formal program area with the passage of Title XX of the Social Security Act in 1974. This legislation provided both federal sanctions and funding for Adult Protective Services in all fifty states. However, there were no established federal or state statutes to guide service delivery, and to date, a federal Adult Protection Program has not been established. The Title XX Social Service Block Grant (SSBG) continues to be the main source of funding for the Colorado APS program at the county level. The state APS program is formally unfunded.

Colorado passed an Adult Protective Services law in 1983. This statute provided for the voluntary reporting of abuse, exploitation and neglect of elderly persons age 65 and over to county departments of social services. Following passage of the statute, Volume 7 Regulations for Adult Protective Services were developed by a committee of county APS supervisors under the leadership of the State.

In 1991, Senate Bill 91-84, "Protective Services for Adults at Risk of Mistreatment or Self-Neglect" replaced the 1983 statute. The new law, and currently the law in effect, includes voluntary reporting of abuse, exploitation and neglect of at-risk adults age 18 and older. Under this statute, while reporting is still voluntary, county departments of social services are mandated to receive and respond to all reports of abuse, exploitation and neglect of at-risk adults, to provide appropriate services and to share reporting information and investigations with local law enforcement and district attorneys. Counties have struggled to keep up with the demand, and continue to struggle as federal Title XX funding levels lag far behind the growing number of APS referrals.

## **STATUTORY AUTHORITY**

The statutory authority for Adult Protective Services is Title 26-3.1-101, C.R.S., as amended. *No other program entity has the statutory authority to execute adult protective services.* Additional state statutes that focus on the at-risk adult population are C.R.S. 26-3.1-201-206, "Protection Against Financial Exploitation of At-risk Adults Act" and the criminal statute, C.R.S. 18-6.5-101-106, "Wrongs to At-risk Adults."

## **PROGRAM PURPOSE AND SCOPE**

The APS Program is designed to intervene with or on the behalf of at-risk adults to correct or alleviate situations in which actual or imminent danger of abuse, neglect, or exploitation exists and to utilize support systems to provide continuing safety from the incident(s) of abuse, neglect, or exploitation. At-risk adults, as defined by statute, are individuals eighteen years or older who are susceptible to abuse, neglect (including self-neglect), or exploitation *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 concerning their person or affairs.

## **PROGRAM DEFINITION**

The APS statute defines “protective services” as, “Services provided by the state or political subdivisions or agencies thereof in order to prevent the mistreatment or self-neglect of an at-risk adult. Such services include, but are not limited to:

- Receiving and investigating reports of mistreatment or self-neglect,
- The provision of casework and counseling services,
- Arranging, coordinating, delivering where appropriate, and monitoring services, including:
  - Medical care for physical or mental health needs,
  - Protection from mistreatment, and
  - Assistance with application for public benefits,
- Referral to community service providers, and
- Initiation of probate proceedings.”

## **PROGRAM GOALS**

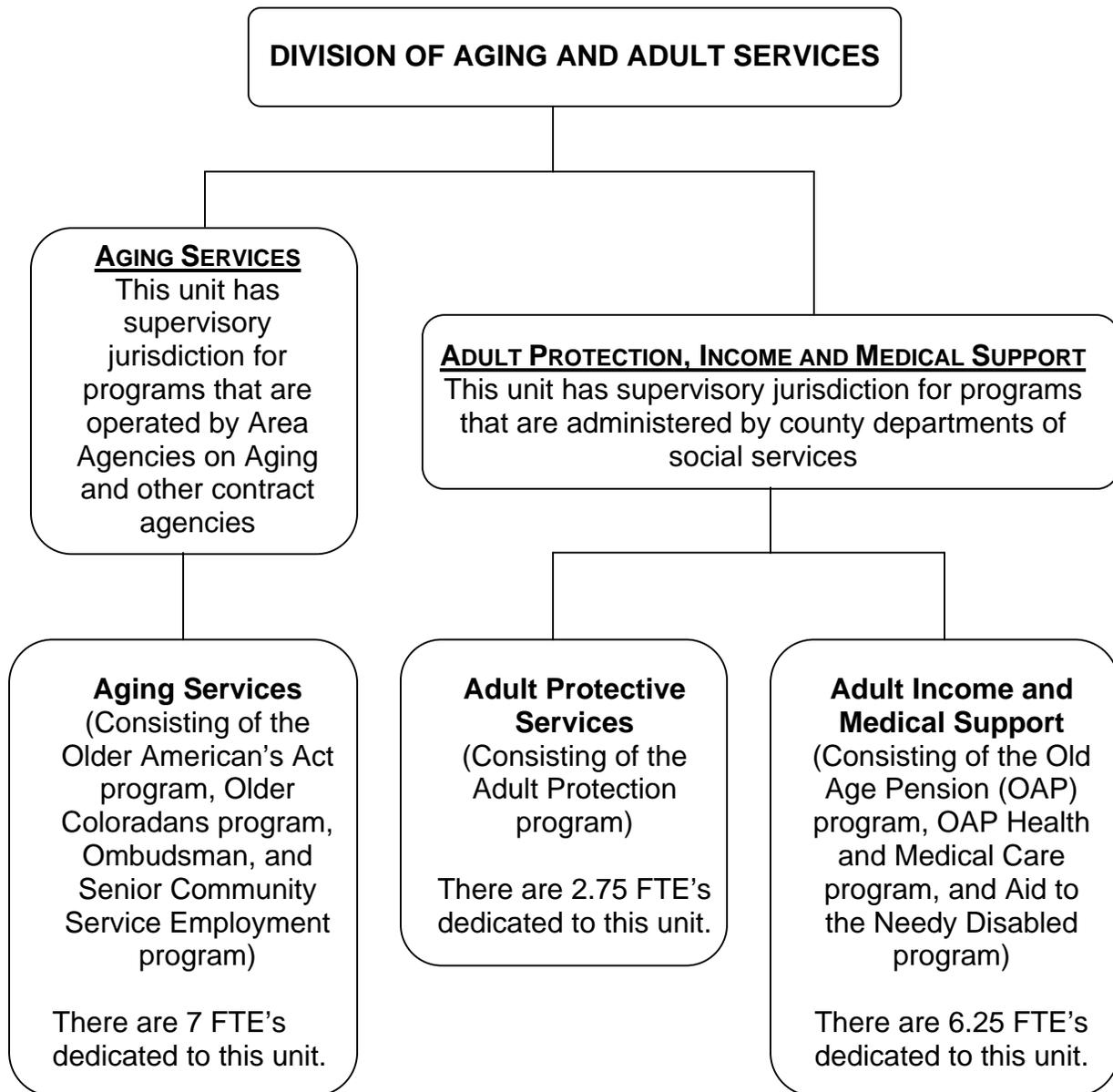
In alignment with statutory obligations and program rules, the following APS program goals have been established to:

1. Receive and investigate reports of abuse, neglect, and exploitation.
2. Provide protective services (as previously defined) to individuals who fall within the program parameters.
3. Respect the recipients of adult protective services by applying the statutory principle of “least restrictive intervention”, establishing and adhering to ethical practices, and respecting victims’ right to self-determination.
4. Increase public awareness regarding the existence, detection, prevention, and reporting process of adult abuse, neglect, and exploitation.
5. Provide adequate training for APS workers and supervisors, as well as to those professionals in the APS network that work with APS programs.
6. Seek criminal sanctions, in conjunction with law enforcement, district attorneys and the courts, against perpetrators of abuse, neglect, and exploitation of adults.
7. Promote the development of legislation and public policy that addresses the needs of at-risk adults.
8. Systematically collect and manage program data toward the development of best practices and favorable outcomes for at-risk adults.

9. Increase efficiencies and effectiveness in service delivery through inter-program and inter-agency collaboration, and through the establishment of multi-disciplinary teams.

## II. STATE APS PROGRAM ROLE

The state APS program is located within the Office of Adult, Disability and Rehabilitation Services, Division of Aging and Adult Services. Please refer to the organizational chart below for reference. The state program provides supervisory oversight of county administered APS programs. The state's role is consultative, educational, preventative, supportive, and evaluative.



## **POLICY DETERMINATION**

The state program acts on behalf of and in consultation with the counties to assess statewide program needs, establish program policy, prepare and carry statutory and rule determination/revision through the legislative process, and disseminate policy and procedural information to counties at appropriate levels through agency letters and other communication, as needed.

## **PROGRAM SUPERVISION**

Program supervision includes guidance and direction on all aspects of program operations.

**County Program Supervision:** State APS staff provides assistance to county social service agencies and collaborating professional agencies with the interpretation of state statutes, rules and regulations, and best practices in areas pertinent to at-risk adults. Statutes frequently brought into question are those dealing with guardian and conservator issues, medical, psychological, and alcohol treatment issues, and the determination of what constitutes a “crime” within the purview of adult abuse, exploitation and neglect.

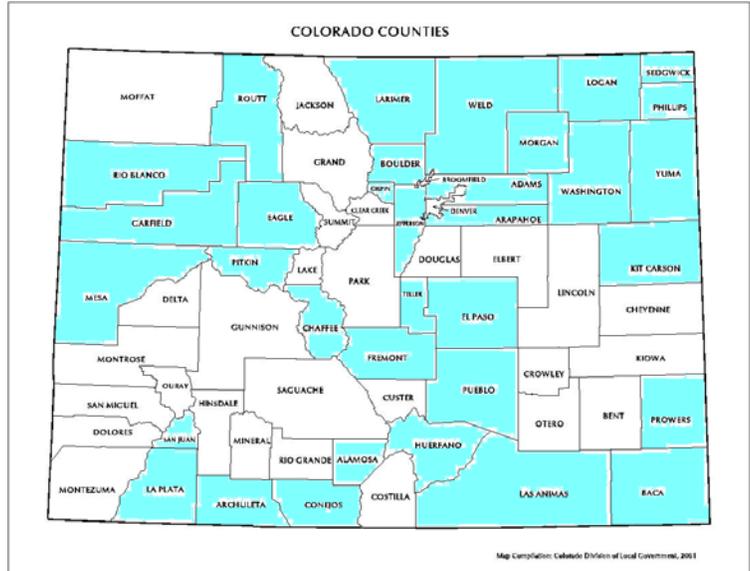
A primary forum for supervision is the bi-monthly statewide APS Supervisors’ meeting. The state APS Program Administrator and staff provide national and state legislative updates, present policy issues for discussion and review, statute clarification, and procedural and training updates to this group on a regular basis. County supervisors provide feedback and give input on program and training needs, and share information from their respective programs. Supervision is also provided to workers at all other levels on a county-by-county basis and through surveys, training sessions, and the annual APS conference.

Additionally, state APS staff responds to day-to-day requests from county social service and other service agencies for assistance on issues that local agencies have been unable to resolve themselves. Very often the problems require an interpretation of statute, coordination of multiple program entities, interstate communications, and clarification of legal, jurisdictional, and program service roles.

**Monitor Statutory Compliance and Program Operations:** The state program monitors statutory compliance by tracking a focused objective through the Department’s Balanced Scorecard process. Beginning in FY 2000-01 compliance with timeliness in responding to referrals within mandated timelines was monitored. In summary, based on information extracted from the Colorado Adult Protection data management System (CAPS), workers statewide responded according to state statute to “Priority 1 Referrals” (those most imminent and requiring contact within 24 hours) 85% of the time in FY 2000-01 and 94% of the time in FY 2001-02. The target goal for timely response is 100%.

Operational aspects of the APS program, such as the utilization of the CAPS data system, are monitored on a periodic basis. Refer to “Management and Oversight of Automated Data System” later in this section for detailed information regarding CAPS.

**APS Team Development Support:** The State APS program supports the development and maintenance of county and multi-county adult protection collaborative teams by providing educational and organizational materials and resources for existing and developing teams. The APS statute (C.R.S. 26-3.1-103[1]c) encourages the creation of at-risk adult protection teams to review the processes used to investigate mistreatment or self-neglect of at-risk adults, review the provision of services for such adults, encourage interagency cooperation, and provide community education about the mistreatment and self-neglect of at-risk adults. As of June 2002, there are 35 APS teams in Colorado, two of which were established in FY 2001-02. Counties with teams are shaded on the map.



**Inter-program Coordination:** The state program coordinates with other entities as needed to resolve issues for at-risk adults. Examples of such issues are closures of nursing homes and assisted living facilities, and repatriation situations. For example, when nursing facilities close, APS state staff coordinate the efforts of the health department, ombudsman program, and other involved parties, in order to ensure that residents are relocated to appropriate facilities with the least disruption possible. Repatriation situations arise when a U.S. citizen, considered to be at-risk, requires assistance in safely returning to Colorado from outside the United States. Referred individuals require special assistance in securing housing, medical, and/or psychological treatment.

**Inter-program Collaboration:** APS state staff represent the adult at-risk population on inter-program committees to address focused tasks or initiatives. The purpose of these joint or system initiatives are to improve communication between agencies; provide clarification of complementary statutory mandates; decrease potential for duplicative program efforts; identify and address service gaps; share and maximize utilization of resources; and improve coordination of response systems between agencies that directly impact quality and efficiency of consumer services to at-risk adults.

The following are three examples of inter-program participation:

- The Violence Against Women Office within the U.S. Department of Justice funded the National Clearinghouse on Abuse in Later Life to create materials such as pamphlets and videos that will assist professionals in doing safety planning with persons with cognitive limitations and memory deficits. A team of representatives from the Colorado state APS program, Alzheimer's Association, Domestic Violence Initiative for Women with Disabilities program and the Office of Behavioral Health and Housing (representing persons with traumatic brain injury) are developing the materials. The resulting resources will be distributed to state APS administrators to disseminate to programs in respective states that work with persons at-risk due to cognitive disabilities. The target date for project completion is March 2003.
- The Colorado Attorney General's Consumer Fraud Unit has established an Elder Abuse committee to address financial fraud issues facing Colorado seniors. Elder law and other attorneys and representatives of the state APS program, banking and insurance companies and others share program information and identify the need for and coordinate community education efforts on an ongoing basis.
- Initiated by state representative Kelly Daniels, a task force with state and local APS staff, attorneys, the Guardianship Alliance of Colorado, private guardians, private conservators, consumers, and others are working together to determine criteria for courts to use in monitoring guardians and conservators. The committee is also working to establish criteria and guidelines toward the development of a proposal to credential or certify guardians. The approximate target date for these accomplishments is August 2003.

**Colorado Coalition for Elder Rights and Adult Protection (CCERAP):**

CCERAP is a coalition that promotes statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults by:

- Educating the people of Colorado about elder rights and adult protection,
- Promoting projects and supporting laws, regulations and policies that address elder abuse issues, and
- Promoting statewide coordination and cooperation between programs and services that seek to address and prevent elder abuse.

CCERAP is made up of professionals from various legal, political, social services and aging services backgrounds. It is primarily funded by grants from the Older Americans Act funds. This organization meets quarterly and provides its members with educational programs, a quarterly newsletter, and the opportunity to share in legislative and program updates. The State APS program serves as a consultant and legislative resource for CCERAP, monitoring the activities of the

Coalition Coordinator and Steering Committee. The state also monitors the CCERAP toll free number, used as a statewide resource for information and referral of elder abuse and elder rights issues and reports.

**Development of Protocols:** State APS staff coordinates and assists in the development of inter-agency service protocols that directly effect the quality and efficiency of the care provided to at-risk adults across the state. State APS statute (C.R.S. 26–3.1–103[1]b) requires that agencies responsible to investigate mistreatment or self-neglect of at-risk adults develop and implement cooperative agreements to ensure the best protection for at-risk adults. In FY 2001-02, statewide representatives of each program developed the Adult Protection - Mental Health Protocol. Implementation and training has been provided to 40% of the counties and is continuing. Additionally, protocol development has been initiated with Developmental Disability Services, Alcohol and Drug Addiction Division, and with the Health Facilities Division of the Health Department.

## **CONSUMER INQUIRIES**

APS state staff responds to consumer calls with questions or concerns regarding the safety of at-risk adults. Issues are generally related to access of services, process for filing a report, and scope of services. In FY 2001-02, APS state staff took 285 logged APS calls, excluding those calls simply requiring a referral to a county program. (Approximately 135 of the calls came through the CCERAP toll free line.) Responses to consumer calls range from complex coordination of inter-state service providers, extensive reviews with county departments regarding appropriateness of intervention provided, or brief consultations on a multitude of issues.

## **TRAINING**

State APS staff is responsible for training curriculum development, planning and coordination of conferences and training sessions, and direct training.

### **Training Goals:**

1. To ensure that APS workers are knowledgeable and competent in APS responsibilities as identified in C.R.S. 26-3.1, 101-106.
2. To ensure that situations reported to county departments are correctly investigated, and that APS responses are made according to Volume VII guidelines.
3. To ensure that the appropriate services are obtained and coordinated with other community resources in order to reduce the level of risk of abuse, neglect, and exploitation of the at-risk adult.

4. To increase the efficient use of limited resources by improving coordination among community agencies working with APS clients.
5. To raise public awareness of the prevalence of abuse, neglect and exploitation of at-risk adults (vulnerable elderly and people with disabilities) in order to increase the likelihood of a proactive, community participatory approach to detect, refer and facilitate professional intervention into cases of adult abuse.

**Types of Training Provided by the State Program:**

1. *The APS Annual Conference* provides training to County APS staff, field administrators, and a wide array of professionals involved in protection of at-risk adults, such as attorneys, law enforcement, and providers of mental health services. Recent annual conferences have provided training and resource information to between 180 and 240 attending professionals per conference. Training is provided in such critical APS areas as:
  - a. Basic training for APS county staff;
  - b. Financial exploitation;
  - c. Supervisory skill development;
  - d. Working with diverse populations;
  - e. Ethical decision making;
  - f. Developing collaborative community teams;
  - g. Legal adult protective services issues, including guardianships; and
  - h. Removing barriers to successful prosecution of perpetrators.
2. *Regional Trainings* are provided each fiscal year in as many as four different geographical regions of Colorado. The regional trainings are used to deliver essential information about adult protection issues and the at-risk adult population served to smaller, sometimes isolated groups of counties. An average of 40 professionals attend each regional training session. The training agendas used provide comprehensive coverage of APS critical topic areas, such as an overview of the state APS statute, Rules and Regulations, defining, recognizing, and assessing adult abuse, neglect and exploitation, and guardian/conservator issues. Regional training may also focus on building specific skills, such as learning to work collaboratively with other community service organizations, or developing creative solutions to unique concerns and issues of the respective communities.
3. *Community Education* is provided upon request at various senior events, such as senior fairs, or to organizations servicing seniors or persons with disabilities, such as the Denver Victims' Assistance organization. The focus of education generally addresses prevention strategies, or information on defining, identifying and reporting of the abuse, neglect and exploitation of at-risk adults.

4. *Professional Training* is provided to various groups at conferences, seminars, college classes, and targeted professional groups. The focus of such training often includes definition of the at-risk adult population and the abuse categories, process for reporting mistreatment, and best methods for collaborating services among providers. Examples of training in the past year include presentations at the annual Ombudsman Conference and Child Welfare Conference.
5. *Inter-disciplinary training* among APS and other professionals is essential for effective and efficient service integration. An example is the service protocol developed in FY 2000-01 between APS and Mental Health Services (MHS) to improve collaboration of services for persons who meet the “at-risk” criteria and have a diagnosed mental illness. Training on this service protocol has been provided to over 150 professionals from both APS and MHS from 25 counties in FY 2001-02. Training sessions are regional. These trainings enlist local professionals as trainers to enhance effective collaboration between local service providers. Training on this particular protocol is continuing.
6. *Competency based training* is being developed by APS staff, county social services directors, and other specialists to provide consistent, standardized training in areas of competence necessary for APS workers and supervisors. These areas include: laws and regulations, data collection, assessment, investigation, guardian/conservator/Power Of Attorney issues, and ethical decision-making. Competency training will be used to orient APS workers and supervisors to their protective roles, and to update and introduce new skills to seasoned workers. This computer based training continues to be developed and will be released during FY 2004-05.

#### **Training Resources/Resource Limitations:**

***Funding:*** The State APS program relies on an annual budget of approximately \$25,000 for training. This funding must support all training implemented by the state APS program for county agency staff and collaborating professionals. This funding is 100% Federal monies from Title XX grants that are allocated by the Department’s Office of Staff Development. The sole purpose of the funding is to provide regional training and the annual conference as described in this document. No other training resources are allotted from any other sources. The APS allocation is inadequate to meet statewide APS training needs. The approximate \$25,000 represents only 19 percent of the \$133,000 projected training budget to meet APS training requirements of Colorado’s 197 APS workers.

**Staff shortage:** The very limited staffing of the state APS program precludes the development, coordination and execution of training at necessary levels. The 2.75 FTE that comprise the State APS unit is insufficient to provide the scope of required training. County staff do not provide their own APS training. County APS supervisors often oversee the APS program with little or no knowledge or experience in basic and essential APS issues.

**Gaps in Training:** Insufficient training to all levels of APS staff is a critical limitation of the APS program. Training APS staff has been identified as a number one priority need in a statewide survey in 2000 in which 100% of the counties participated. The Colorado Adult Protective Services Steering Committee also identified training as a top initiative in the development of its four-year strategic plan. This committee was established in FY 2000-01 to determine and oversee a plan to further develop the APS program with an emphasis on standardizing processes across counties and building partnerships among complementary programs. Additionally, a survey sent to APS supervisors in 2002 indicated that the training content for new and longer-term workers, as well as supervisors, varies in content, and that the need for APS training, particularly in the area of investigations, is critically needed.

Training professionals about elder abuse is extremely labor intensive because of the sheer number who need training – not only APS workers, but health & medical professionals, staff of financial institutions, law enforcement, court personnel, medical examiners, counselors, and many others. While funding is allocated in the Long Bill for Child Welfare staff training, no funds are allocated in the Long Bill for APS staff training.

In very general and limited circumstances, such as training professional groups and the community about signs and symptoms of mistreatment and reporting processes, and training staff about basic protective services considerations, Child Welfare and Adult Protection have the potential to integrate training efforts. However, it is far from the case that the training for each of these populations can be the same. In particular, the adult disabled and senior population differs dramatically from the child population with regard to statutory mandates; community resource programs; the roles and rights of the clients and their families in addressing protective services issues; diverse service networks of protection with respect to child and adult issues (for example, schools versus nursing homes); and the unique interventions and practices utilized with the child and adult populations. State funding earmarked specifically for APS training will ensure quality protective services for the increasing numbers of at-risk adults in Colorado.

Formal training and preparedness for new staff is especially significant to the safety of the clients who receive APS services and must be ongoing to address staff turnover. There are few professional schools that offer coursework or specializations in adult protective services, so there is even greater responsibility

for state program staff to provide training. Also, training is necessary from trusted sources that understand APS informational needs and limitations so content can be integrated in a way that builds upon and is compatible with previous training. Interactive training that is provided in the context of communities is also an important consideration. Adult Protection workers are required to address complex, high-risk situations. This requires excellent assessment and decision-making skills and the ability to coordinate numerous aspects of investigations and the arrangement of services.

## **MANAGEMENT AND OVERSIGHT OF AUTOMATED DATA SYSTEM**

### **Overview**

The State APS program manages and oversees all functions related to the automated Colorado Adult Protection (data management) System (CAPS). CAPS was implemented in October 2000. CAPS is a subprogram of the Client Oriented Information Network (COIN) and will be used until the APS component is replaced by the Colorado Benefits Management System (CBMS) in the near future (projected FY 2003-04).

State staff continues to evaluate the usability of the system, address user needs, and develop enhancements to data collection, functionality and program edits in collaboration with Information and Technology Services. State staff also provides training and technical assistance to county caseworkers regarding system access and utilization, interpretation of data fields, and completion of screens.

All county departments of social services are required to use the CAPS automated system to enter information on APS referrals, information and referral (I&R) phone calls, and ongoing open cases. This information is entered directly into CAPS by county APS staff and is immediately available online to authorized staff. Hard copies may be printed when needed.

### **Capabilities**

CAPS houses information at the individual client level with appropriate security to prevent unauthorized access. Aggregate information can be extracted on specific data elements contained in the cases/referrals and is available for each county and the state as a whole through an on-line reports generation function. County staff is also able to access the CAPS database to search for data on overall caseloads or on specific clients or alleged perpetrators. For example, some of the data lists that can be generated are:

- Active referrals or closed cases by worker or by county: These lists provide a quick overview of the caseload in a particular county or the caseload of a particular worker within a county.

- Particular client information: By entering the client's name, Social Security number or date of birth, workers can determine if there is a past history on a client and review what actions were taken for a particular client in the past.
- Alleged perpetrator information: It can be determined if a particular alleged perpetrator has been named in any other case since the inception of CAPS. This information is useful to the worker in making decisions on how to proceed and what other agencies may need to be involved in the case.

The online reports that are available to county supervisors and state staff provide consolidated, detailed data on all referrals, I&R's and cases that have been entered into the CAPS system since its inception. These reports can generate data for a single county or statewide data for any specified time frame needed. Below is a listing of reports available:

- *Referral Counts Report:* Shows the number of referrals made to a single county or statewide over a specified time frame. It also gives us the number of I&R's that county workers handle in that same time period. It further splits out the referrals by the mistreatment category (neglect, exploitation, or abuse and more specifically, whether the neglect is deemed as self-neglect or other, financial exploitation or other, and physical, sexual or self-abuse).
- *Case Count Report:* Shows the number of on going, newly opened and newly closed cases in any given time frame for a single county or for the state as a whole. It also provides information on the length of time closed cases were open. For example, from July 1, 2001 to June 30, 2002 there were 2930 cases closed. Of those cases, 79 had been open for five years or longer, 1920 had been open for 31-90 days, and so forth.
- *Client Demographics Report:* Provides information on gender, age range of clients, ethnicity and living arrangements.
- *Alleged Perpetrator Demographics Report:* Includes gender and age range of the alleged perpetrator, and the relationship of same to the client.
- *Assessments Counts Report:* Provides the number of assessments that have been done in any particular time frame along with details of the mistreatment categories (exploitation, abuse or neglect). This report can be further delineated to show the risk factor (immediate, preventative or needs further assessment), and whether the report of

abuse, neglect or exploitation was substantiated, unsubstantiated or inconclusive.

- *Services Counts Report:* Tracks the variety of services that a client may need, and the total number of clients needing each service over a specified time period. This report further indicates how many clients have a particular service in place, refused the service, or whether the service is unavailable in their area.
- *Agency Referral Counts Report:* Indicates the number of referrals and cases that were referred to another agency for assistance and the number of clients referred to APS from other agencies.
- *Referral Received Date vs. Client Contact Date Report:* Determines the number of cases that are seen within specified periods of time (same day, one day, 5-10 days, and so forth) from the time of the referral. This enables county supervisors and state staff to determine if caseworkers are meeting statute and rules requirements for response times.
- *Assessments Due Report:* Lists those clients who are due for a six-month review. The report indicates the client's case number, client's name, the date the assessment is due (30 days prior to the assessment due date) and, if the assessment due date is past, the number of days the assessment is past due.

### **Limitations**

The CAPS system was developed and implemented without extensive field-testing in order to take advantage of a funding opportunity that was time and budget limited. Training on CAPS was provided in FY 1999-00 to all caseworkers statewide in a one-time session. This training addressed basic data entry instructions but did not focus on critical definitions of key terms or categorical definitions necessary for collecting sound data. Funding and state staff are lacking to provide additional training to improve consistencies in interpretation and data entry or any mechanism to train workers. In small and medium sized counties, it is often the case that the only training available for a new worker is to be "walked through" the process by state staff via telephone as no one at the county level may have knowledge of the CAPS system. Also, while all counties are required to use CAPS for APS data entry, many of the available fields for data were initially designated as "optional." System edits to increase the range of mandatory fields are being implemented by October 31, 2002. Further, an instructional guidebook developed at the onset of CAPS implementation is obsolete. However, a CAPS user's manual is being developed and is expected to be complete prior to the end of FY 2002-03.

The CAPS system does not easily lend itself to tracking program outcomes. While mistreatment categories, risk factors and outcomes are indicated in the assessments screen of CAPS, the rating codes used are subjective. Initial assessments indicate risk to be “immediate”, “preventative”, or “needs further assessment”. Outcomes (after investigation and intervention, if appropriate) are indicated as “risk reduced”, “risk continues”, “risk increased”, “unfounded” or “undetermined”. A more objective and measurable scale would better reflect the outcome of APS services and intervention. For example, an initial assessment indicates a risk of 8 on a scale of 1-10. Following intervention, the risk level is 2, a decrease in risk level of 60%. Such changes require significant design, programming and conversion costs. Further, the usefulness of historic data or comparative data is compromised by changes if not normalized or retro fitted to the new coding scales. Additionally, CAPS change controls must compete with all other COIN programming requirements and budget limitations within APS as well as ITS.

CAPS is a fluid system in that data initially entered on referrals or cases can be changed at any time, and histories are not kept. That is, if a caseworker changes information in a referral or case, there is no record of the initial information that was entered into the system. Therefore, data has the potential to change daily, even if using the same time period from which to draw data. Additionally, caseworkers have been known to enter data into CAPS as many as six months after closing a referral or case. This can significantly skew the data.

This limits interpretation of data to “what it looks like today” which may not be what it looks like tomorrow, or what it looked like yesterday. For comparing data over time, greater caution must be applied to data interpretation. For example, the June 2002 data as extracted from CAPS on July 15, 2002 may look very different than June 2002 data as extracted on October 15, 2002. Likewise, when comparing to June of the prior year, 2001, the data on July 15, 2002 may be different from the data extracted for June 2001 when originally extracted on July 15, 2001. We must rely on monthly extracts and specific point-in-time comparisons.

A CAPS focus committee of state and county APS staff has been working together since September 2001 to address data integrity issues of the CAPS system. The committee has accomplished several objectives toward the goal of maximizing the usability of the CAPS system and improving the reliability and validity of data. Five major achievements are in the process of being implemented in counties throughout the state:

1. Definition of key terms (example I&R, referral and case) have been standardized;
2. Expected timelines for data entry have been established;

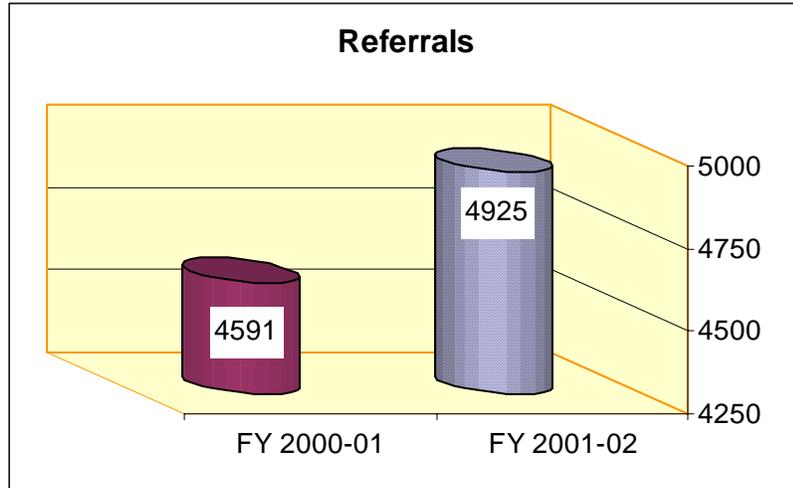
3. Definitions of response priorities to determine the response time for conducting investigations have been standardized;
4. The range of fields specified as mandatory fields for completion have been expanded; and
5. Numerous change controls have been implemented to expand the capabilities of the system (for example, adding additional choices to drop down boxes in screens).

### III. PROGRAM OVERVIEW

Salient aspects of the APS program are described below.

#### REFERRALS

The number of APS referrals has increased from 4,591\* in FY 2000-01 to 4,925 in FY 2001-02, an increase of 8%. Systematically collected trend data for APS referrals in Colorado is unavailable prior to FY 2000-01.



[\* Previously reported referral total for FY 2000-01 was 5019. However, with the addition in FY 2001-02 of the category of Information and Referral (I&R) 428 of the previously reported referrals were actually entered into the CAPS system as I&R's. Therefore, the referral count for FY 2000-01 has been revised to reflect this change so that data comparison for this and future years can be accurately trended and compared.]

The incidence and prevalence of adult abuse, neglect, and exploitation is not known. However, the 1998 National Elder Abuse Incidence Study, one of the most comprehensive and most recently conducted national scale studies, estimates that for every elder abuse report made, an additional five (5) go unreported. This study does not include self-neglect as a form of mistreatment, nor does it include disabled adults under the age of 60 years. Thus, the under reporting of adult mistreatment in Colorado may be significantly greater.

Additionally, according to reports from the National Center on Elder Abuse, during the period from 1986 to 1996, there was an increase of 150% in reports to APS agencies of abuse to elders age 60 and over. This lengthy study can be viewed in its entirety at [www.aoa.dhhs.gov/abuse/report](http://www.aoa.dhhs.gov/abuse/report). During this same ten-year period, the elderly population 60 years and older increased by 10%. The rate of referrals, and perhaps the incidence of abuse and neglect, is increasing at a proportionally higher rate to the increase in the elderly population.

Based on Colorado Population Projections (Demographics, Colorado Department of Local Affairs, 2002), the growth in the State's 60 + population (those most likely to be targets of abuse, exploitation and neglect) is projected to increase from 563,269 in 2000 to 787,582 in 2010, an increase of 39.8% and more immediately, by 9.1% from 2002 (588,246) to 2005 (641,839). From FY 2000-01 to FY 2001-02, the growth in the 60+ population was 2.3%. The increase in APS

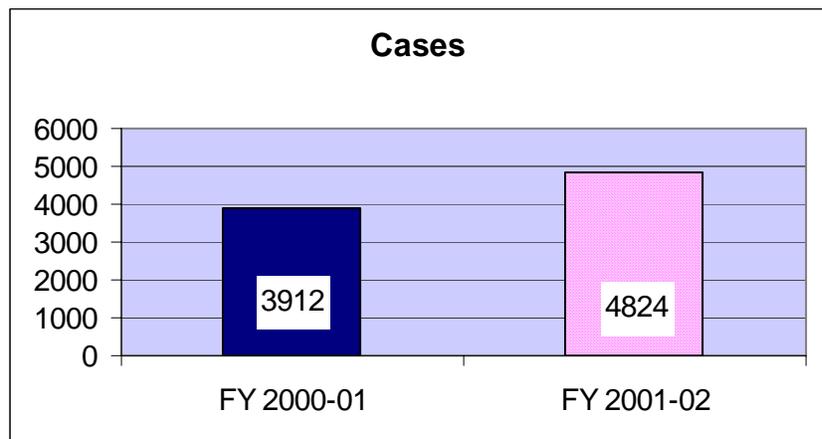
referrals in Colorado was 7.5%, which represents an increase in referrals more than three times greater than the elderly population growth.

In addition to increasing numbers of adults at risk and in need of protection that may be correlated with population growth, several other factors may contribute to the increase in referrals in Colorado. Some reasons include the increased utilization of the CAPS system, partly due to the State's targeted goal to increase data entry efforts, increased training and technical assistance to county workers and supervisors, and an increased awareness of Adult Protection concerns by the public and collaborating agencies.

It is difficult to reliably compare the incidence, as well as several other factors of adult mistreatment, in Colorado with other states. When comparing the number of APS referrals in Colorado with states similar in population size (Kentucky, Louisiana, South Carolina, and Alabama), several variables are encountered that yield comparisons as unreliable. One factor is that states vary greatly regarding the parameters of the population covered by their statutes. For example, some states limit protective services to the population of elder persons (also defined differently by states), exclude the category of self-neglect as a mistreatment category (which is included in the Colorado program), or include emotional and psychological abuse as a mistreatment category (which is excluded from the Colorado program). Another factor is that some APS programs are combined with other program entities, such as with Domestic Violence Services, with no delineation among reports between programs. Also, the terms "report" and "referral" vary widely among states and further, within state regions and jurisdictions. Finally, one additional factor to consider is that *Colorado does not require by statutory authority the reporting of adult mistreatment*, and thus, may have a lower rate of reporting. In addition to Colorado, five (5) other states do not have mandated reporting. They are North Dakota, South Dakota, New Jersey, New York and Wisconsin.

## CASES

All referrals that result in a face-to-face investigation become a case. In FY 2000-01 there were 3,912 active APS cases and in FY 2001-02, 4,824 cases, an increase of 23.5%.



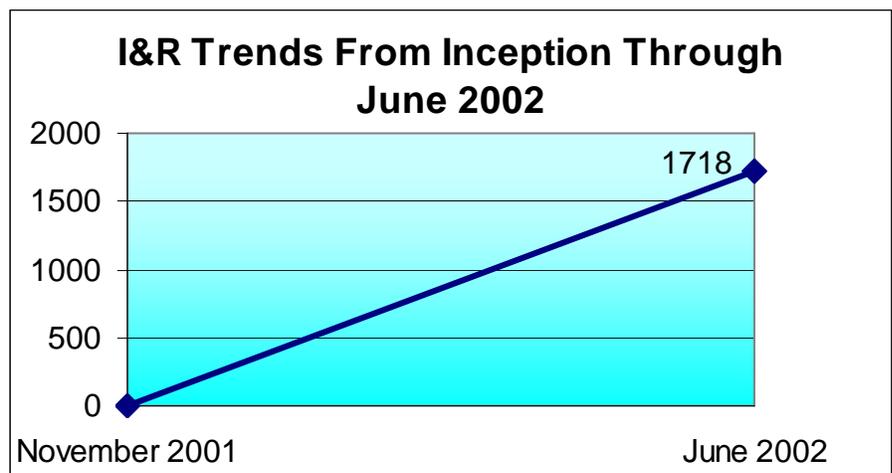
## CASELOAD

During FY 2001-02, there were 4,824 open cases, an increase of 23.5% over FY 2000-01 (3,912 cases). The average ratio of cases per worker is 31:1. The nationally accepted caseload standard for this program is 25 cases per FTE per month. In Colorado, the recommended standard caseload ratio for both Child Welfare and Adult Protection is 17:1. This recommendation is based on a casework/caseload standards study conducted in 1989 by a statewide inter-program committee comprised of Child Welfare, Adult Protection, Adoption and Child Foster Care representatives. This extensive study, using a Delphi methodology, detailed casework practice expectations based on an analysis of specific categories of casework activities for which caseworkers computed time studies over the course of one year. The ratio of 17 cases per worker for both Child Welfare and APS caseworkers is also published as the caseload standard in the most recent department budget instructions.

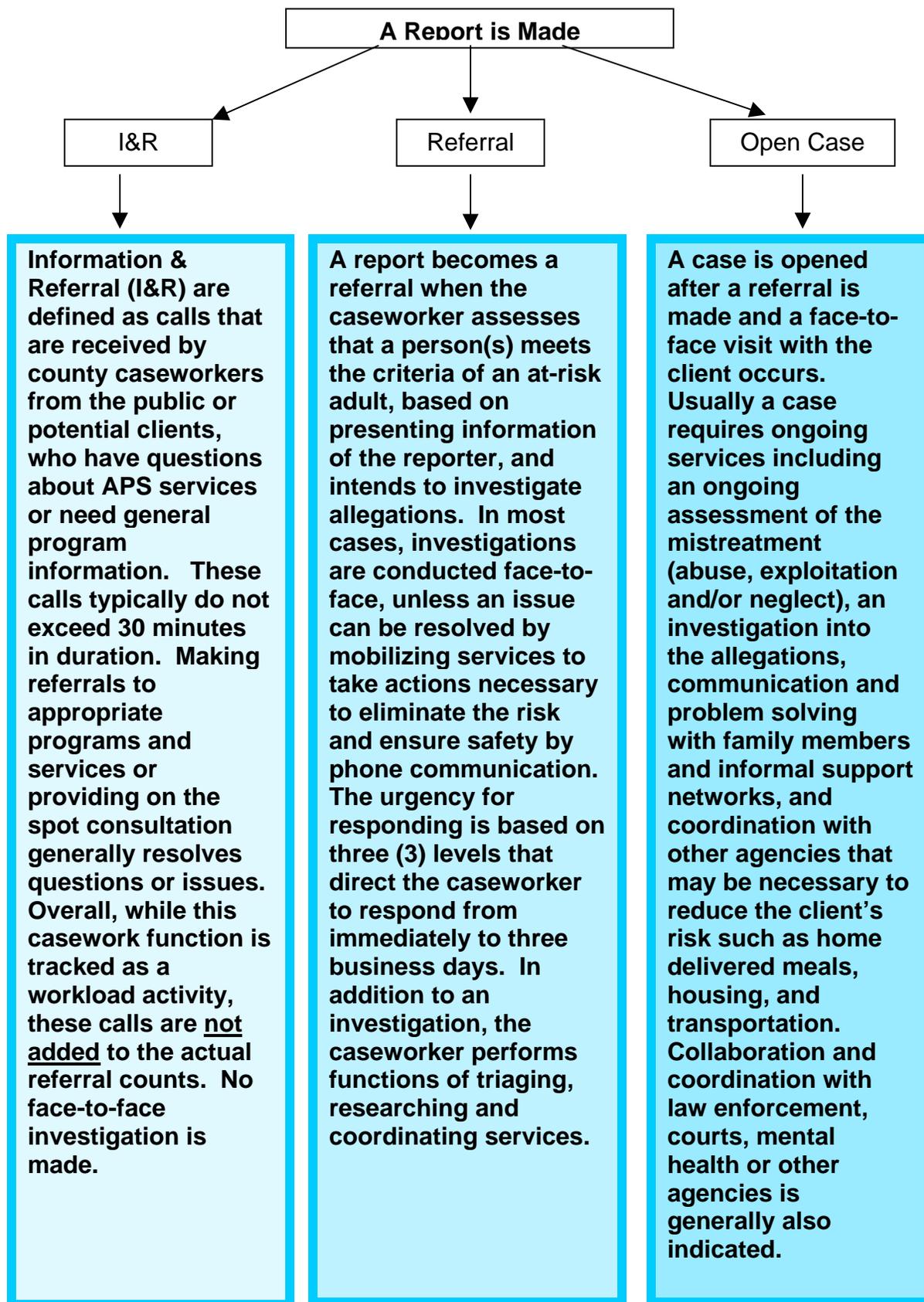
## INFORMATION AND REFERRAL (I&R)

In addition to referrals and cases, caseload volume includes a previously undocumented (until November 2001) caseload function, that of “information and referral” (I&R). APS supervisors and caseworkers estimated that up to 20% of their time is spent on this function. An I&R is an inquiry to APS from any source that pertains to APS related issues but does not meet the criteria of a person at-risk in need of protective services.

This chart shows how I&R input into the CAPS system is increasing as county caseworkers are trained and gain an understanding into the importance of documenting time spent on the I&R function.



The following page illustrates the continuum of services within APS and a brief description of an I&R, Referral and Case.



Following is a brief example of the three types of services.

### I&R

A man from another state calls looking for information that will assist him in placing his 85 year-old mother in a reliable, well-run nursing home in Colorado. He is given a list of available nursing homes in his mother's county and then referred to the Department of Health for facility inspection and complaint record information.

### Referral

A nurse from a home health agency reports that she made an initial visit to an 85-year-old client and found the client and home to be very unkempt. The client did not have prescriptions filled or nutritional food in the house. It appeared that the client was cognitively unable to oversee her own medication administration. The intake worker believes this may require APS intervention and assigns a worker to investigate.

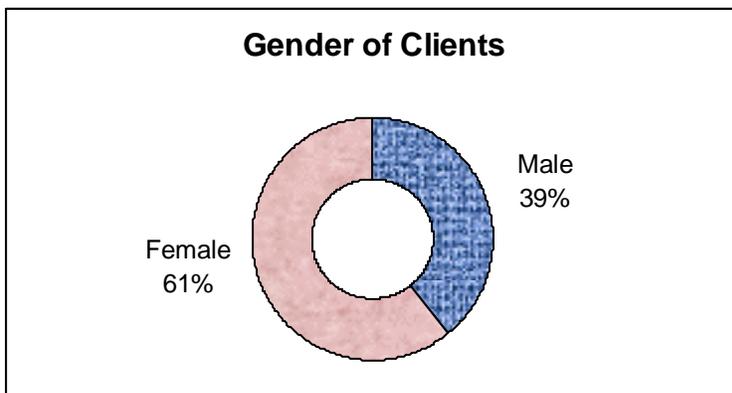
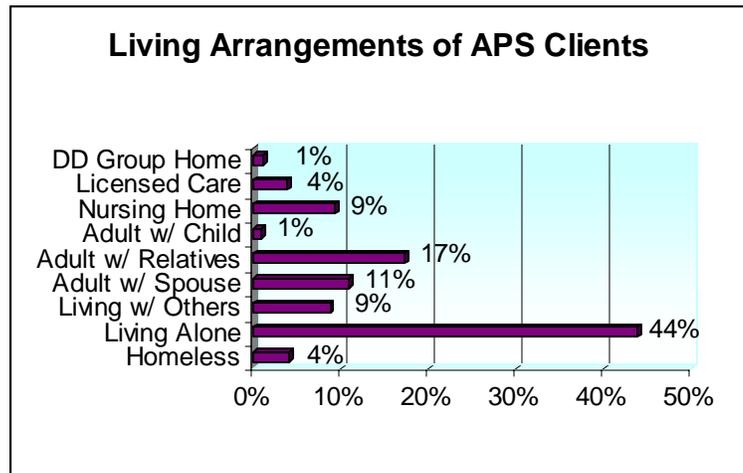
### Case

The APS worker assigned to the referral makes a visit the following afternoon with the client's consent. The presenting facts of the referral are substantiated and further assessment reveals that the client has no family or support system to assist. The case is opened and the worker begins coordinating services the client needs, such as homemaker services and home delivered meals.

## DEMOGRAPHIC OVERVIEW

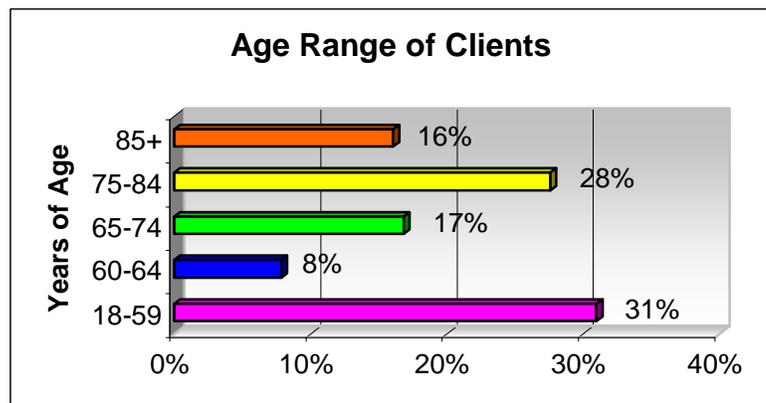
It is important to note that gender, age and living arrangements are optional fields in the CAPS system and represent data recorded on approximately 17.5% of the cases. As mentioned earlier, edits to the CAPS system are being implemented to require these as mandatory fields by October 31, 2002. *Please note: All data shown in this section is for FY 2001-02.*

As indicated by this chart, the majority, by far, of APS clients are living alone at home, with 82% of persons living in their own homes or the residences of others and 14% living in nursing homes or other community based centers.



Nearly 2/3 of the APS referral population is female.

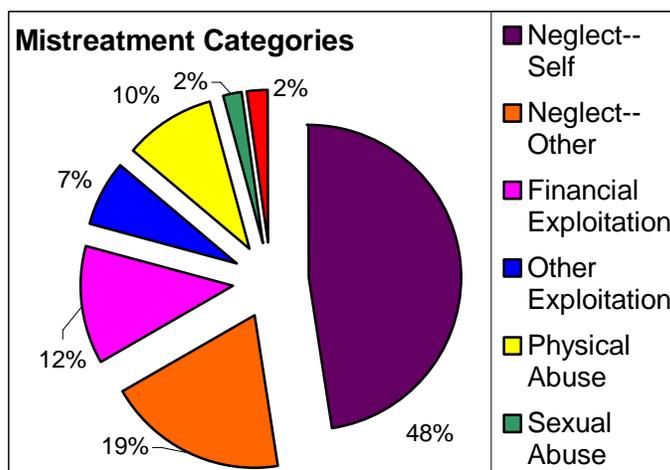
68% of APS clients are over the age of 60. Disabled clients under the age of 60 represent 32% of the APS referral population.



## MISTREATMENT CATEGORIES

Referrals are delineated by several main categories of mistreatment:

- **Physical abuse** includes slapping, hitting, restraining or otherwise harming a person.
- **Sexual abuse** includes any unwanted physical (sexual) contact or advances.
- **Self-abuse** includes deliberate behavior to inflict physical abuse upon oneself.
- **Self-Neglect** includes a refusal to or an inability to eat or bath regularly, take medications at appropriate intervals, seek medical attention when needed, maintain a clean living area, or make reasonable, rational and sound judgments and decisions.
- **Neglect by others** includes intentional or unintentional neglect by family members, homemakers, home health aides, or others who are responsible for the care of the at-risk adult. The closing of a facility that renders persons without care arrangements also falls under this category.
- **Financial Abuse** includes the misappropriation of funds by a family member or other person, or convincing an at-risk adult to make inappropriate purchases or cash gifts, telemarketing sales or sweepstakes promotions and scams.
- **Other Exploitation** includes undue influence by a friend or relative who uses their relationship to influence the at-risk adult to do something they would not ordinarily do, such as provide rent-free housing or loan their car.



This chart shows the percentage of referrals in each mistreatment category.

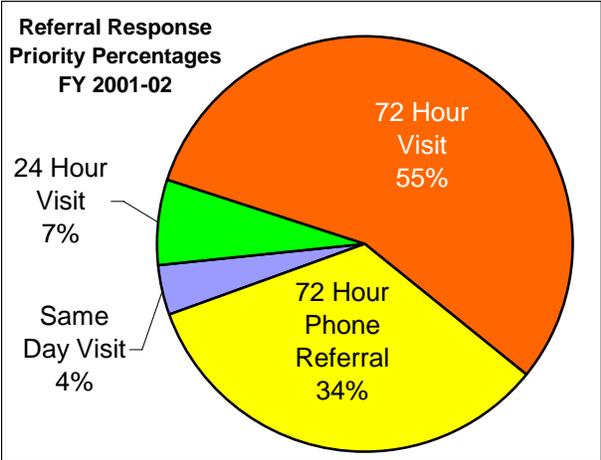
## RESPONSE PRIORITY

The APS worker determines the Response Priority for each referral based on the information that has been gathered from the person making the referral. The caseworker makes the decision based on his/her training and experience with APS cases. There are four levels of priority:

- **Level 1—Emergency.** The worker will meet with the client face-to-face the same working day. *Example: A call comes in from the police department. An 81-year-old female was found walking down a street, frequently falling. She was oriented to herself only. The woman was taken to the E.R. but the hospital will not admit her. APS assistance is requested to assist in determining the woman's identity, where she lives or to find a place for her to live. Services provided will likely lead to the county pursuing a temporary emergency guardianship and placing the woman in a nursing facility until the range of facts surrounding the situation can be determined and a permanent disposition determined.*
- **Level 2—Urgent.** The worker will meet with the client face-to-face within 24 hours of receiving the referral. *Example: A hospital social worker contacts a county APS program concerning a 42-year-old man who is about to be discharged after a brief hospitalization for dehydration. This gentleman is primarily bed bound with advanced multiple sclerosis and resides with a live-in caregiver. The man appears to have cognitive deficits and it is unclear whether he has the capacity to make appropriate decisions regarding his care. The man had been hospitalized several times in the past year for problems that are consistent with poor nutrition and substandard care.*
- **Level 3—Assistance Needed.** The worker will meet face-to-face with the client within three working days. *Example: A 90 year-old female who was recently hospitalized for a broken hip reports that she has recently relocated here with her friends from Nevada. Her only income is \$1,300 a month from social security and she states that she gives it to her friends. Her friends have promised her that she will never have to go to a nursing home; however, she is requesting in-home assistance, as they are only able to offer occasional assistance. She has food and shelter. The APS worker arranges for the county eligibility technician to meet with this lady to assess her eligibility for in-home services and the level of services that will be most helpful to her. Finally, the possibility that this client is being financially exploited will be further investigated.*
- **Level 4—Telephone Assistance.** The worker will contact the client, via telephone, within three working days. The worker will be able to

resolve the client's needs through referral to collaborating agencies or other means without actually meeting with the client. A priority 4 referral is not classified as an I&R because the priority 4 referral is much more time consuming, usually taking anywhere from two hours to 10 hours to resolve. *Example: A daughter calls regarding her mother who is 80 years old and lives alone. Her mother is writing checks to any solicitors or sweepstakes. Her mother is resistant to family assistance with finances. The daughter is the mother's Power Of Attorney. She also is interested in Medicaid and in-home services for her mother. Conservator and payee options were discussed and she is directed to necessary sources to get these things done. She is also referred to Home and Community Based Services for in-home care. All information is discussed over the phone.*

This chart shows the percentage of each Response Priority for FY 2001-02.



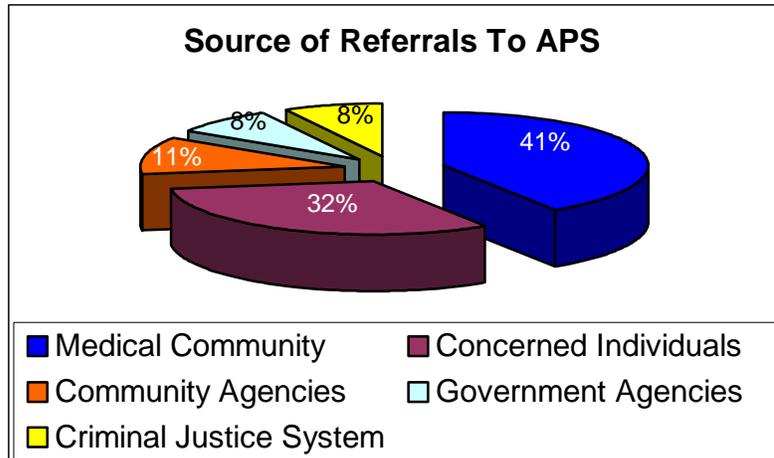
## IV. PROGRAM ENTITIES

### APS RELATIONSHIP WITH OTHER AGENCIES

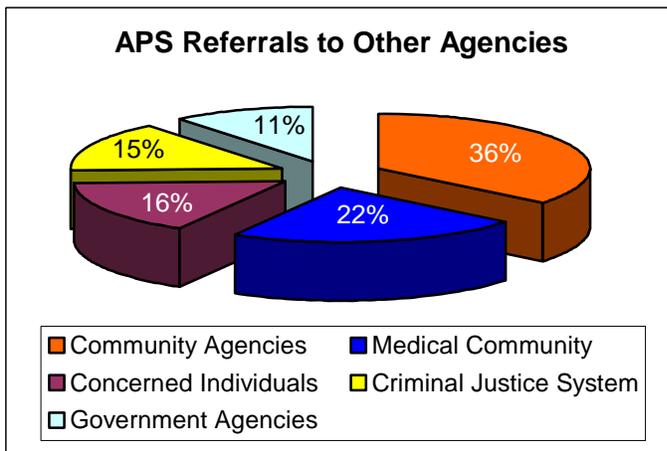
APS is a highly interactive collaborative program. Referrals to Adult Protection come from many sources. Once involved in an APS case, the APS caseworker may refer the client to any number of sources for assistance. The APS worker often coordinates many different services for one client in order to reduce a client's risk as much as possible. The following table illustrates the number and source of referrals to and from the APS program. *Please note: All data shown in this section is for FY 2001-02.*

There are five major groups that make referrals to Adult Protection and with whom APS workers collaborate with on behalf of their clients. These are: the medical community, community agencies, the criminal justice system, concerned individuals and government agencies.

This chart indicates the percentage of reports APS receives from each of these five groups.



APS workers often coordinate services for clients with other agencies and groups in the community.



This chart shows the percentage of referrals made to the five main groups with which APS collaborates.

**Referrals Made TO APS**

(By Most Frequent Referral Source)

**Referrals Made FROM APS**

(By Most Frequent Referral Source)

<b>Medical Community</b>	<b>1635</b>	<b>40.7%</b>	<b>Community Agencies</b>	<b>504</b>	<b>36%</b>
Hospital	534	13.3%	Mental Health	143	10.2%
Nursing Home	347	8.6%	Area Agency on Aging	90	6.4%
Home Health Agency	310	7.7%	Other Community Agency	81	5.8%
Other Medical Professional	278	6.9%	Developmental Disabilities	78	5.6%
Physician	125	3.1%	Single Entry Points	45	3.2%
Health Department	30	0.7%	Substance Abuse System	20	1.4%
Ombudsman	11	0.3%	Domestic Violence Agency	18	1.3%
			Clergy	8	0.6%
<b>Concerned Individuals</b>	<b>1288</b>	<b>32.1%</b>	Facility Relocation	8	0.6%
Family Member	439	10.9%	School	5	0.4%
Other Individual	376	9.4%	Financial Institution	5	0.4%
Other	150	3.7%	Housing Agency	3	0.2%
Self	135	3.4%			
Friend/Neighbor	123	3.1%	<b>Medical Community</b>	<b>315</b>	<b>22.4%</b>
Anonymous	64	1.6%	Home Health Agency	88	6.3%
Landlord	1	0.0%	Nursing Home	62	4.4%
			Other Medical Professional	46	3.3%
<b>Community Agencies</b>	<b>461</b>	<b>11.5%</b>	Physician	43	3.1%
Developmental Disabilities	143	3.6%	Ombudsman	40	2.8%
Other Community Agency	134	3.3%	Hospital	20	1.4%
Mental Health	54	1.3%	Health Department	16	1.1%
Area Agency on Aging	44	1.1%			
Single Entry Points	28	0.7%	<b>Concerned Individuals</b>	<b>226</b>	<b>16.1%</b>
Financial Institution	17	0.4%	Other	124	8.8%
Clergy	16	0.4%	Family Member	69	4.9%
Substance Abuse System	11	0.3%	Other Individual	17	1.2%
School	6	0.1%	Friend/Neighbor	12	0.9%
Domestic Violence Agency	6	0.1%	Self	3	0.2%
Housing Agency	2	0.0%	Landlord	1	0.1%
Facility Relocation	0	0.0%	Anonymous	0	0.0%
<b>Government Agencies</b>	<b>323</b>	<b>8.0%</b>	<b>Criminal Justice System</b>	<b>206</b>	<b>14.7%</b>
Within County DSS	201	5.0%	Law Enforcement	120	8.5%
Other Govt. Agency	80	2.0%	Legal Services	41	2.9%
Other County DSS	42	1.0%	District Attorney	35	2.5%
Animal Control	0	0.0%	Court	10	0.7%
<b>Criminal Justice System</b>	<b>307</b>	<b>7.6%</b>	<b>Government Agencies</b>	<b>154</b>	<b>11.0%</b>
Law Enforcement	254	6.3%	Within County DSS	94	6.7%
Court	34	0.8%	Other Govt. Agency	33	2.3%
Legal Services	14	0.3%	Other County DSS	22	1.6%
District Attorney	5	0.1%	Animal Control	5	0.4%

## APS ROLE VS. ROLE OF OTHER PROGRAM ENTITIES

Adult Protective Service programs develop and coordinate service networks that result in inter-agency collaboration and understanding. The goal of APS and the service networks is to protect at-risk adults from mistreatment and neglect. It is important to emphasize that only APS has the statutory authority for the protection of ALL at-risk adults in Colorado, while other service programs are limited to service provision for their respective populations. For example, Developmental Disabilities Services (DDS) is authorized to advocate, assess and provide community integration services specifically for persons with developmental disabilities, and likewise, Mental Health Services (MHS) is designed and authorized to meet specific clinical and treatment needs of those adults in Colorado who have mental illnesses. If each program area assumed responsibility for at risk adults according to categorical divisions such as specific disability, diagnosis, or similar defining criteria, unclear lines of responsibility for clients who meet more than one designation would result. Such divisions lead to bifurcation in practice standards, program oversight and data collection. The coordinating and collaborative function of APS is instrumental in minimizing duplication of services and monitoring and addressing gaps in needed services.



The seven program categories listed below are programs that frequently interact and collaborate with APS to reduce risk and ensure safety for at-risk adults with specific disabilities. APS is the central service program that develops a coordination plan between itself and other service programs to assure quality, non-duplicative service provision for at-risk adults. The effective coordination implemented by APS eliminates and/or vastly reduces the gaps through which some of our most vulnerable adults could fall. The grid below details the complementary roles of the major program areas and APS at the service level.

	Agency Role	APS Role
<p data-bbox="235 279 415 422"><b>Criminal Justice and Probate System</b></p> <p data-bbox="235 464 435 569">Police/Sheriff District Attorney Courts</p>	<p data-bbox="488 279 889 384">Investigate and arrest perpetrators of criminal acts against at-risk adults.</p> <p data-bbox="488 464 878 569">Prosecute perpetrators of criminal acts against at-risk adults (DA's).</p> <p data-bbox="488 611 878 716">Provide legal information to victims of crimes during the legal process.</p> <p data-bbox="488 1010 889 1073">Execute "welfare checks" of at-risk adults.</p> <p data-bbox="488 1304 841 1440">Execute "mental health" holds on at-risk adults at risk of harming self or others.</p> <p data-bbox="488 1482 867 1587">Issue and execute restraining orders for the protection of at-risk adults.</p> <p data-bbox="488 1818 821 1881">Review reports and recommendations from</p>	<p data-bbox="917 279 1442 422">Report alleged criminal behavior and provide officers with client and perpetrator information to assist with evidence collection.</p> <p data-bbox="917 464 1435 569">Provide DA's with client and perpetrator information to assist with evidence collection.</p> <p data-bbox="917 611 1438 936">Provide/coordinate supportive services for victimized at-risk adult before, during and after the legal process. In cases of financial exploitation where the at-risk adult is incapable of handling financial details, APS (representing the county) may serve as representative payee.</p> <p data-bbox="917 1010 1438 1262">Resolve cases of self-neglect (often discovered or substantiated by law enforcement's "welfare checks") by coordinating medical, housekeeping and financial services needed by the at-risk adult who has lost the capacity to care for him/herself.</p> <p data-bbox="917 1304 1360 1409">Alert authorities to situations in which an at-risk adult is likely a serious risk to self or others.</p> <p data-bbox="917 1482 1442 1734">Meet with the at-risk adult and assist in determining the need for a restraining order. Once determined necessary to ensure the adult's safety, APS will facilitate the process of obtaining and seeing that the restraining order is enforced.</p> <p data-bbox="917 1818 1377 1881">Provide assessment reports and recommendations on safety and</p>

	various professional sources regarding the capacity of at-risk adults to make decisions in various areas of their lives. Make the determination of the need for the assignment of guardian for the at-risk adult.	capacity issues for the at-risk adult to the court for consideration in guardianship cases. APS caseworkers (representing the county) are sometimes appointed guardians or conservators for at-risk adults when no other options are available to at-risk adult and the court.
	<b>Agency Role</b>	<b>APS Role</b>
<b>Ombudsman Program</b>	<p>Serve as mediator between residents of nursing and assisted living facilities, their families and all staff of that facility, i.e., nurses, dieticians, administrators, to resolve issues related to residents' rights.</p> <p>Concentrate on resolving specific complaints/issues.</p> <p>Monitor facility and advocate for facility change in practices.</p> <p>Make recommendations for appropriate placement of individuals according to care needs and available resources.</p>	<p>Serve as agents of the State as investigators and caseworkers to investigate serious allegations of abuse, neglect or exploitation.</p> <p>Act as guardian for nursing home residents who have no other person to act on their behalf.</p> <p>Coordinate efforts related to facility closures to address overall client welfare, health and safety through the transition and relocation process.</p> <p>Use reputable facilities as resources for placement or other services to meet needs of at-risk adult.</p>
	<b>Agency Role</b>	<b>APS Role</b>
<b>Developmental Disabilities Services (DDS)</b>	Provide assessment of children and adults with suspected development disabilities (DD) to determine eligibility for DDS programs.	Provide advocacy and protection to at-risk adults with all types of disabling conditions, including developmental disabilities, who are in need of and interested in protective services.

	<p>Provide case management and service coordination to enhance community integration and daily living.</p> <p>Provide group and individualized residential services to people with DD who are enrolled in a DDS program. Includes services of the Community Center Boards and Regional Centers.</p>	<p>Refer all interested at-risk adults with developmental disabilities to DDS for long-term community integration and support services.</p> <p>Provide emergency placement for all at-risk adults with DD who are in imminent danger.</p>
	<b>Agency Role</b>	<b>APS Role</b>
<b>Mental Health Services</b>	<p>Provide clinical treatment services to people with mental illnesses who are interested in or court ordered into services.</p> <p>Provide clinical psychiatric evaluations of people experiencing symptoms.</p> <p>Authorize “mental health holds” (C.R.S. 27-10) on persons who are a danger to themselves or others.</p> <p>Provide case management and residential services (in certain situations/areas).</p>	<p>Address the safety issues of at-risk adults with all types of disabling conditions, including mental illness, in the community.</p> <p>Refer at-risk adults with suspected mental illness for clinical psychiatric evaluations.</p> <p>Work with hospital discharge planners to assure the safety of at-risk adults with mental illness.</p> <p>Serve as a resource for mental health case managers and residential service providers in the event of safety concerns for client/resident.</p>
	<b>Agency Role</b>	<b>APS Role</b>
<b>Attorney General’s Office</b>	<p>The attorney general’s AARP Elder Watch program serves as an information clearinghouse &amp; referral line for seniors regarding</p>	<p>Assess and investigate cases referred by AARP Elder Watch when at-risk adults who are victimized seem confused and/or are unable to understand instructions.</p>

	<p>consumer fraud issues.</p> <p>The Consumers' Protection Unit carries class action suits to court against businesses in Colorado that attempt to perpetrate frauds against the citizens of Colorado.</p> <p>The Victims' Assistance Unit within the AG's office, provides information to victims regarding the Victims' Rights Act and provides referrals to victims for assistance in dealing with the after effects of crimes committed against them.</p>	<p>Report to and assist Attorney General's Office with names of alleged fraudulent businesses and perpetrators that/who victimize at-risk adults.</p> <p>Coordinate and explain services, including victims' assistance services, that provide information and referrals to victims. APS monitors the progress of at-risk adults with the information and referrals provided to ensure the restoration of safety and comfort to at-risk adults who are victimized.</p>
	<b>Agency Role</b>	<b>APS Role</b>
<b>Health Department</b>	<p>Oversee the conduct of nursing facilities and assisted living residences.</p> <p>Oversee the licensures and closures of nursing facilities and assisted living residences</p> <p>Determine, administer, and collect fines from facilities that do not meet statutory criteria for care of elderly and disabled.</p>	<p>Assess and investigate allegations of mistreatment of residents of nursing facilities/assisted living residences.</p> <p>Assist residents in need of relocation who have no other person or service available to assist them.</p> <p>Report alleged crimes perpetrated within nursing facilities to law enforcement and the health department.</p>
	<b>Agency Role</b>	<b>APS Role</b>
<b>Other Program Examples:</b>		<p>Arrange and coordinate for the direct delivery of specific supportive and educational services offered by numerous community programs.</p>

<b>Homeless Shelters</b>	Provide supportive services, primarily shelters.	
<b>Domestic Violence Program</b>	Provide counseling, safety planning, shelters and other services.	
<b>Alzheimer's Association</b>	Provide family and caregiver education and support and public awareness.	
<b>Home Health Care Providers</b>	Provide skilled healthcare or supportive services to maximize independence and well being in the home setting.	

## CASE SCENARIOS

Following are two brief APS case scenarios, which exemplify inter-program coordination and participation, to address the safety of at-risk adults:

*The first case scenario shows APS in collaboration with:*

*Mental Health  
District Attorney*

*Physician  
Victims Assistance Services*

*Police*

A 74 year-old man's oldest daughter, who lives out of state, reports to APS that the younger daughter is physically abusing him. The abusive daughter visits Mr. W. frequently. She has chronic problems with mental illness and a history of refusing treatment.

The APS worker conducts an in-home investigation and confirms the allegation of physical abuse by observing several bruises in various stages of healing. The APS worker obtains specific facts about the abuse, potential for further harm, and other information pertinent to the situation. It is readily apparent that Mr. W. has the capacity for decision-making. The APS worker enlists Mr. W.'s cooperation with contacting law enforcement and provides counseling to address his concerns regarding "getting his daughter in trouble."

The APS worker calls law enforcement and an officer joins them. Mr. W confirms that his daughter visits his home frequently. While there, she torments, harasses, kicks, scratches and bites him. The officer and the APS worker

discuss the option of a restraining order against the offending daughter, and the APS worker assists Mr. W. in obtaining and completing the paperwork. The law enforcement officer files charges of aggravated assault against the daughter.

The APS worker recommends that Mr. W. follow up with supportive counseling with a mental health counselor. Mr. W. is amenable and the worker arranges an appointment. The APS worker arranges an appointment for the following day to a physician for a medical examination and, with Mr. W's permission, discusses the case with the doctor.

Law enforcement files charges with the local District Attorney's office and provides copies of the physician's report regarding the extent and gravity of the injuries incurred by Mr. W. The District Attorney's Office reviews the reports submitted by the officer and begins to develop the case against Mr. W's daughter. The APS worker accompanies Mr. W. to the DA's Victims' Assistance office, where the victims' assistant worker interprets legal information provided and discusses the legal process. The District Attorney's Office meets with Mr. W., meets with and requests records (and eventually testimony) from the APS worker, and communicates, as necessary, with the abusive daughter's attorney.

*The second case scenario shows APS in collaboration with:*

*Ombudsman*

*Law Enforcement*

*Health Department*

A senior program volunteer contacted a nursing home ombudsman to report an allegation of sexual molestation of a 59-year-old resident. The resident has been in this nursing home for 15 years secondary to a traumatic brain injury, and is significantly cognitively impaired. The resident told the volunteer that she had been having sexual relations with her "boyfriend" who was an attendant at the nursing home facility. The resident also told the volunteer that she did not want to continue to live in this facility.

In this particular case, the ombudsman notified the facility management and together they contacted law enforcement, APS, and the Health Department to report the incident. (In some cases, it may be APS who contacts law enforcement, or APS may have been the first recipient of the report and may have contacted the ombudsman). It was learned that the facility had terminated the attendant's employment a few weeks prior for poor work performance. Law enforcement, in conjunction with facility management and the ombudsman, conducted a preliminary investigation with other residents, and determined that no other residents had been victimized. The perpetrator was ultimately charged in this case and is pending trial.

It was learned that the perpetrator had a past criminal record of drug trafficking. However, the facility had not conducted a criminal background investigation on this employee, nor did the facility have written policies regarding the hiring of

persons with felonies. A review by the Health Department determined that background checks were not routinely completed on all new hires, and further, that the facility's policies did not require that background checks be completed on temporary or "float" staff from other agencies with which the facility contracted. The Health Department issued deficiencies to the facility and continues to monitor the facility's Plan of Correction with regard to developing and enforcing safe personnel practices.

The APS worker contacted a nephew who had a durable power of attorney for the resident. The nephew indicated that to his knowledge, the resident was content with residing in this particular nursing home, as it had been her long time home. The nephew stated that he was no longer able or willing to continue his role as decision maker. The APS worker filed a petition and was awarded limited guardianship to act on behalf of the resident with regard to any decisions concerning relocation and follow up treatment for the trauma she sustained with the molestation. It was ultimately decided that the resident would remain in the facility since there was no further threat regarding the perpetrator, but that she would be moved to another wing of the facility. A review of the limited guardianship was scheduled to take place in 6 months, at which time the APS worker, nephew, and courts would have adequate time to determine if another family member or interested party could assume guardianship, or if the county department should extend the limited guardianship to be more encompassing.

## V. PROGRAM FUNDING

### STATE PROGRAM

There is not an established funding line for the state Adult Protection Program in the Long Bill. The state program is staffed by 2.75 FTE's; an administrator and 3 program specialists. Sources of funding for the state APS positions are:

<i>Position</i>	<i>Funding Source</i>	
	<b>APS FTE Status</b>	<b>Old Age Pension</b>
<i>Program Administrator</i>	<b>1.0</b>	<b>100%</b>
<i>Program Specialist GP IV</i>	<b>1.0</b>	<b>100%</b>
<i>Program Specialist GP IV</i>	<b>.25</b>	<b>100%</b>
<i>Program Specialist GP III</i>	<b>.50</b>	<b>100%</b>

State staff resources are lacking to adequately direct, supervise, train, monitor and evaluate APS programs throughout the state. In FY 2000-01, with the reorganization of the Department, APS was identified by the Executive Director of the Colorado Department of Human Services, Marva Livingston Hammons, as a high priority program. An APS Steering Committee comprised of State Staff and county agency directors, was established to determine a 4-year APS work plan to address the many issues, primarily developmental in nature, of APS.

### **Four-Year APS Plan Summary**

- I. Establish Statewide County Expectations
  - a. Ensure compliance with APS state statutes
  - b. Standardize CAPS utilization (all counties, all fields)
  - c. Collaboration – encourage the development of APS community teams and provide technical assistance in implementation
  - d. Community education: create materials, provide information and training
  - e. Develop minimal standard for new hires
  - f. Develop and provide mandated core training (for all staff), including cross training between APS and Child Welfare

- g. Establish ethical standards for state of Colorado in APS

## II. Promote Consistent Utilization of Data

- a. Develop a reliable system for tracking APS budgets and expenditures
- b. Identify management information required for decision making
- c. Develop a performance management system

## III. Identify Internal Quality Assurance Mechanisms

- a. Identify best practices
- b. Develop outcome measurements and system for tracking

## IV. Generate Training Agendas for APS

- a. Develop curricula for APS caseworkers and supervisors at all levels, APS multidisciplinary teams, medical and health professionals, law enforcement, county directors, court personnel and others
- b. Provide training

## V. Develop Strategies for Program and Delivery System Improvement

- a. Build partnerships among primary programs servicing APS clients
- b. Study and evaluate APS program rules and direction including, for example, the program's and department's position regarding mandatory reporting

Substantial progress has been made in several areas of the plan, especially regarding improvements to the CAPS system and regarding the consistent utilization of data. Work has also been initiated on the development of training curricula for new APS caseworkers and APS supervisors. Financial and staff constraints are barriers to addressing the many necessary components of the plan.

### **Funding Deficits**

As mentioned, there is no established funding for the APS program at the State level. The current level of staffing of 2.75 FTE's costs approximately \$250,000. Another 2.25 FTE's at the cost of approximately \$175,000 is presently required to

fund the state APS program at an adequate level. This funding would allow the state to carry out the plan for APS program development and implementation as indicated on pages 37-38. Additionally, \$133,000 in training dollars is needed to meet APS worker training requirements. Projected budgets to detail staff and training needs can be provided upon request.

### **Inter-state Comparison**

The degree to which other states fund the APS program at the state level is difficult to determine. Thirteen other states have administrative structures that are similar to Colorado in that they have state administered, county supervised programs. However, these states do not have similar structures to the Colorado APS program. For example, in some cases, states contract for APS services with other organizations (such as the Area Agencies on Aging). In other cases, programs are combined with other service areas (such as family services or senior services), and while it has been determined that APS programs in these states are funded at the state level, it has not been possible to extract the specific amount of funding that is allocated per program.

In May 2002, the National Association of Adult Protective Services Administrators conducted a national survey of all APS programs at the state level. It is expected that the report will be available before the end of this calendar year. Preliminary findings of the survey reflect that a lack of national leadership, guidelines and funding result in a “bewildering array of state and local programs.” Further, various program locations result in different approaches to the delivery of services at state and local levels. (Joanne Otto, Executive Director, National Association of Adult Protective Services Administrators (NAAPSA), 2002)

### **COUNTY FUNDING**

The State appropriates a budget to each county designated as the “County Administration Allocation” (CAA). This line was established to cover several programs including adult protection. Other programs are: Food stamp fraud investigations, adult assistance grant and medical programs, food stamps, and Medicaid Only. This allocation covers administrative costs to operate these programs including personal services, operating, travel, contractual services, client services, capital outlay, and leased space. It does not include program dollars for actual financial payments to clients.

The County Administration Allocation (CAA) includes the Social Services Block Grant (SSBG, otherwise known as Title XX, which are federal funds), state general fund monies (GF) and local (county) funds. These dollars are pooled together to form the CAA. The CAA is set up as an 80% - 20% match appropriation so that federal and state monies combine for 80% of the funding and the county provides a 20% match.

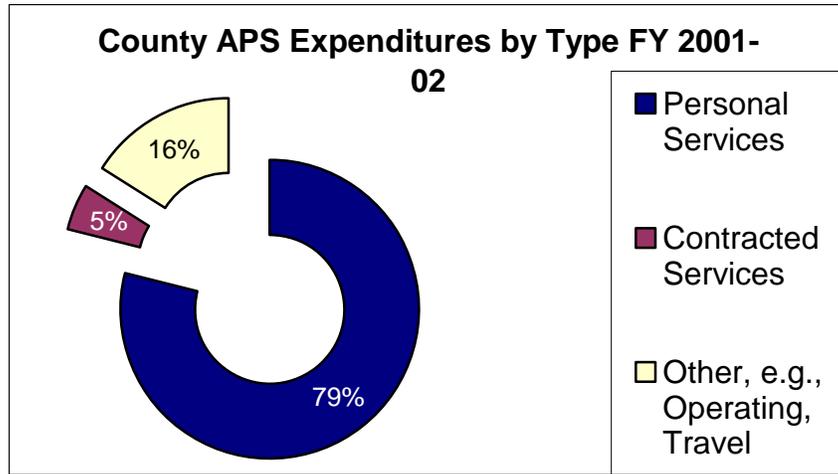
Counties have the flexibility to determine the percentage of funds from the CAA that will be spent on any of the programs in the CAA line. There is, however, a stipulation as to how the SSBG funds, which are included in the CAA, are spent. In the Long Bill for FY 2001-02, \$1.9 million in federal Title XX funds of the total SSBG was designated for APS services statewide and distributed to counties in prorated shares as a portion of the total CAA. Counties are not limited to spending only that portion of the CAA that comes from SSBG on APS expenses. They can choose to use additional monies from the CAA depending on the county needs and priorities.

In FY 2001-02 counties spent \$4,921,448 on APS. This is \$3 million more than the Title XX monies stipulated in the long bill for APS. The difference between the Title XX funds budgeted for APS and actual expenditures came from county administration (CAA) money or county only money when the expenditures were in excess of CAA funds. It is clear that the SSBG funding is insufficient to fund APS programs at the county level. Again, it must be emphasized that this funding is for county and contract staff and is not designated for emergency or other direct client services. Further, the degree to which APS expenditures in particular affect county over expenditures is unknown.

The following allocation summary shows allocations and expenditures of CAA funds of small, medium, and large size counties by category for FY 2001-02:

	<i><b>Total County Administration Allocation</b></i>	<i><b>Total APS Expenditures</b></i>	<i><b>Expenditures by Categories</b></i>			<i><b>Percentage of CAA Spent on APS</b></i>
			<i><b>Personal Services</b></i>	<i><b>Contracted Services</b></i>	<i><b>Other APS, e.g., Operating, Travel, etc.</b></i>	
<i><b>Small Counties Combined</b></i>	\$2,849,306	\$239,818	\$193,708	\$9,705	\$36,405	8%
<i><b>Medium Counties Combined</b></i>	\$7,181,484	\$622,318	\$518,248	\$21,413	\$82,656	9%
<i><b>Large Counties Combined</b></i>	\$31,724,118	\$4,059,311	\$3,179,174	\$231,686	\$648,451	13%
<i><b>Statewide Total</b></i>	\$41,754,908	\$4,921,448	\$3,891,131	\$262,804	\$767,513	12%

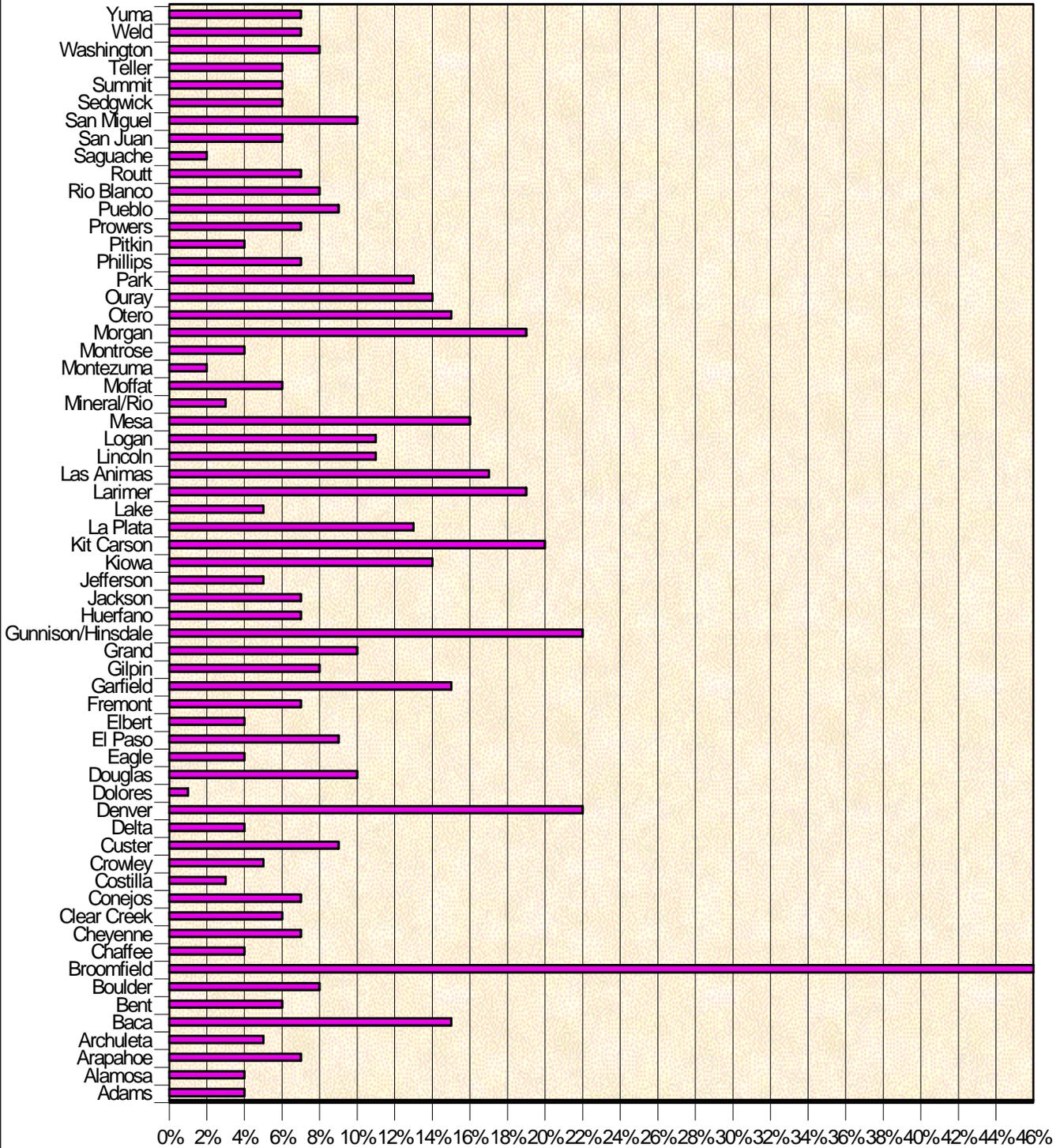
Statewide, the vast majority of county expenditures for APS were designated for personal services.



Variances in the amount of funding spent on APS are attributable to several factors. The need for particular services that are a part of the County Administration funding pool may be influenced by income level and age of county residents. Additionally, referral practices regarding APS may be influenced by local cultural beliefs and philosophies. Some counties with tremendous deviation from the mean percentage of funds spent on APS (mean = 9%; median = 7%) have unique circumstances. For example, Broomfield County had its APS program in operation prior to other programs as it rolled out its operations as a new county in FY 2000-01.

The chart on the following page shows the per county percentage of CAA grant monies spent on APS.

# APS Expenditures by County



## VI. SUMMARY AND CONCLUSIONS

The APS program has been formally established as a program in Colorado for 19 years. Funding for the program to counties is based in County Administration, which is made up of SSBG funds and General Funds, as well as local match funds. This current funding arrangement carries the benefit of flexibility for counties to prioritize needs and thus expenditures among a variety of programs, but lacks accountability and commitment for expenditures specific to Adult Protection. With the exception of OAP monies used for 2.75 state staff positions, the state APS program is not funded.

The Colorado APS program and APS programs nationwide struggle with a fragmented policy and service delivery system. A lack of federal oversight results in highly autonomous operations among states. A diminutive federal presence also contributes to inadequate comprehensive research and data collection methods. States with state supervised but locally administered programs contribute to further fragmentation when state programs are unable to adequately meet their responsibility for central oversight. A strong state program is crucial to establishing consistent services that meet statutory requirements, determining program policy, building collaborative relationships at the state program level to coordinate program efforts, and training APS workers according to standardized, competency based curricula.

Despite very limited resources at the state level, the Colorado APS program, to the extent possible, has developed and executed excellent training programs, has taken the leadership to build alliances and practice models with other programs, developed an automated data system along with continued efforts to improve the system's accuracy and usability, provides technical assistance and supervision to counties regarding a multitude of APS related issues, and responds to public inquiries regarding complex adult protection issues.

However, the State program has also been very restricted in the scope and depth that the program can take in each of these endeavors. As outlined in this report, the need for adult protection services is growing at an even faster rate than is the rapidly growing elderly population. APS at both the state and local levels do not have adequate infrastructures with regard to program development, policies and practices, or cooperative arrangements with others in the APS extended network to meet the breadth and complexity of adult protection.

Several recommendations are offered for future consideration when the state economy will allow for it to strengthen the APS program and increase its penetration throughout local programs. First, it is recommended that general funds be designated in the Long Bill to support adequate state level funding for personal services. The present level of staffing, funded by the Old Age Pension program, cannot provide the necessary supervision and oversight for APS programs statewide. The current cost of the 2.75 state staff FTE's is

approximately \$250,000. An additional 2.25 FTE's at the approximate cost of \$175,000 is required to address immediate program needs. Limitations of the state program to provide supervisory oversight and direction of Colorado's APS program are many. Some of the critical needs that should be addressed in the state program include:

- Development and assessment instruments and the conduction of periodic onsite assessments and case audits
- Development of performance criteria and system for measuring and monitoring program outcomes
- Monitoring of accuracy of data input into the CAPS system
- Standardizing program practices across the state to meet statutory requirements
- Development of a comprehensive policy and procedure manual and program manual
- Determination of best practices

Second, it is recommended that training resources be designated in the Long Bill to provide mandated training. No funding is designated for Adult Protective Services training. Approximately \$133,000 is required to adequately train APS staff on an annual basis. The development of training curricula for new APS workers, APS supervisors and other professionals (law enforcement, court personnel, mental health programs, etc.), as well as ongoing program training is critically lacking. Currently, there is no formal, systematic mechanism to ensure that APS workers meet basic competencies to provide complex protective services. County directors and APS staff consistently identify training as the largest unmet need in the adult protection program. Adequately training APS workers, as well as the network of service providers who work with APS programs, will decrease the potential harm to at-risk adults, increase accuracy and effectiveness of investigations, increase successful prosecution of perpetrators, and increase efficiencies and shared responsibilities through collaborative relationships and interdisciplinary teams.