



COLORADO'S ADULT PROTECTIVE SYSTEM

By Kerry White

Colorado's Adult Protective Services (APS) system, first established in 1983, protects at-risk adults who, because of mental or physical ability, are unable to obtain services or otherwise protect their own health, safety, and welfare. In response to greater awareness of at-risk populations, between 2013 and 2016, legislation expanded the scope of the system by implementing mandatory reporting for certain groups and establishing protections for persons with intellectual and developmental disabilities (IDD). This *issue brief* describes Colorado's current APS system, including program highlights for FY 2015-16, the most recent year for which complete data are available.

Colorado's Adult Protective Services System

The APS system is supervised by the Colorado Department of Human Services (CDHS) with services administered at the local level by county departments of human or social services. The purpose of the system is to intervene on behalf of vulnerable adults for which actual or imminent danger of physical, sexual, or financial abuse, caretaker neglect, exploitation, or self-neglect exists.

The budget for the APS system in FY 2016-17 is \$18.8 million, \$17.9 million of which is for county administration and direct client services. Funding for the system primarily comes from the state General Fund, with about \$3.6 million in local funds and \$2.0 million in federal funds.

Mandatory Reporting

State law mandates certain professionals to report known or suspected abuse or exploitation of at-risk elders over the age of 70 or adults with IDD (effective July 2016). Mandatory reporters are required to file a report within 24 hours of witnessing or becoming aware that a person has been or is at

imminent risk for mistreatment, and are encouraged to report events affecting any at-risk person. This includes specified health care providers, staff, and volunteers; mental health and social work providers; first responders; clergy members; court-appointed guardians and conservators; and personnel of financial institutions.

APS Reporting and Investigations

Reports of suspected or known mistreatment or self-neglect are taken by a county department of human or social services and evaluated and investigated using the protocol established by the CDHS. APS reports are classified as requiring:

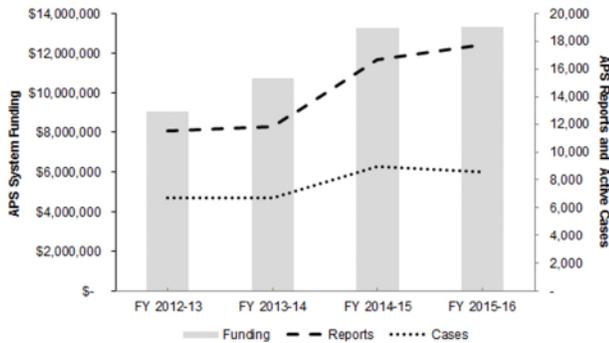
- no response;
- referral to another agency;
- immediate follow up;
- a response within 24 hours; or
- a response within 3 days.

County APS staff collaborates with law enforcement, district attorneys, and other agencies authorized to investigate. In addition, county APS staff may receive reports from law enforcement and related agencies for follow up. Generally, law enforcement investigates criminal activity and county APS staff address risk factors and safety issues for self-neglect or mistreatment. Under current law, all APS report and case information is confidential and cannot be released without a court order except in limited circumstances.

Data from FY 2015-16 show the number of reports increased 54 percent between FY 2012-13 (11,539) and FY 2015-16 (17,743). Over the same period, active cases increased by 27 percent from 6,738 cases to 8,583 cases per year. One reason for the disparity between the number of cases compared to reports is that while mandatory

reporters must report known or suspected abuse of a person with IDD or who is over the age of 70 (at-risk elder), protective services may only be provided when those persons also meet the definition of an at-risk adult. About 15 percent of reports to APS involved persons who did not meet the definition of an at-risk adult. Figure 1 compares APS system funding (excluding state administration) with the number of reports and cases between FY 2012-13 and FY 2015-16.

Figure 1. Colorado's APS System Reports and Cases Compared to Funding



Source: Colorado Department of Human Services

In FY 2015-16, alleged abusers were most often someone the at-risk person knew (83 percent), including children (35 percent); a spouse or partner (15 percent); a friend or neighbor (13 percent); or other (20 percent).

Clients and Services

In FY 2015-16, of all reports investigated, roughly a third were unsubstantiated, a third were inconclusive, and a third required follow up. Clients were 60 percent female and 40 percent male, with 56 percent over the age of 70. Common conditions impacting clients were:

- dementia/Alzheimer's (20 percent);
- frail/elderly (18 percent);
- medically fragile (16 percent);
- physical impairment (11 percent);
- major mental illness (10 percent); and
- two or more conditions (31 percent).

Counties follow a "least restrictive" philosophy, meaning that APS services are intended to stabilize and ensure the safety of a client rather than provide long-term care. Accordingly, the majority of cases are closed within three months. Colorado law allows capable adults to refuse some or all services. With client consent, services can include:

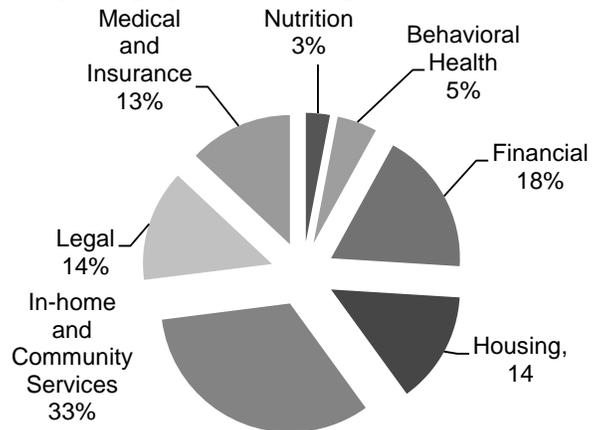
- short-term case management;

- referrals and coordination of supportive services, including in-home supports, health care, financial assistance, legal services, food assistance, and others;
- emergency housing placements; and
- initiation of probate or guardianship.

Outcomes

In FY 2015-16, the APS system implemented 7,408 services for clients. Figure 2 shows the services implemented in FY 2015-16 by category and percentage. Of services accessed, the majority were in-home or community resources, including home health care, homemaker services, transportation, and adult care; financial assistance to pay for goods and services related to client health and safety; and housing and legal assistance. The APS system funding includes \$1 million per year to provide emergency, short-term and one-time goods and services when they are unavailable to the client through other programs.

Figure 2. APS Interventions By Category and Percentage FY 2015-16



Source: Colorado Department of Human Services

In addition, 2,585 services were recommended but not implemented due to lack of eligibility, client consent, or resource availability within the community. These included home health care and homemaker services (29 percent of services not implemented) and housing services (28 percent of services not implemented).

Criminal penalties. Where applicable and depending on the offense, persons are prosecuted for crimes against at-risk persons. Penalties range from a class 2 to a class 6 felony, and the number of convictions over the past three calendar years has remained relatively flat: 192 in 2014, 180 in 2015, and a projected 200 in 2016.