# Multi-Disciplinary Team Guide for Adult Protective Services



APS M-Teams

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#### I. Introduction

This guide is a blending of state and county information, resources, and experiences regarding Adult Protective Services (APS) multi-disciplinary team development and maintenance. For purposes of this document, an APS multi-disciplinary team will be referred to simply as an "M-team." Several Colorado County Departments of Social (Human) Services contributed documents, information, and experiences about their M-teams that enhance the quality and pertinence of this guide as an effective resource for county administrators, adult protective services staff, and team members.

#### **DEFINING AN M-TEAM**

An M-team is defined as a group of professionals representing various state, regional, county, and community service agencies committed to protecting and addressing the needs of at-risk adults. Team members work together to review and assure quality investigations and comprehensive services to meet the needs of at-risk adults in the county. In addition, team members facilitate interagency collaboration and provide education to community members and organizations.

#### PURPOSE OF THE TEAM GUIDE

More than half of Colorado counties have established multi-disciplinary teams. It is the goal of the State APS program that all counties develop an M-team. Counties with teams have strongly endorsed the development of M-teams as a contributor to program success. Further, M-teams are encouraged by state statute.

Many M-teams were developed with little or no assistance from the state APS program. County departments with M-teams have structured them according to the individual county's interpretation of Colorado APS statutes and Colorado Department of Human Services Staff Manual, Volume 7, Sections 7.100 - 7.115. This guide is provided to support county

departments in initiating and maintaining an M-team. The guide provides county departments

with information and resources necessary to better understand and more easily develop and

maintain efficient and effective M-teams. The M-team, in turn, will provide critical support and

assistance to county APS programs in addressing the protection needs of at-risk adults and will

raise community awareness about the mistreatment and self-neglect of at-risk adults.

HOW TO USE THE TEAM GUIDE

This guide should be used to assist with M-team development. The guide provides important

information about the purposes and activities of the M-team; the legal and regulatory basis for

the establishment and organization of M-teams; team membership guidelines; and the roles of

county department staff and other team members.

The guide may be used in a number of ways, depending upon the specific needs of each county.

County departments without an M-team will benefit from thoroughly reviewing each section of

the guide in sequence and using the documents in the Resources section as templates for

developing the fundamental structure for an M-team. County departments with an established

M-team may use the guide as a resource to affirm the strengths of an existing M-team, and as a

source for new ideas and information that may improve the team's infrastructure and county

responses to APS cases.

Questions about the information in the guide should be directed to the state Adult Protective

Services program staff at 303-866-2800 or by email at:

Pat Stanis, <u>Patricia.stanis@state.co.us</u>

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#### II. PURPOSE OF AN M-TEAM

It is the intent of existing APS legislation that each County Department of Social (Human) Services develops an M-team for the purposes of more effectively responding to and preventing the mistreatment and self-neglect of at-risk adults. The varied professional backgrounds and expertise of team members are used by the county APS program to explore and develop the best multi-disciplinary service plans for challenging APS cases. Additionally, the M-team improves the community's response to the needs of at-risk adults in unsafe situations by providing experience and education to professionals and community members regarding issues pertinent to the mistreatment and self-neglect of at-risk adults.

#### **GOALS OF AN M-TEAM**

The specific goals of an M-team are developed by the M-team itself. The goals are based on rules and regulations set in the Colorado Department of Human Services Staff Manual, Volume 7, Sections 7.100 - 7.115. A copy of the rules and regulations is provided in the Resources section. Team members should consider the most compelling needs of the community concerning adult protection issues when developing team goals. The guidelines provided to county departments by the Colorado Department of Human Services include:

- Facilitating interagency cooperation regarding services to at-risk adults;
- Reviewing the procedures developed for the investigation of reports of mistreatment or self-neglect of at-risk adults;
- Reviewing the provision of protective service to at-risk adults; and
- Providing information to the community regarding issues of adult protection.

#### CHALLENGES FOR COUNTIES WITHOUT AN M-TEAM

It is challenging for counties to adequately respond to the complex protection needs of at-risk adults. Without an M-team in place, responding to APS client needs can result in less efficient and often inadequate services for the clients. If your county currently does not have an M-team, please review this section carefully to determine its relevance in responding to APS cases in your county. The National Center on Elder Abuse listed problems faced by counties without M-teams in the 1995 publication entitled *Building Partnerships*. Challenges faced by counties without an M-team include:

#### • Fragmentation of services

Services provided tend to be incomplete, given the multiple and complex needs of the atrisk adult population.

#### • Lack of coordination and communication among service agencies

Multiple agencies serving the same at-risk adult are often unaware of the other agencies involved. As a result, services are poorly coordinated and sometimes duplicated.

#### • Crisis oriented services

Many services for at-risk adults are put into place as a result of and only in time of a crisis. Such responses often provide short-term solutions, rather than a more comprehensive response that attempts to address the current and future service needs of the adult.

#### • Lack of consensus on appropriate response

Service providers from diverse disciplines have no established forum in which to express and resolve different and sometimes conflicting perspectives on how adult abuse cases should be resolved.

#### Lack of consensus about decision-making capacity issues

The decision-making capacity of at-risk adults is a common criterion for determining appropriate service interventions. Without an M-team, there is little opportunity for professionals with conflicting definitions of capacity to discuss and reach a consensus on this issue.

#### • Funding constraints that require agencies to conserve on client services

The county department may expend more staff and support resources to assist at-risk adults than are necessary when the department shares service responsibilities with other community agencies.

#### • Lack of professional training in at-risk adult abuse issues

Professional service providers usually lack specific training about how to recognize and most appropriately respond to abuse of at-risk adults.

#### Lack of community understanding about the problem and about services

Without professionals trained and experienced in dealing with the abuse of at-risk adults, the community will lack understanding of the problems involved in such cases and of the roles of adult protective services and collateral service providers in addressing abuse issues.

#### BENEFITS TO COUNTIES WITH AN M-TEAM

Protecting at-risk adults presents distinctive challenges to any service system. M-teams provide a forum for evaluating the service quality to at-risk adults in the community. M-teams provide service continuity and sustained client contact that is needed to evaluate services. The National Center on Elder Abuse cites benefits of using a team approach in response to the service and protection needs of at-risk adults in the 2003 publication entitled *Elder Abuse Prevention Team - A New Generation*. The benefits of using a team approach when serving at-risk adults include:

#### **Benefits To APS Clients**

#### • Enhanced autonomy and choice

M-teams assist with the development of service plans that may be tailored to APS clients' individual needs and preferences by offering a broad range of service options from each appropriate service system.

#### • Improved access to services and equity of care

M-teams provide an opportunity for APS clients to benefit from the expertise of some of the most highly skilled and experienced practitioners.

#### Reduced injury and loss

By drawing from the resources and expertise of professionals from multiple disciplines and service agencies, the team review process increases the likelihood that APS clients will receive needed assistance.

#### **Benefits To County Departments And Collaborating Agencies**

#### Enhanced skills and expertise

M-teams provide a systematic, reality-based learning experience that can be professionally and personally enriching.

# • Enhanced knowledge of the resources, approaches, and perspectives of multiple disciplines and service networks

M-teams provide members with opportunities to learn about programs and services in areas such as: adult protection, criminal justice, aging, victim assistance, disability, domestic violence, mental health, and many other areas.

#### • Improved county department relations with collaborating agencies

The role of APS in the county is often misunderstood by other community service agencies. Without a clear understanding by other agencies, unrealistic expectations and demands of APS may be made. In an M-team setting, it is possible to discuss and explain the service parameters and requirements of APS.

#### • Up-to-date information on community services, resources, and developments

Current information about community resources, such as changes in management, newly imposed budget constraints and resulting effects on service provision, and staff turnover, assist the M-team in determining realistic multi-disciplinary responses to the mistreatment and self-neglect issues of at-risk adults.

#### • Information regarding county standards of care

The team review process keeps members informed about how other professionals in the county handle situations involving at-risk adults. This can instill confidence that each professional group's actions conform to accepted county standards.

#### • Support to APS program staff and other team members

Professionals routinely make difficult decisions that have a critical impact on the lives of at-risk adults, their families, and perpetrators. M-teams can provide a supportive environment in which the members may voice concerns, frustrations, and uncertainty.

#### **Benefits To The Community**

#### • Improved service response

An M-team can help identify systemic problems such as:

- o Service gaps
- o Breakdowns in communication or coordination between agencies
- o The need for education, training, and public policy

#### • Provision of a "checks and balance" system

There is no single way to respond to at-risk adult mistreatment and self-neglect cases. The M-team provides a forum for understanding the perspectives of professionals from diverse disciplines.

#### • Expanded community awareness of at-risk adult mistreatment and self-neglect

Team members are charged with the responsibility of providing education and information to their professional colleagues and to their local communities. The information provided will include such topics as the signs and symptoms of mistreatment and self-neglect and recommended reporting protocols. Expanded community awareness of these issues assists the county department in providing early and appropriate interventions.

In summary, the ultimate goal of an M-team is to provide the most effective, comprehensive, and efficient protective services to at-risk adults.

#### III. LEGAL BASIS FOR AN M-TEAM

The legal basis for the M-team is grounded in the laws and rules that establish and support protective services for at-risk adults in Colorado. State statutes and regulations provide excellent direction to counties in the development of M-teams by illustrating how collaborative team efforts and a strong commitment to quality protective services can effectively protect the at-risk adult population. Colorado statutes Section 26-3.1-103(1)(c) C.R.S. and Section 26-3.1-205(3), C.R.S., and Colorado Department of Human Services Staff Manual, Volume 7, Section 7.111, outline the development of M-teams by county departments and the parameters of confidentiality for team members. County departments with existing M-teams may use the information provided in statute and regulations to review team by-laws and procedures. Samples of team documents are provided in the Resources section.

#### STATUTORY BASIS FOR TEAM DEVELOPMENT

Statutory guidelines for M-teams are specified in the *Protective Services for Adults at Risk of Mistreatment or Self-neglect* statute, Section 26-3.1-101, C.R.S., et seq. (hereafter referred to as the "mistreatment statute"). A copy of the mistreatment statute is provided in the Resources section. The team development guidelines provided within the mistreatment statute are as follows:

The purposes of M-teams shall be to:

- Review the processes used to investigate mistreatment and self-neglect of at-risk adults;
- Review the provision of protective services for at-risk adults;
- Encourage interagency cooperation; and
- Provide community education on the mistreatment and self-neglect of at-risk adults.

The director of each county department is authorized to create and coordinate an M-team in accordance with rules that govern the establishment, composition, and duties of the M-team.

Section 26-3.1-201, C.R.S., et seq. *Protection Against Financial Exploitation of At-risk Adults Act*, (hereafter referred to as the "financial exploitation statute") explains the responsibilities of APS M-teams in situations of financial exploitation of at-risk adults. The financial exploitation statute reiterates the responsibilities and legislative expectations of M-teams, emphasizing the team's purposes when addressing issues specific to financial exploitation. A copy of the financial exploitation statute is provided in the Resources section. The financial exploitation statute states that:

The purposes of M- teams in regards to financial exploitation are to:

- Review the processes used to investigate reports of known or suspected financial exploitation of at-risk adults;
- Review the provision of services given to at-risk adults alleged to be victims of financial exploitation;
- Cooperate with other agencies concerning functions related to financial exploitation of atrisk adults; and
- Provide community education to identify and prevent the financial exploitation of at-risk adults.

#### STATUTORY ROLE OF THE M-TEAM IN APS INVESTIGATIONS

Both the mistreatment and financial exploitation statutes emphasize the role of M-teams as a very important element in the APS investigative process. The creation and coordination of M-teams along with specific requirements of APS investigations, including face-to-face contact with the alleged victim, and cooperative agreements between investigative agencies, are outlined in both civil statutes.

Criminal statutes of specific interest to M-teams are Section 18-6.5-101, C.R.S., et seq. Wrongs to At-Risk Adults, which provides for enhanced penalties for crimes committed against at-risk adults; Section 18-1.3-406, C.R.S. Mandatory Sentences for Violent Crimes, which defines

crimes against at-risk adults as "violent" crimes with corresponding increased punishment assignments; and Section 18-1-501, C.R.S. *Principles of Criminal Intent*, which provides definitions for terms such as "criminal negligence," "intentionally," and "knowingly." Copies of these statutes are provided in the Resources section. The M-team should assure that law enforcement and criminal justice professionals are familiar with these criminal codes as they apply to crimes against at-risk adults.

#### REGULATORY BASIS FOR AN M-TEAM

Information regarding the responsibilities of M-teams is found in the Colorado Department of Human Services Staff Manual, Volume 7, Section 7.111. These rules and regulations give detailed descriptions of the membership, goals, and by-laws for M-teams, which are summarized below.

#### Membership For M-Teams According to CDHS Rules and Regulations

The rules and regulations clarify membership issues for M-teams as follows:

- Recommended membership for M-teams includes interested individuals and representatives of agencies and professional groups, such as mental health, health care, law enforcement, long-term care ombudsmen, banks, district attorneys, and community centered boards.
- The county department director is assigned the role of identifying those agencies and/or individuals that have the greatest interest in adult protection issues, and would be willing to serve on the M-team. Team membership is either by appointment of the represented agency, or by appointment of the county director or county commissioners.
- Members' responsibility for the confidentiality of case information discussed at team meetings is emphasized.
- Detailed descriptions of the roles of the team members, the team coordinator, and the team chairperson are provided in subsequent sections of this guide.

#### Goals For APS M-Teams According To CDHS Rules and Regulations

The goals of M-teams are developed by the members according to local compelling needs in the areas of adult protection. These goals include, but are not limited to the team goals outlined in the mistreatment statute, including the facilitation of interagency cooperation; the review of investigative procedures; the review of the provision of protective services; and the provision of adult protection information to the community.

#### By-laws For APS M-Teams According To CDHS Rules and Regulations

In accordance with the rules and regulations, team by-laws should contain information regarding:

- Membership
- Terms of office
- Frequency of meetings
- Leadership designation
- Confidentiality issues

Having reviewed the statutory and regulatory bases for team development, it is equally important to consider the statutory guidelines assuring APS case and client confidentiality and to transfer those guidelines to the functioning of the M-team.

#### **Statutory Basis For Confidentiality**

All APS case and client information must be kept confidential, as stated in the mistreatment statute, Section 26-3.1-102(7), C.R.S. The statutory basis for confidentiality of APS case and client information includes the following:

- Reports of the mistreatment and/or self-neglect of an at-risk adult shall be confidential, and shall not be public information, including:
  - o The name and address of any at-risk adult;

- o Any member of the at-risk adult's family;
- o The identity of the person making the report; and
- o Any other identifying information contained in APS reports.
- Disclosure of APS case information is permitted only when authorized by a court for good cause.
- Disclosure of APS case information is not prohibited when a criminal complaint, information, or indictment based on the report is filed or when there is a death of a suspected at-risk adult from mistreatment and/or self-neglect and a law enforcement agency files a formal charge or a grand jury issues an indictment in connection with the death.
- Violating confidentiality concerning APS cases is a class 2 petty misdemeanor and punishable by a fine of not more than three hundred dollars (\$300).

Confidentiality among team members is best assured by the development and signing of a team confidentiality agreement. The statutory cite for APS confidentiality, Section 26-3.1-102(7), C.R.S. should be noted in the agreement. A sample team confidentiality agreement is provided in the Resources section.

#### IV. COUNTY DIRECTOR AND TEAM COORDINATION

The county director and the team coordinator and/or team chairperson play key roles in the development of a successful M-team. The director of each County Department of Social (Human) Services is authorized by statute to "create and coordinate" the M-team by Section 26-3.1-103(3), C.R.S. This section contains suggested procedures and duties for the county department to use; however, as long as the county department ensures that the team is being coordinated and chaired at the optimal level possible within existing resources, "who does what" is a county decision.

#### PROPOSING M-TEAM DEVELOPMENT TO THE COUNTY COMMISSION

When considering team development, many county directors pursue support and approval from the county commissioners. As a part of this effort, the county director presents a proposal for the development of an M-team to the county commission. If a proposal is prepared for the county commission, it is good to include information on the following issues:

- Statutory requirements mandate appropriate county response to reports of mistreatment and self-neglect of at-risk adults.
- Statutory and regulatory requirements detail the team's role in executing the most appropriate response to reports of mistreatment and self-neglect of at-risk adults.
- County departments may experience substantial cost savings in terms of staff time and service expenses, due to assistance from other service providers represented on the Mteam.
- Efficiency of county APS service provision may be improved due to the case review and team process.
- Complexity of adult mistreatment and self-neglect cases often requires a team approach.
- The team process will improve county and community protection and safety services for vulnerable adults.

The level of county commission involvement in M-team development and maintenance varies from one county to another. Some counties find the M-team proposal to the county commission to be an opportunity for raising the commission's awareness of the adult protective services program and adult mistreatment and self-neglect issues. The commission may determine the designation of members, with recommendations from the county department.

#### TEAM COORDINATION

Once approval for team development has been received from the county commission, the county director will decide whether to assume or designate the role of team coordinator. Some county directors work collaboratively with an APS supervisor or APS lead worker to coordinate the M-team during the initial stages of team development. The person designated for the coordinator position must have strong organizational skills and a background in and commitment to the prevention of the mistreatment and self-neglect of at-risk adults. Following is an outline of the types of skills, abilities, and duties required of the team coordinator.

#### Skills and Abilities of the Team Coordinator

- Networking skills that foster good working relationships with county and community resources;
- Good administrative, planning, and organizing skills;
- Well-developed listening skills;
- Well-developed oral and written communication skills;
- Group process skills with good ability to facilitate group discussions;
- Ability to facilitate a systems response to case management issues; and
- Knowledge of the resources available to address the legal issues and challenges of APS casework, including such legal issues as guardianship and medical advance directives.

#### **Duties of the Team Coordinator**

The duties of the team coordinator will vary from one M-team to another. The team coordinator's duties may include, but are not limited to, the following:

- Recruiting and convening members of the M-team;
- Assisting with drafting the team by-laws and confidentiality agreements;
- Assisting with drafting the team membership agreements;
- Determining criteria to select APS cases that are most appropriate for review;
- Assisting with preparing cases for presentations;
- Acting as liaison between the APS caseworkers and other team members by soliciting feedback on the team process from both groups;
- Assuming or designating administrative duties, including:
  - o Planning, organizing, and facilitating team meetings;
  - o Notifying members of meeting schedules;
  - o Preparing, reviewing, and finalizing meeting agendas;
  - o Summarizing cases for review;
  - o Finding relevant articles, videos, and guest speakers for presentations at team meetings;
  - o Assuring that APS provides case updates on previously reviewed cases;
  - o Assisting the APS unit in developing brief scenarios of new cases;
  - o Providing all team members with information needed for each meeting, such as handouts for special presentations;
  - o Assigning note taking duties and, if minutes are kept, distributing minutes from the previous meeting;
- Follow up on recommendations by team members;
- Consulting with team members between meetings for additional pertinent case information; and
- Scheduling regular meetings (annual, semi-annual, quarterly) to meet with the county director and/or APS staff to review team issues.

#### **Team Chairperson**

Some M-teams establish a chairperson position to be held by a team member who is not employed by the County Department of Social (Human) Services, while other M-teams establish the chairperson position to be held by a County Department staff person. Some counties choose to combine the team coordinator and chairperson responsibilities into one position held by a County Department staff person.

The chairperson position provides the county program an excellent opportunity to optimize the contributions to the M-team by members who have a passion for protecting at-risk adults. The team chairperson works closely with the team coordinator in organizing and facilitating team meetings.

#### **Duties of the Team Chairperson**

The duties of the team chairperson will vary from one M-team to another. The team chairperson may volunteer, be appointed, or be elected to the position by the M-team. The team chairperson's duties may include, but are not limited to, the following:

- Providing input into the development of the meeting agenda;
- Overseeing the meeting process;
- Bringing pertinent protection issues to the team's attention;
- Maintaining the meeting structure and time schedule;
- Coordinating with county staff on maintaining and distributing meeting minutes; and
- Initiating and monitoring membership letters of appointment and termination.

#### V. TEAM MEMBERSHIP

The effectiveness of an M-team depends on the team members in several areas. These include members' commitment to learn about adult mistreatment and self-neglect issues, members' willingness to contribute their time, expertise, and resources toward case planning, and members' dedication to the collaborative resolution of case problems.

#### **DETERMINING MEMBERSHIP**

The collaborative nature of the work necessary to address mistreatment and self-neglect issues of at-risk adults requires that personnel from key service agencies be involved. Each M-team should strive to have team members representing the following professional groups, as outlined in the Colorado Department of Human Services Staff Manual, Volume 7, Section 7.111, E, 1.

- Mental Health
- Health Care Providers
- Hospital Discharge Planners
- Law Enforcement
- Home Health Providers
- Physicians
- Private Attorneys
- Long Term Care Ombudsmen
- Banks and Financial Institutions
- Senior Centers

- District Attorneys
- Legal Services
- Alcohol Treatment
- Public Housing
- Long Term Care Providers
- Area Agencies On Aging
- Community Centered Boards
- Social Services
- Other professional groups with a special interest in at-risk adults

Caution should be used regarding potential conflicts of interest. If a team member is a person in private business, it is best to clarify in writing that such a conflict exists. Members should not solicit customers for their private business from the clients and families discussed at the team meetings or from agencies represented on the M-team. The M-team or the APS program staff

may request services of the private business for an APS client when those services are determined by the team or the APS program to be in the client's best interest. A sample "Conflict of Interest Disclosure" form is included in the Resources section.

The team coordinator and county director must determine which professional groups are most appropriate for representations on the M-team. The following subsection provides suggestions on how to carry out the recruitment process for team members and how to anticipate who will serve most effectively as team members from each professional group.

#### MEMBERSHIP RECRUITMENT

The recruitment of team members may be implemented in a variety of ways. Each county may modify the following suggestions to meet the unique needs within each county. The following suggestions are offered as issues to consider when recruiting M-team members:

- Enlist the assistance of members from existing county or community M-teams, such as the county child protection team or another collaborative community service team.
- Develop and use a recruitment letter or phone call script that explains the purpose of the M-team and provides the prospective team member with clear and realistic role expectations. A sample recruitment letter is provided in the Resources section.
- Consider respected professionals for membership with whom the coordinator or county director have personal and professional knowledge and experience.
- Ask APS staff and other team members to suggest professionals they believe will
  positively contribute to the work of the M-team.
- Balance team composition with representatives from various types of service agencies and organizations.

During recruitment of team members, emphasis is placed on the unique contribution of each professional representative. For example, the message should be conveyed to prospective team members from law enforcement and the district attorney's office that each will play a critical role in reviewing cases that appear to involve criminal activities. If a case appears to involve the

financial exploitation of the victim, representatives from law enforcement and from the district attorney's office could assist in determining the feasibility of a criminal investigation and the types of evidence needed to prosecute the case.

In counties with few APS cases, it may be difficult to obtain commitments from professionals to attend team meetings regularly. In such situations, professionals may be enlisted as consultants for only those APS cases that deal with issues pertaining to their respective professional expertise. For example, the team coordinator may request a physician's attendance at a monthly team meeting, or that portion of the meeting during which a particular case will be reviewed involving questions about the decision-making capacity of the victim. The team coordinator who works creatively with community professionals in order to engage them in the team's work with APS cases, can provide efficient ways to maintain participation from professionals on the M-team, while communicating respect for their staffing and time constraints.

#### MEMBERSHIP AGREEMENT

The county APS program team coordinator may require team members to sign a "membership agreement" that affirms their commitment and the commitment of the agency each member represents, to actively participate on the M-team. The membership agreement may serve as a means to clarify team membership expectations, and to highlight the statutory citations that form the basis for confidentiality requirements. The membership agreement is not intended to be a legal document or binding contract that carries legal repercussions should its "terms" be violated. An example of a team membership agreement is provided in the Resources section.

#### MEMBERSHIP ROLES

Team members representing a wide range of service disciplines often have questions regarding their role on the M-team. Questions commonly asked are:

- What will the M-team expect of me?
- Do I know enough about adult protection to significantly contribute to the M-team?

The following information regarding the roles of team members will provide answers to these questions.

#### **Roles of APS Staff**

APS staff roles on the M-team include, but are not limited to:

- Defining the at-risk adult population;
- Presenting cases to the M-team by providing information on risk factors, profiles of alleged victims, and profiles of alleged perpetrators;
- Providing information about existing community situations and resources;
- Educating other team members about parameters of adult protective services; and
- Educating other team members about the principles of protective service practice.

#### **Roles of Team Members From Other Professions**

The roles of team members from professional disciplines other than APS include, but are not limited to:

- Assisting with the development of team policies, goals, and objectives;
- Providing professional expertise and opinions as pertinent to each case review; and
- Educating other team members about their respective service systems.

Each APS case will present a unique set of circumstances to the M-team and will require an equally unique response from the diverse team membership. For example, APS cases involving self-neglect may require input from team members with information about medical conditions and services, county and municipal zoning issues, and mental health issues and "hold" procedures. Cases involving caregiver neglect and financial exploitation will require input from team members with information about home health services, financial management, and criminal investigation and prosecution.

#### VI. TEAM MEETINGS

It is important that team meetings are well structured, efficient, and productive. The following procedures regarding meetings can prove helpful in building and maintaining a well functioning M-team. Sample forms discussed in this section are provided in the Resource section.

#### **ORGANIZATIONAL MEETING**

It is customary for counties developing an M-team to invite prospective team members to an initial organizational meeting at which information is provided about the team function and team membership expectations. The following guidelines for an organizational meeting will assist the county at this initial stage of team development:

- Send a concise meeting agenda to prospective team members in advance of the meeting.
- Set and respect the time frame for the meeting (usually 60 to 90 minutes).
- If possible, include a presentation regarding team functions from a state APS staff person or the team coordinator from another county.
- Plan time for a discussion of questions and concerns.
- Receive a commitment from guests to participate in the new M-team.
- Appoint two or three interested team members to assist with the development of draft bylaws and a draft confidentiality agreement.
- Obtain a commitment from the county attorney to review the by-laws and confidentiality agreement prior to the subsequent meeting.
- Set the agenda for the first team meeting, including review of draft by-laws and confidentiality agreements.
- Set the time and date of the first team meeting.

#### FIRST TEAM MEETING

The first team meeting traditionally serves to assist in the organization of the M-team. Some counties prefer to have more than one organizational meeting in order to clarify the roles of members and to alleviate any misconception of the scope of APS responsibility and intervention in cases of mistreatment and/or self-neglect.

The development of a team handbook is an issue to consider at the first meeting. Team handbooks contain copies of statutes pertinent to the at-risk adult population and other documents and resource materials beneficial to the team members. Many of the documents contained in the Resources section of this guide could be considered for inclusion in the team handbook.

M-teams may review an APS case at the first team meeting, if appropriate. Whether or not a case review is scheduled at the first meeting, the following activities will assist in making this first team meeting efficient and productive.

- Adhere to a set agenda and time frames.
- Review, discuss, and amend, if necessary, drafts of by-laws and confidentiality agreements.
- Accept by-laws and confidentiality agreements, pending approval by the county attorney.
- Determine the contents of the team handbook.
- Enlist a small committee to put together the team member handbook.
- Determine the format for APS case information to be provided to the team members.
- Present a training video, such as "Serving the Victims of Elder Abuse."
- Schedule the date and time for the next team meeting and first/next APS case review.

#### SECOND TEAM MEETING

The second team meeting provides participants with opportunities to continue to clarify the content and substance of adult protective services work. This sets the standard for future team

meetings by incorporating the case review process as an established portion of the agenda. Activities for the second team meeting are suggested as follows:

- Adhere to the set agenda with some flexibility within the time frames to accommodate APS case reviews.
- Review, discuss, and accept the team handbook committee recommendations and products.
- Review the "Indicators of Abuse" information, provided in the Resources section, or provide a brief training video, as time permits.
- Present an APS case for team review. Procedures to adhere to when reviewing an APS case may include:
  - o Use of initials or other identifiers to preserve confidentiality.
  - o Provision of a summary of county actions already taken on the case, for example: "The criminal issues involved in this case have been discussed with law enforcement." Then ask the law enforcement officer to review his/her findings.
  - o Presentation of specific questions to the M-team about the APS case, such as: "Are there additional resources in our county that we should consider for this client?"
  - o Limit each APS case review to 10-20 minutes, depending upon the status and scope of issues involved in the case.
  - o When no current APS case is available for review, a closed APS case may be reviewed by the M-team as a learning tool for exploring avenues that were or could have been taken to best serve the client.

#### SUBSEQUENT TEAM MEETINGS

Subsequent team meetings will best serve the needs of the county APS program when team members are provided with opportunities to contribute to case reviews and learn from others' contributions. Team meetings that frequently provide new information pertinent to improving services to at-risk adults will also serve to maintain interest and participation among team members. During all team meetings, the county program staff will model and facilitate professional respect among team members and other community service providers.

The following points may assist the county director and team coordinator when making long-term plans for an M-team.

- Follow a set agenda and time frame throughout the year.
- Provide a variety of learning experiences that pertain to serving and protecting at-risk adults, such as guest speakers from related professions (state and local) or training videos on topics of interest to the group. Training videos that have been used successfully by M-teams are listed in the Resources section.
- Allow time to discuss service gaps, problems, and constructive solutions to such issues at the local/county level.
- Provide opportunities for team members to share, either openly or confidentially, their opinions regarding the team's strengths, needs, and challenges with the team coordinator.
   As a part of this process, each team member may assess how the M-team is functioning and suggest what could be done to sustain and/or improve the team process.

#### **CHALLENGES FOR M-TEAMS**

Each M-team has a "personality" that is the result of the team leadership and member composition. As a result, support and participation in an M-team may vary as years pass, and as leadership and membership changes occur. Challenges may develop within the M-team that can significantly impact team functioning. The following information provides suggestions on what to do about the challenges of attendance, professional relationships, and communication issues within M-teams.

#### • MEETING ATTENDANCE

If attendance at team meetings begins to fall off or has never reached an acceptable level, several solutions may be considered. The following suggestions come from the experiences of both state and county APS programs dealing with this issue.

#### o Meet with team members outside of the team environment.

The team coordinator or other active team member(s) could schedule a professional or casual meeting with the professional who regularly misses team meetings, to better understand why a particular team member has stopped attending meetings.

# o Invite and encourage team members to attend trainings that pertain to the mistreatment and self-neglect issues of at-risk adults.

The team coordinator or chairperson may wish to invite team members to training opportunities at the state and local level that will provide them with more information about at-risk adults.

# Individually invite professionals to team meetings to review one or more specific APS cases that require that team member's unique professional expertise.

The team coordinator or chairperson may personally invite team members who miss meetings to attend team meetings at which topic areas pertinent to their expertise will play an important role during the APS case review. Some team members may feel that the APS case issues being discussed have little or nothing to do with their respective professions or services. For example, many APS cases involve self-neglect, therefore there is no "suspect" or "perpetrator" to be charged with a crime. Since self-neglect is largely a civil issue, the district attorney may feel he/she has little to contribute to such a case. An appropriate "special invitation" of a team member conveys respect for the professional's time and expertise and may provide the impetus for more frequent team participation by the member.

#### • INTER-PERSONAL CONFLICTS WITHIN THE M-TEAM

The unique and combined professional perspectives and personalities of team members contribute to the success and struggles of an M-team. Additionally, staff changes and turnover can significantly impact the "climate" at team meetings due to the different philosophies and professional backgrounds of new team members. County staff should be sensitive to issues that may hinder communication and information exchange during

APS case reviews. The team chairperson or coordinator may address these issues by promoting professional meeting etiquette as a part of the "rules of conduct" for team meetings, such as each person's opinions are heard and respected. Time limits for each team member's input may need to be set and adhered to if a one or two team members tend to monopolize the review process.

#### • INSUFFICIENT INPUT FROM TEAM MEMBERS OR HIDDEN PROBLEMS

It is helpful to the overall "health" of the team process if input about the team process is gathered from team members on both a formal and informal basis. In the Resources section, a sample APS M-Team Self-Assessment Tool is available to assess a team's strengths and challenges. It is suggested that counties conduct an annual "check-up" to encourage the growth and efficient functioning of the M-team. M-teams that are doing well may find it helpful and informative to adhere to regularly scheduled assessments, since team members may otherwise hesitate to make suggestions and share observations that could enhance protective services and enrich the team experience.

#### VII. RESOURCES

The documents and information included in the Resources section of the guide provide team members with a better understanding of the APS program and the abuse of the at-risk adult population. Additionally, the team coordinator and county director may use these materials, such as the sample confidentiality agreement and sample by-laws, to assist with team development. Many of these samples have been adapted from the county documents of existing M-teams. Team coordinators are encouraged to expand upon the training and resource materials in this section of the guide. The resource information is divided into four sections:

SECTION A – COLORADO STATUTES PERTAINING TO AT-RISK ADULTS

SECTION B – COLORADO DEPARTMENT OF HUMAN SERVICES STAFF MANUAL, VOLUME 7

(FOR THE ADULT PROTECTIVE SERVICES PROGRAM)

**SECTION C – S**AMPLE TEAM DOCUMENTS

**SECTION D** – EDUCATIONAL RESOURCES

#### **SECTION A**

#### COLORADO STATUTES PERTAINING TO AT-RISK ADULTS

Section 26-3.1-101, C.R.S., et seq. and Section 26-3.1-201, C.R.S., et seq. – Protective Services For Adults At Risk Of Mistreatment And Self-Neglect

- Part 1 Protective Services For At-Risk Adults
- Part 2 Protection Against Financial Exploitation Of At-Risk Adults

Section 18-6.5-101, C.R.S., et seq. – Wrongs To At-Risk Adults

Section 18-1.3-406, C.R.S. – Mandatory Sentences For Violent Crimes

**Section 18-1-501, C.R.S., et seq.** – Provisions Applicable to Offenses Generally – Part 5 – Principles of Criminal Culpability

#### Protective Services For Adults At Risk Of Mistreatment Or Self-Neglect

#### Part 1

#### **Protective Services For At-Risk Adults**

#### **26-3.1-101.** Definitions.

As used in this article, unless the context otherwise requires:

- (1) "At-risk adult" means an individual eighteen years of age or older who is susceptible to mistreatment as such term is defined in subsection (4) of this section or self-neglect as such term is defined in subsection (7) of this section because the individual is unable to perform or obtain services necessary for the individual's health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual's person or affairs.
- (2) "Caretaker" means a person, as such term is defined in subsection (5) of this section, who is responsible for the care of an at-risk adult, as such term is defined in subsection (1) of this section, as a result of a family or legal relationship or who has assumed responsibility for the care of an at-risk adult.
- (3) "Least restrictive intervention" means acquiring or providing services, including protective services, for the shortest duration and to the minimum extent necessary to remedy or prevent situations of actual mistreatment or self-neglect.
- (4) "Mistreatment" means an act or omission which threatens the health, safety, or welfare of an at-risk adult, as such term is defined in subsection (1) of this section, or which exposes the adult to a situation or condition that poses an imminent risk of death, serious bodily injury, or bodily injury to the adult. "Mistreatment" includes, but is not limited to:

#### (a) Abuse which occurs:

- (I) Where there is infliction of physical pain or injury, as demonstrated by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation;
- (II) Where unreasonable confinement or restraint is imposed; or
- (III) Where there is subjection to nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code", title 18, C.R.S.;

- (b) Caretaker neglect which occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the at-risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding of artificial nourishment in accordance with the "Colorado Medical Treatment Decision Act", article 18 of title 15, C.R.S., shall not be considered as abuse;
- (c) Exploitation which is the illegal or improper use of an at-risk adult for another person's advantage.
- (5) "Person" means one or more individuals, limited liability companies, partnerships, associations, corporations, legal representatives, trustees, receivers, or the state of Colorado, and all political subdivisions and agencies thereof.
- (6) "Protective services" means 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 for 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.
- (7) "Self-neglect" means an act or failure to act whereby an at-risk adult substantially endangers the adult's health, safety, welfare, or life by not seeking or obtaining services necessary to meet the adult's essential human needs. Choice of lifestyle or living arrangements shall not, by itself, be evidence of self-neglect.

#### 26-3.1-102. Reporting requirements.

- (1) (a) An immediate oral report of abuse should be made or caused to be made within twenty-four hours to the county department or during non-business hours to a local law enforcement agency responsible for investigating violations of state criminal laws protecting at-risk adults by any person specified in paragraph (b) of this subsection (1) who has observed the mistreatment or self-neglect of an at-risk adult or who has reasonable cause to believe that an at-risk adult has been mistreated or is self-neglected and is at imminent risk of mistreatment or self-neglect.
  - (b) The following persons are urged to make or initiate an initial oral report within twenty-four hours followed by a written report within forty-eight hours:
    - (I) Physicians, surgeons, physicians' assistants, or osteopaths, including physicians in training;
    - (II) Medical examiners or coroners;
    - (III) Registered nurses or licensed practical nurses;

- (IV) Hospital and nursing home personnel engaged in the admission, care, or treatment of patients;
- (V) Psychologists and other mental health professionals;
- (VI) Social work practitioners;
- (VII) Dentists;
- (VIII) Law enforcement officials and personnel;
- (IX) Court-appointed guardians and conservators;
- (X) Fire protection personnel;
- (XI) Pharmacists;
- (XII) Community centered board staff;
- (XIII) Personnel of banks, savings and loan associations, credit unions, and other lending or financial institutions;
- (XIV) State and local long-term care ombudsmen;
- (XV) Any caretaker, staff member, or employee of or volunteer or consultant for any licensed care facility, agency, home, or governing board.
- (c) In addition to those persons urged by this subsection (1) to report known or suspected mistreatment or self-neglect of an at-risk adult and circumstances or conditions which might reasonably result in mistreatment or self-neglect, any other person may report such known or suspected mistreatment or self-neglect and circumstances or conditions which might reasonably result in mistreatment or self-neglect of an at-risk adult to the local law enforcement agency or the county department. Upon receipt of such report, the receiving agency shall prepare a written report within forty-eight hours.
- (2) Pursuant to subsection (1) of this section, the report shall include: The name and address of the at-risk adult; the name and address of the at-risk adult's caretaker, if any; the age, if known, of such at-risk adult; the nature and extent of such at-risk adult's injury, if any; the nature and extent of the condition that will reasonably result in mistreatment or self-neglect; and any other pertinent information.
- (3) A copy of the report prepared by the county department in accordance with subsections (1) and (2) of this section shall be forwarded within twenty-four hours to the district attorney's office and the local law enforcement agency. A report prepared by the local law enforcement agency shall be forwarded within twenty-four hours to the county department and to the district attorney's office.

- (4) No person, including a person specified in subsection (1) of this section, shall knowingly make a false report of mistreatment or self-neglect to a county department or local law enforcement agency. Any person who willfully violates the provisions of this subsection (4) commits a class 3 misdemeanor and shall be punished as provided in section 18-1.3-501, C.R.S., and liable for damages proximately caused thereby.
- (5) Any person, except a perpetrator, complicitor, or coconspirator, who makes a report pursuant to this section shall be immune from any civil or criminal liability on account of such report, testimony, or participation in making such report, so long as such action was taken in good faith and not in reckless disregard of the truth or in violation of subsection (4) of this section.
- (6) No person shall take any discriminatory, disciplinary, or retaliatory action against any person who, in good faith, makes a report of suspected mistreatment or neglect of an at-risk adult.
- (7) (a) Except as provided in paragraph (b) of this subsection (7), reports of the mistreatment or self-neglect of an at-risk adult, including the name and address of any at-risk adult, member of said adult's family, or informant, or any other identifying information contained in such reports, shall be confidential, and shall not be public information.
  - (b) Disclosure of the name and address of an at-risk adult or member of said adult's family and other identifying information contained in a report shall be permitted only when authorized by a court for good cause. Such disclosure shall not be prohibited when a criminal complaint, information, or indictment based on the report is filed or when there is a death of a suspected at-risk adult from mistreatment or self-neglect and a law enforcement agency files a formal charge or a grand jury issues an indictment in connection with the death.
  - (c) Any person who violates any provision of this subsection (7) is guilty of a class 2 petty offense and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars.

#### **26-3.1-103.** Investigations.

- (1) The agency receiving a report of mistreatment or self-neglect of an at-risk adult shall make a thorough investigation immediately upon receipt of a report. The immediate concern of the report shall be the protection of the at-risk adult. The investigation shall, at a minimum, include a face-to-face interview of the at-risk adult alleged to be mistreated or self-neglected. The county department shall arrange for its investigation to be conducted by persons trained to conduct such investigations.
- (2) It is the general assembly's intent that, in each county of the state, law enforcement agencies, county departments of social services, and any other agencies responsible under federal law or the laws of this state to investigate mistreatment or self-neglect of at-risk adults develop and implement cooperative agreements to coordinate the investigative duties of the agencies and that the focus of such agreements shall be to ensure the best protection for at-risk adults. The

agreements shall provide for special requests by one agency for assistance from another agency and for joint investigations.

(3) It is the general assembly's further intent to encourage the creation of an at-risk adult protection team for each county or contiguous group of counties in the state. The purpose of the at-risk adult protection team shall be to review the processes used to investigate mistreatment or self-neglect of at-risk adults, to review the provision of protective services for such adults, to encourage interagency cooperation, and to provide community education on the mistreatment and self-neglect of at-risk adults. The director of each county department is authorized to create and coordinate a protection team for the respective county in accordance with rules adopted by the state board of human services, which rules shall govern the establishment, composition, and duties of the team and shall be consistent with this subsection (3).

## 26-3.1-104. Provision of protective services for at-risk adults - consent - nonconsent - least restrictive intervention.

- (1) If the county director or such director's designee determines that an at-risk adult is being mistreated or self-neglected, or is at risk thereof, and the at-risk adult consents in writing to protective services, the county director or designee shall immediately provide or arrange for the provision of protective services.
- (2) If the county director or designee determines that an at-risk adult is being or has been mistreated or self-neglected, or is at risk thereof, and if the at-risk adult does not consent to the receipt of protective services, the county director is urged, if no other appropriate person is able or willing, to petition the court, pursuant to part 3 of article 14 of title 15, C.R.S., for an order authorizing the provision of specific protective services and for the appointment of a guardian, for an order authorizing the appointment of a conservator pursuant to part 4 of article 14 of title 15, C.R.S., or for a court order providing for any combination of these actions.
- (3) Any protective services provided pursuant to this section shall include only those services constituting the least restrictive intervention.

#### 26-3.1-105. Rules and regulations.

The state department shall promulgate appropriate rules and regulations for the implementation of this article.

#### 26-3.1-106. Limitation.

Nothing in this article shall be construed to mean that a person is abused, neglected, exploited, or in need of emergency or protective services for the sole reason that he or she is being furnished or relies upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of that person's recognized church or religious denomination, nor shall anything in this article be construed to authorize, permit, or require any medical care or treatment in contravention of the stated or implied objection of such a person.

### Protective Services For Adults At Risk Of Mistreatment Or Self-Neglect

#### Part 2

#### **Protection Against Financial Exploitation Of At-Risk Adults**

#### 26-3.1-201. Short title.

This part 2 shall be known and may be cited as the "Protection Against Financial Exploitation of At-risk Adults Act".

#### 26-3.1-202. Legislative declaration.

The general assembly hereby finds that financial exploitation of at-risk adults is an area of significant concern. At-risk adults comprise an increasingly large segment of society, and the financial exploitation of such persons is occurring at an ever-increasing rate. Persons committing financial exploitation of at-risk adults may be persons known to the at-risk adult or strangers perpetrating fraudulent schemes. The general assembly further finds that certain persons are in unique positions to acquire early knowledge of financial exploitation by noticing indicators such as sudden changes in bank account activity or banking practices; unexplained withdrawals or atypical transactions involving withdrawals; abrupt changes to wills or other financial documents, requested by the at-risk adult; the sudden appearance of previously uninvolved relatives claiming a right to the at-risk adult; affairs and possessions; and unexplained, sudden transfers of assets to a family member of the at-risk adult or another person outside of the at-risk adult's family. Therefore, the general assembly finds and determines that it is appropriate to urge certain persons who may be in such a unique position to observe such indicators to report known or suspected financial exploitation of at-risk adults for the protection of at-risk adults and society.

#### 26-3.1-203. Definitions.

As used in this part 2, unless the context otherwise requires:

- (1) "At-risk adult" means an individual eighteen years of age or older who is susceptible to financial exploitation because the individual is unable to perform or obtain services necessary for the individual's health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual's person or affairs.
- (2) "Caretaker" means a person who is responsible for the care of an at-risk adult as a result of a family or legal relationship, including, but not limited to, a conservator or a guardian or a person with a fiduciary duty to an at-risk adult.
- (3) "County department" means a county or district department of social services.

- (4) "Financial exploitation" means the illegal or improper use of an at-risk adult's financial resources for another person's profit or advantage.
- (5) "Financial institution" means an organization authorized to do business under state or federal laws pertaining to financial institutions and includes, but is not limited to, a bank, trust company, building and loan association, savings and loan company or association, and credit union.
- (6) "Person" means one or more individuals, limited liability companies, partnerships, associations, corporations, legal representatives, trustees, receivers, or the state of Colorado, and all political subdivisions and agencies thereof.

#### 26-3.1-204. Reporting.

- (1) (a) Any person specified in paragraph (b) of this subsection (1) who observes an at-risk adult being subjected to circumstances or conditions that may reasonably result in the financial exploitation of the at-risk adult or who has reasonable cause to know or suspect that an at-risk adult has been financially exploited is strongly urged to submit, within twenty-four hours after such observation or after obtaining such reasonable cause, an oral report of known or suspected financial exploitation. Said person may submit the report to the county department of the county in which the at-risk adult resides, if known, or, during non-business hours, to the local law enforcement agency for the jurisdiction in which the at-risk adult resides.
  - (b) The following persons are strongly urged to report known or suspected financial exploitation of at-risk adults, as provided in paragraph (a) of this subsection (1):
    - (I) Physicians, surgeons, physicians' assistants, and osteopaths, including physicians in training;
    - (II) Registered nurses and licensed practical nurses;
    - (III) Hospital and nursing home personnel engaged in the admission, care, or treatment of patients;
    - (IV) Dentists;
    - (V) Psychologists and other mental health professionals;
    - (VI) Social work practitioners;
    - (VII) Law enforcement officials and personnel;
    - (VIII) Court-appointed guardians and conservators;
    - (IX) Pharmacists;

- (X) Community-centered board staff;
- (XI) Personnel of financial institutions;
- (XII) State and local long-term care ombudsmen;
- (XIII) Any caretaker, staff member, or employee of or volunteer at or consultant for any licensed care facility, or nursing facility;
- (XIV) Attorneys, so long as such reporting does not violate the Colorado rules of professional conduct.
- (c) In addition to those persons who are strongly urged under paragraph (b) of this subsection (1) to report known or suspected financial exploitation of an at-risk adult, any other person may report such known or suspected financial exploitation of an at-risk adult to the local law enforcement agency or the county department of the jurisdiction in which the at-risk adult resides. The receiving agency shall prepare a written report within forty-eight hours after receipt of such a report.
- (2) The written report made by a receiving agency pursuant to paragraph (c) of subsection (1) of this section at a minimum shall include:
  - (a) The name and address of the at-risk adult;
  - (b) The name and address of the at-risk adult's caretaker, if any;
  - (c) The age, if known, of such at-risk adult;
  - (d) The nature and extent of such at-risk adult's financial injury, if any;
  - (e) The nature and extent of the condition or circumstance that is likely to result in financial exploitation; and
  - (f) Any other pertinent information.
- (3) A copy of the written report prepared by the county department in accordance with subsections (1) and (2) of this section shall be forwarded within twenty-four hours after receipt of an oral report made pursuant to subsection (1) of this section to the district attorney's office and the local law enforcement agency of the jurisdiction in which the at-risk adult resides. A copy of the written report prepared by the local law enforcement agency in accordance with subsections (1) and (2) of this section shall be forwarded within twenty-four hours after receipt of an oral report made pursuant to subsection (1) of this section to the county department and to the district attorney's office.

- (4) No person, including a person specified in subsection (1) of this section, shall knowingly make a false report of known or suspected financial exploitation to a county department or local law enforcement agency.
- (5) Any person, except a perpetrator, complicitor, or co-conspirator, who makes a report pursuant to this section shall be immune from any civil or criminal liability on account of such report, testimony, or participation in making such report, so long as such action was taken in good faith and not in reckless disregard of the truth or in violation of subsection (4) of this section.
- (6) No person shall take any discriminatory, disciplinary, or retaliatory action against any person who, in good faith, makes a report of known or suspected financial exploitation of an at-risk adult.
- (7) (a) Except as provided in paragraph (b) of this subsection (7), subsections (1), (2) and (3) of this section, and 26-3.1-205 (2), reports of the known or suspected financial exploitation of an at-risk adult, including the name and address of any at-risk adult, member of said adult's family, or informant and any other identifying information contained in such reports, shall be confidential and shall not be public information.
  - (b) Disclosure of the name and address of an at-risk adult or member of said adult's family or other identifying information contained in a report shall be permitted only when authorized by a court for good cause. The court shall not prohibit such disclosure when a criminal complaint, information, or indictment based on the report is filed.
  - (c) Any person who violates any provision of this subsection (7) is guilty of a class 2 petty offense and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars.

#### 26-3.1-205. Investigations of financial exploitation.

- (1) The county department or law enforcement agency receiving a report of known or suspected financial exploitation of an at-risk adult shall make a thorough investigation immediately upon receipt of the report. The immediate concern of the investigation shall be the financial protection of the at-risk adult. The investigation, at a minimum, shall include a face-to-face interview of the at-risk adult alleged to have been exploited. The county department shall arrange for its investigation to be conducted by persons trained to conduct investigations of financial exploitation of at-risk adults.
- (2) It is the general assembly's intent that, in each county of the state, law enforcement agencies, county departments, and any other agencies responsible under federal law or the laws of this state to investigate exploitation of at-risk adults develop and implement cooperative agreements to coordinate the investigative duties of the agencies and that the focus of such agreements shall be to ensure the best financial protection for at-risk adults. The agreements shall provide for special requests by one agency for assistance from another agency and for joint investigations.

The agreements shall further provide that each agency shall maintain the confidentiality of the financial information exchanged pursuant to such joint investigations.

- (3) It is the general assembly's further intent to encourage the at-risk adult protection teams created pursuant to section 26-3.1-103 (3) to expand their purposes to include a review of the processes used to investigate reports of known or suspected financial exploitation of at-risk adults, a review of the provision of services, if any, given to such adults, an encouragement of interagency cooperation concerning functions related to financial exploitation of at-risk adults, and a provision of community education in identifying and preventing the financial exploitation of at-risk adults.
- (4) Notwithstanding any provision of section 24-72-204, C.R.S., or section 11-6-113, C.R.S., or any other applicable law, concerning the confidentiality of financial records, to the contrary, agencies investigating the financial exploitation of an at-risk adult shall be permitted to inspect all records of the at-risk adult on whose behalf the investigation is being conducted, including the at-risk adult's financial records, upon written consent of the at-risk adult.

#### 26-3.1-206. Informed consent form.

Upon request, a financial institution shall offer any adult over the age of sixty or any at-risk adult with an account at such institution the option of signing an informed consent form prior to any report of financial exploitation, for placement in the account holder's file or record maintained by the financial institution. The informed consent form shall waive confidentiality limitations related to an account holder's financial records maintained at the financial institution for the limited purpose of allowing the financial institution, the county department, and a local law enforcement agency access to the account holder's records for the limited purpose of investigating known or suspected financial exploitation of an at-risk adult.

#### 26-3.1-207. Training.

The general assembly strongly encourages training that focuses on detecting financial exploitation, consistent with the identifiers of financial exploitation stated in section 26-3.1-202, for those persons who are urged by section 26-3.1-204 (1) to report known or suspected financial exploitation of an at-risk adult and circumstances or conditions that might reasonably result in financial exploitation of an at-risk adult.

#### Wrongs To At-Risk Adults

#### 18-6.4-101. Legislative declaration.

The general assembly recognizes that fear of mistreatment is one of the major personal concerns of at-risk adults and that at-risk adults are more vulnerable to and disproportionately damaged by crime in general but, more specifically, by abuse, exploitation, and neglect because they are less able to protect themselves against offenders, a number of whom are in positions of trust, and because they are more likely to receive serious injury from crimes committed against them and not to fully recover from such injury. At-risk adults are more impacted by crime than the general population because they tend to suffer great relative deprivation, financially, physically, and psychologically, as a result of the abuses against them. A significant number of at-risk adults are not as physically or emotionally equipped to protect themselves or aid in their own security as non-at-risk adults in society. They are far more susceptible than the general population to the adverse long-term effects of crimes committed against them, including abuse, exploitation, and neglect. The general assembly therefore finds that penalties for specified crimes committed against at-risk adults should be more severe than the penalties for the commission of said crimes against other members of society.

#### 18-6.5-102. Definitions.

- (1) "At-risk adult" means any person who is sixty years of age or older or any person who is eighteen years of age or older and is a person with a disability as said term is defined in subsection (3) of this section.
- (1.5) "At-risk juvenile" means any person who is under the age of eighteen years and is a person with a disability as such term is defined in subsection (3) of this section.
- (2) "Neglect" has the same meaning as set forth in section 26-3.1-101. (4) (b), C.R.S.
- (3) A "person with a disability" means any person who:
  - (a) is handicapped because of the loss of or permanent loss of use of a hand or foot or because of blindness or the permanent impairment of vision of both eyes to such a degree as to constitute virtual blindness; or
  - (b) is unable to walk, see, hear, or speak; or
  - (c) is unable to breathe without mechanical assistance; or
  - (d) is developmentally disabled as defined in section 27-10.5-102 (10), C.R.S.; or
  - (e) is mentally ill as the term is defined in section 27-10-102 (7), C.R.S.; or

- (f) is mentally impaired as the term is defined in section 24-34-301 (4) (b) (III), CRS; or
- (g) is blind as that term is defined in section 26-2-103 (3), C.R.S.; or
- (h) is receiving care and treatment for a developmental disability under article 10 of title 27, C.R.S.
- (4) Any subsection, or portion of a subsection of this section declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this section.

#### 18-6.5-103. Crimes against at-risk adults - classifications.

- (1) Crimes against at-risk adults and at-risk juveniles shall be as prescribed in this section.
- (2) Any person whose conduct amounts to criminal negligence, as defined in section 18-1-501 (3), commits:
  - (a) A class 4 felony if such negligence results in the death of an at-risk adult or an at-risk iuvenile;
  - (b) A class 5 felony if such negligence results in serious bodily injury to an at-risk adult or an at-risk juvenile;
  - (c) A class 6 felony if such negligence results in bodily injury to an at-risk adult or an at-risk iuvenile.
- (3) (a) Any person who commits a crime of assault in the first degree, as such crime is described in section 18-3-202, and the victim is an at-risk adult or an at-risk juvenile commits a class 4 felony if the circumstances described in section 18-3-202 (2) (a) are present and a class 2 felony if such circumstances are not present.
  - (b) Any person who commits a crime of assault in the second degree, as such crime is described in section 18-3-203, and the victim is an at-risk adult or an at-risk juvenile commits a class 5 felony if the circumstances described in section 18-3-203 (2) (a) are present and a class 3 felony if such circumstances are not present.
  - (c) Any person who commits a crime of assault in the third degree, as such crime is described in section 18-3-204, and the victim is an at-risk adult or an at-risk juvenile commits a class 6 felony.
- (4) Any person who commits robbery, as such crime is described in section 18-4-301 (1), and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony. If the offender is convicted of robbery of an at-risk adult or an at-risk juvenile, the court shall impose at least the presumptive sentence under section 18-1-105 (1).
- (5) Any person who commits theft, and commits any element or portion of the offense in the presence of the victim, as such crime is described in section 18-4-401 (1), and the victim is an at-risk adult

or an at-risk juvenile, commits a class 5 felony if the value of the thing involved is less than five hundred dollars or a class 3 felony if the value of the thing(s) involved is five hundred dollars or more. Theft from the person of an at-risk adult or an at-risk juvenile by means other than the use of force, threat, or intimidation is a class 4 felony, without regard to the value of the thing taken.

- (6) Any person who knowingly neglects an at-risk adult or an at-risk juvenile or knowingly acts in a manner likely to be injurious to the physical or mental welfare of an at-risk adult or an at-risk juvenile commits a class 1 misdemeanor.
- (7) Any person who commits a crime of sexual assault in the first degree, as such crime is described in section 18-3-402, and the victim is an at-risk adult or an at-risk juvenile commits a class 2 felony.
  - (a) Any person who commits a crime of sexual assault in the second degree, as such crime is described in section 18-3-403, and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony.
  - (b) Any person who commits sexual assault in the third degree, as such crime is described in section 18-3-404, and the victim is an at-risk adult or an at-risk juvenile, commits a class 6 felony; except that the person commits a class 3 felony if the person compels the victim to submit by use of such force, intimidation, or threat as specified in section 18-3-402 (1) (a), (1) (b), or (1) (c), or if the actor engages in the conduct described in section 18-3-404 (1) (g) or (1.5).
  - (c) Any person who commits unlawful sexual contact, as such crime is described in section 18-3-404 or sexual assault in the third degree, as such crime was described in section 18-3-404, as it existed prior to July 1, 2000, and the victim is an at-risk adult or an at-risk juvenile, commits a class 6 felony; except that the person commits a class 3 felony if the person compels the victim to submit by use of such force, intimidation, or threat as specified in section 18-3-402 (4) (a), (4) (b), or (4) (c), or if the actor engages in the conduct described in section 18-3-404 (1) (g) or (1.5).
  - (d) Any person who commits sexual assault on a child, as such crime is described in section 18-3-405, and the victim is an at-risk juvenile, commits a class 3 felony; except that, if the circumstances described in section 18-3-405 (2) (a), (2) (b), (2) (c), or (2) (d) are present, the person commits a class 2 felony.
  - (e) Any person who commits sexual assault on a child by one in a position of trust, as such crime is described in section 18-3-405.3, and the victim is an at-risk juvenile, commits a class 2 felony if the victim is less than fifteen years of age or a class 3 felony if the victim is fifteen years of age or older but less than eighteen years of age.
  - (f) Any person who commits sexual assault on a client by a psychotherapist, as such crime is described in section 18-3-405.5, and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony if the circumstances described in section 18-3-405.5 (1) exist or a class 6 felony if such circumstances are not present.

(8) For purposes of subsections (3) to (7) of this section, commission of the offenses described in said subsections shall include the attempt, solicitation, or conspiracy to commit such offenses.

#### 18-6.5-103.5. Video tape depositions - at-risk adult victims and witnesses.

- (1) In any case in which a defendant is charged with a crime against an at-risk adult, as described in section 18-6.5-103, or in any case involving a victim or witness who is an at-risk adult, as defined in section 18-6.5-102 (1), the prosecution may file a motion with the court at any time prior to commencement of the trial, for an order that a deposition be taken of the testimony of the victim or witness and that the deposition be recorded and preserved on video tape.
- (2) The prosecution shall file a motion requesting a videotaped deposition at least three days prior to the taking of the deposition. The defendant shall receive reasonable notice of the taking of the deposition. The defendant shall have the right to be present and to be represented by counsel at the deposition.
- (3) Upon timely receipt of the motion, the court shall make a preliminary finding regarding whether, at the time of trial, the victim or witness is likely to be medically unavailable or otherwise unavailable within the meaning of rule 804 (a) of the Colorado rules of evidence. Such finding, at a minimum, shall be based on recommendations from the victim's or witness' physician or any other person having direct contact with the victim or witness, whose recommendations are based on specific behavioral indicators exhibited by the victim or witness. If the court so finds, it shall order that the deposition be taken, preserved on a video imaging format, and conducted pursuant to rule 15 (d) of the Colorado rules of criminal procedure; except that after consultation with the chief judge of the judicial district, the trial court may appoint an active or senior district or county court judge to serve in its place and preside over all aspects of the taking of the deposition. After the deposition is taken, the prosecution shall transmit the video tape to the clerk of the court in which the action is pending.
- (4) If at the time of trial the court finds that the victim or witness is medically unavailable or otherwise unavailable within the meaning of rule 804 (a) of the Colorado rules of evidence, the court may admit the video tape of the victim's or witness' deposition as former testimony under rule 804 (b) (1) of the Colorado rules of evidence.

#### 18-6.5-104. Statutory privilege not allowed.

The statutory privileges provided in section 13-90-107 (1), C.R.S., shall not be available for excluding or refusing testimony in any prosecution for a crime committed against an at-risk adult pursuant to this article.

#### 18-6.5-105. Preferential trial dates of cases involving crimes against at-risk adults

Consistent with the constitutional right to a speedy trial, all cases involving the commission of a crime against an at-risk adult shall take precedence before the court, and the court shall hear these cases as soon as possible after they are filed.

#### 18-6.5-106. Payment of treatment costs for victims of crimes against at-risk adults - restitution.

- (1) In addition to any other penalty provided by law, the court may order any person who is convicted of a crime against an at-risk adult, as set forth in this article, to meet all or any portion of the financial obligations of treatment prescribed for the victim or victims of his offense.
- (2) At the time of sentencing, the court may order that an offender described in subsection (1) of this section be put on a period of probation for the purpose of paying the treatment costs of the victim or victims, which, when added to any time served, does not exceed the maximum sentence imposable for the offense.
- (3) If an at-risk adult has sustained monetary damages as a result of the commission of a crime described in this article against such adult, the court may order the offender to provide restitution pursuant to section 16-11-204.5 and article 28 of title 17, C.R.S. If, after a reasonable period not to exceed one hundred eighty days, the offender has not in the opinion of the court completed adequate restitution, the offender's probation may be revoked. However, any remaining amount of restitution shall continue to have the full force and effect of a final judgment and remain enforceable pursuant to section 16-11-101.5, C.R.S.

#### **Mandatory Sentences For Violent Crimes**

#### 18-1.3-406. Mandatory sentences for violent crimes.

- (1) (a) Any person convicted of a crime of violence shall be sentenced pursuant to the provisions of section 18-1.3-401 (8) to the department of corrections for a term of incarceration of at least the midpoint in, but not more than twice the maximum of, the presumptive range provided for such offense in section 18-1.3-401 (1) (a), as modified for an extraordinary risk crime pursuant to section 18-1.3-401 (10), without suspension; except that, within ninety days after he or she has been placed in the custody of the department of corrections, the department shall transmit to the sentencing court a report on the evaluation and diagnosis of the violent offender, and the court, in a case which it considers to be exceptional and to involve unusual and extenuating circumstances, may thereupon modify the sentence, effective not earlier than one hundred twenty days after his or her placement in the custody of the department. Such modification may include probation if the person is otherwise eligible therefore. Whenever a court finds that modification of a sentence is justified, the judge shall notify the state court administrator of his or her decision and shall advise said administrator of the unusual and extenuating circumstances that justified such modification. The state court administrator shall maintain a record, which shall be open to the public, summarizing all modifications of sentences and the grounds therefore for each judge of each district court in the state. A person convicted of two or more separate crimes of violence arising out of the same incident shall be sentenced for such crimes so that sentences are served consecutively rather than concurrently.
  - (b) Notwithstanding the provisions of paragraph (a) of this subsection (1), any person convicted of a sex offense, as defined in section 18-1.3-1003 (5), committed on or after November 1, 1998, that constitutes a crime of violence shall be sentenced to the department of corrections for an indeterminate term of incarceration of at least the midpoint in the presumptive range specified in section 18-1.3-401 (1) (a) (V) (A) up to a maximum of the person's natural life, as provided in section 18-1.3-1004 (1).
- (2) (a) (I) "Crime of violence" means any of the crimes specified in subparagraph (II) of this paragraph (a) committed, conspired to be committed, or attempted to be committed by a person during which, or in the immediate flight there from, the person:
  - (A) Used, or possessed and threatened the use of, a deadly weapon; or
  - (B) Caused serious bodily injury or death to any other person except another participant.

- (II) Subparagraph (I) of this paragraph (a) applies to the following crimes:
  (A) Any crime against an at-risk adult or at-risk juvenile;
  (B) Murder;
  (C) First or second degree assault;
  (D) Kidnapping;
  (E) A sexual offense pursuant to part 4 of article 3 of this title;
  (F) Aggravated robbery;
  (G) First degree arson;
  (H) First degree burglary;
- (b) (I) "Crime of violence" also means any unlawful sexual offense in which the defendant caused bodily injury to the victim or in which the defendant used threat, intimidation, or force against the victim. For purposes of this subparagraph (I), "unlawful sexual offense" shall have the same meaning as set forth in section 18-3-411 (1), and "bodily injury" shall have the same meaning as set forth in section 18-1-901 (3) (c).

(I) Escape; or

(J) Criminal extortion.

- (II) The provisions of subparagraph (I) of this paragraph (b) shall apply only to felony unlawful sexual offenses.
- (c) As used in this section, "at-risk adult" has the same meaning as set forth in section 18-6.5-102 (1), and "at-risk juvenile" has the same meaning as set forth in section 18-6.5-102 (1.5).

#### **Provisions Applicable To Offenses Generally**

#### Part 5

#### **Principles Of Criminal Intent**

#### **18-1-501. Definitions.**

The following definitions are applicable to the determination of culpability requirements for offenses defined in this code:

- (1) "Act" means a bodily movement, and includes words and possession of property.
- (2) "Conduct" means an act or omission and its accompanying state of mind or, where relevant, a series of acts or omissions.
- (3) "Criminal negligence" A person acts with criminal negligence when, through a gross deviation from the standard of care that a reasonable person would exercise, he fails to perceive a substantial and unjustifiable risk that a result will occur or that a circumstance exists.
- (4) "Culpable mental state" means intentionally, or with intent, or knowingly, or willfully, or recklessly, or with criminal negligence, as these terms are defined in this section.
- (5) "Intentionally" or "with intent". All offenses defined in this code in which the mental culpability requirement is expressed as "intentionally" or "with intent" are declared to be specific intent offenses. A person acts "intentionally" or "with intent" when his conscious objective is to cause the specific result proscribed by the statute defining the offense. It is immaterial to the issue of specific intent whether or not the result actually occurred.
- (6) "Knowingly" or "willfully". All offenses defined in this code in which the mental culpability requirement is expressed as "knowingly" or "willfully" are declared to be general intent crimes. A person acts "knowingly" or "willfully" with respect to conduct or to a circumstance described by a statute defining an offense when he is aware that his conduct is of such nature or that such circumstance exists. A person acts "knowingly" or "willfully", with respect to a result of his conduct, when he is aware that his conduct is practically certain to cause the result.
- (7) "Omission" means a failure to perform an act as to which a duty of performance is imposed by law.
- (8) "Recklessly". A person acts recklessly when he consciously disregards a substantial and unjustifiable risk that a result will occur or that a circumstance exists.
- (9) "Voluntary act" means an act performed consciously as a result of effort or determination, and includes the possession of property if the actor was aware of his physical possession or control thereof for a sufficient period to have been able to terminate it.

# 18-1-502. Requirements for criminal liability in general and for offenses of strict liability and of mental culpability.

The minimum requirement for criminal liability is the performance by a person of conduct which includes a voluntary act or the omission to perform an act which he is physically capable of performing. If that conduct is all that is required for commission of a particular offense, or if an offense or some material element thereof does not require a culpable mental state on the part of the actor, the offense is one of "strict liability". If a culpable mental state on the part of the actor is required with respect to any material element of an offense, the offense is one of "mental culpability".

#### 18-1-503. Construction of statutes with respect to culpability requirements.

- (1) When the commission of an offense, or some element of an offense, requires a particular culpable mental state, that mental state is ordinarily designated by use of the terms "intentionally", "with intent", "knowingly", "willfully", "recklessly", or "criminal negligence" or by use of the terms "with intent to defraud" and "knowing it to be false" describing a specific kind of intent or knowledge.
- (2) Although no culpable mental state is expressly designated in a statute defining an offense, a culpable mental state may nevertheless be required for the commission of that offense, or with respect to some or all of the material elements thereof, if the proscribed conduct necessarily involves such a culpable mental state.
- (3) If a statute provides that criminal negligence suffices to establish an element of an offense, that element also is established if a person acts recklessly, knowingly, or intentionally. If recklessness suffices to establish an element, that element also is established if a person acts knowingly or intentionally. If acting knowingly suffices to establish an element, that element also is established if a person acts intentionally.
- (4) When a statute defining an offense prescribes as an element thereof a specified culpable mental state, that mental state is deemed to apply to every element of the offense unless an intent to limit its application clearly appears.

#### 18-1-503.5. Principles of criminal culpability.

- (1) If the criminality of conduct depends on a child's being younger than eighteen years of age and the child was in fact at least fifteen years of age, it shall be an affirmative defense that the defendant reasonably believed the child to be eighteen years of age or older.
- (2) If the criminality of conduct depends on a child's being younger than eighteen years of age and the child was in fact younger than fifteen years of age, there shall be no defense that the defendant reasonably believed the child was eighteen years of age or older.

(3) If the criminality of conduct depends on a child being younger than fifteen years of age, it shall be no defense that the defendant did not know the child's age or that the defendant reasonably believed the child to be fifteen years of age or older.

#### 18-1-504. Effect of ignorance or mistake upon culpability.

- (1) A person is not relieved of criminal liability for conduct because he engaged in that conduct under a mistaken belief of fact, unless:
  - (a) It negatives the existence of a particular mental state essential to commission of the offense; or
  - (b) The statute defining the offense or a statute relating thereto expressly provides that a factual mistake or the mental state resulting therefrom constitutes a defense or exemption; or
  - (c) The factual mistake or the mental state resulting therefrom is of a kind that supports a defense of justification as defined in sections 18-1-701 to 18-1-707.
- (2) A person is not relieved of criminal liability for conduct because he engages in that conduct under a mistaken belief that it does not, as a matter of law, constitute an offense, unless the conduct is permitted by one or more of the following:
  - (a) A statute or ordinance binding in this state;
  - (b) An administrative regulation, order, or grant of permission by a body or official authorized and empowered to make such order or grant the permission under the laws of the state of Colorado;
  - (c) An official written interpretation of the statute or law relating to the offense, made or issued by a public servant, agency, or body legally charged or empowered with the responsibility of administering, enforcing, or interpreting a statute, ordinance, regulation, order, or law. If such interpretation is by judicial decision, it must be binding in the state of Colorado.
- (3) Any defense authorized by this section is an affirmative defense.

#### 18-1-505. Consent.

- (1) The consent of the victim to conduct charged to constitute an offense or to the result thereof is not a defense unless the consent negatives an element of the offense or precludes the infliction of the harm or evil sought to be prevented by the law defining the offense.
- (2) When conduct is charged to constitute an offense because it causes or threatens bodily injury, consent to that conduct or to the infliction of that injury is a defense only if the bodily injury consented to or threatened by the conduct consented to is not serious, or the conduct and the

injury are reasonably foreseeable hazards of joint participation in a lawful athletic contest or competitive sport, or the consent establishes a justification under sections 18-1-701 to 18-1-707.

- (3) Unless otherwise provided by this code or by the law defining the offense, assent does not constitute consent if:
  - (a) It is given by a person who is legally incompetent to authorize the conduct charged to constitute the offense; or
  - (b) It is given by a person who, by reason of immaturity, mental disease or mental defect, or intoxication, is manifestly unable and is known or reasonably should be known by the defendant to be unable to make a reasonable judgment as to the nature or harmfulness of the conduct charged to constitute the offense; or
  - (c) It is given by a person whose consent is sought to be prevented by the law defining the offense; or
  - (d) It is induced by force, duress, or deception.
- (4) Any defense authorized by this section is an affirmative defense.

## **Section B**

### COLORADO DEPARTMENT OF HUMAN SERVICES STAFF MANUAL VOLUME 7 (12 CCR 2509-2)

"Program For The Protection Of At-Risk Adults Unable To Protect Their Own Interests"

7.100	Program For The Protection Of At-Risk Adults Unable To Protect Their Own Interests
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# 7.100 PROGRAM FOR THE PROTECTION OF AT-RISK ADULTS UNABLE TO PROTECT THEIR OWN INTERESTS

#### 7.101 PROGRAM DEFINITION

This 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.

#### 7.102 DEFINITIONS

The definitions set forth in Section 26-3.1-101 C.R.S., as amended, shall apply to these regulations.

#### 7.103 TARGET POPULATION

- A. At-risk adults 18 years of age and older who are unable to protect their own interests, and who are:
  - 1. In need of assessment for protection or in need of short-term services due to a report of actual or potential neglect, abuse, or exploitation. (Such at-risk adults shall receive services for up to six months.)
  - 2. In need of ongoing protection as the result of documented evidence of neglect, abuse, or exploitation. Such at-risk adults shall receive protective services for as long as the possibility of abuse, exploitation and/or neglect continues.
- B. At-risk adults for whom the county department has guardianship or conservatorship.
- C. At-risk adults for whom the county department is the representative payee.
- D. Residents of long term care facilities (nursing homes, alternate care facilities, adult foster care, personal care boarding homes) who must be relocated due to the closure of the facility.

#### 7.104 ELIGIBILITY

Services to at-risk adults in this program are provided without regard to income or resources.

#### 7.105 INTAKE

- A. County department staff shall receive training in how to secure required intake information, conduct thorough assessments, and provide appropriate ongoing adult protective services
- B. The county department shall receive oral or written reports of at-risk adult mistreatment and/or self-neglect.
- C. The county shall make a written record of all such reports within 48 hours of the receipt of these reports, using a form prescribed by the state, or a county form that has been approved by the state.
- D. Within 24 hours of the completion of written reports, the county shall forward copies of reports to the local offices of the district attorney and law enforcement.
- E. The county shall keep a record of all reports of the mistreatment and/or self neglect of at-risk adults which are forwarded to the county by the local law enforcement agency.
- F. In conjunction with local law enforcement agencies, and/or the office of the district attorney, the county department shall develop cooperative agreements regarding the investigative duties of the two agencies. These agreements shall include a protocol for joint investigations, as well as the provision of special assistance upon the request of one agency by the other. The focus of these agreements shall be to provide the best protection to at-risk adults.

#### 7.106 ASSESSMENT

- A. Upon receipt of any initial report of mistreatment or self neglect of an atrisk adult, in addition to the generic provisions as contained in Sections 7.001.3 and 7.001.6, county department staff shall:
  - 1. Determine if the client is known to the department and review available information.
  - 2. Develop initial contact strategy based upon client circumstances (e.g., involvement of local law enforcement, the district attorney, other community agencies, or relatives, timing of contact, etc.).
  - 3. When the report indicates that there is a possibility of immediate physical harm to the victim, due either to the severity of the abuse, or the physical frailty/vulnerability of the victim:

- a. Make a face-to-face contact with the victim within 24 hours of the receipt of the initial report in order to assess the level of risk of mistreatment and/or self neglect to the victim, or document in the case record the reason(s) why a face-to-face contact was not possible at this time, or;
- b. If it appears from the nature of the report that a criminal wrong to an at-risk adult as defined in Section 18-6.6-101 et seq., C.R.S., as amended, has occurred, county department staff shall make an immediate referral to local law enforcement.
- 4. For all other reports which do not appear to involve immediate physical harm to the victim, county department staff shall make a face-to-face contact with the at-risk adult within three working days of the receipt of the report, or document in the case record the reason(s) why a face-to-face contact was not possible.
- 5. Open the case for assessment services if the case is not currently open.
- 6. Evaluate and document the following areas at time of initial assessment:
  - a. Physical appearance of the at-risk adult. Written documentation of wounds, bruises and other evidence of physical abuse or neglect shall be made and kept in the case record.
  - b. The at-risk adult's living environment. Written documentation of the living environment shall be made and kept in the case record.
  - c. Physical health. Medical problems, if known.
  - d. Ability to give informed consent: determine if the at-risk adult is aware of the situation which is placing him/her at risk, and of the consequences to him/her if the situation continues.
  - e. Difficulties in performing activities of daily living (ADLS).
  - f. Social environment (e.g., support systems).
  - g. Economic situation.

- 7. Seek the assistance of law enforcement agencies, or seek court action in order to gain admittance in emergency situations when access to an individual's residence or location is denied.
- 8. Cooperate with law enforcement officials in receiving and investigating reports of possible abuse, neglect, or exploitation of adults.
- 9. Involve other agencies when their services are needed in the assessment phase and follow up to ascertain what action was taken.
- B. Cases not requiring additional protective assessment or ongoing intervention will be closed within 60 calendar days of decision. Closing will include a summary dictation documenting reason for non-intervention and closure.
- C. When the assessment results in a determination of client risk of mistreatment and/or self neglect, the case shall remain open for the provision of ongoing adult protection services for as long as the risk to the victim continues.

#### 7.107 CASE PLAN FOR ONGOING PROTECTIVE SERVICES

- A. The case plan shall include a problem statement that describes:
  - 1. Client risk.
  - 2. Reason client is unable to act on own behalf.
  - 3. Person(s) or situation causing client risk.
  - 4. Type of protective problem(s) (i.e., abuse, neglect, exploitation).
- B. The case plan shall include a plan for intervention.
  - 1. The plan shall address the specific strategy of intervention that will be used to reduce client risk.
  - 2. The plan shall be implemented observing the following principles:
    - a. Client right to self-determination unless the client has been adjudicated mentally incompetent or incapacitated by a court of law.

- b. Use of the least restrictive alternative in treatment and placement and use of community based services rather than institutionalization whenever possible.
- c. Use of the client, family unit, and other informal support systems whenever possible.
- 3. The plan shall specify the roles of the worker, client, community agencies, and informal support systems in reducing client risk.
- 4. Ongoing protective services shall be provided to at-risk adults who consent to the provision of such services either verbally or in writing. If client's written consent to the provision of ongoing protective services is unobtainable, county staff shall document the reason in the case plan.
- 5. The case plan shall include the purpose of intervention which describes how implementation of the plan is expected to reduce or eliminate specific elements of risk.
- 6. Frequency of Client Contact
  - a. In situations in which there are continuing factors of client risk and vulnerability, a face to face client contact shall be made by county department staff at least every thirty calendar days.
  - b. In situations in which the presence of a caretaker or responsible collateral reduces the possibility of further mistreatment or self-neglect, a face to face contact with the client shall be made at least every sixty calendar days. In such cases, a face-to-face or telephone contact shall be made with the caretaker or responsible collateral by county staff at least once during the interim period.

#### 7.108 EVALUATION OF SERVICE DELIVERY

A written evaluation of the effectiveness of services provided as described in the case plan and redetermination for services eligibility shall be accomplished at least every six months. The content of the evaluation shall include:

A. The current level of client risk of continued abuse, exploitation and/or neglect, and how the activities of the caseworker, client, community agencies and informal supports have reduced client risk.

- B. How the services being provided are in keeping with principles of client self-determination, use of the least restrictive alternatives, and involvement of the client, family, and other informal supports in the case plan activities.
- C. Frequency of client contacts.
- D. What goals of the case plan have been achieved.
- E. What goals of the case plan have not been achieved, and the reasons.
- F. What is the plan and time frames for achieving these remaining goals.

#### 7.109 REASSESSMENTS

Adult protective services shall be reassessed at least every six months for continuing incapacity and risk, or to establish reasons for case closures.

#### 7.110 REASONS FOR CASE CLOSURE UNIQUE TO ADULT PROTECTION

- A. Case closure may occur when:
  - 1. The assessment uncovers situations of actual or potential abuse, neglect, or exploitation and the client is competent to make rational decisions in this area but refuses services. Such situations shall be documented in the case record. Whenever possible, a signed statement shall be obtained from the client affirming that he/she is aware of the situation which places him/her at risk, the possible consequences if the situation continues, and the fact that, despite this understanding, the client does not wish to receive additional adult protective services at this time.
  - 2. Repeated efforts at service delivery have proven ineffective and no additional alternatives exist. This must be documented in the case record.
  - 3. See General Rules Section 7.001.7 for other possible reasons for case closures.
  - 4. Upon the death of a protective services client, the case may remain open for as long as activities relating to the settlement of the client's estate continue. Such activities must be documented in the case record.

B. At the time of case closure, a final written summary shall be made in accordance with Section 7.002.1.

#### 7.111 COMMUNITY AT-RISK ADULT PROTECTION TEAMS

- A. The director of each county department is encouraged to convene and coordinate a community at-risk adult protection team.
- B. The roles of such teams are information sharing and problem solving regarding issues of at-risk adult protection which may be of community concern.
- C. The goals of such teams include:
  - 1. Facilitating interagency cooperation regarding services to at-risk adults; and/or,
  - 2. Reviewing the procedures developed for the investigation of reports of mistreatment or neglect of at-risk adults; and/or,
  - 3. Reviewing the provision of protective services to at-risk adults; and/or,
  - 4. Developing/providing information to the community at large regarding issues of adult protection.
- D. The goals of each community adult protection team are to be developed by the team itself, using the guidelines listed above, and taking into consideration the most compelling needs of the community concerning adult protection issues.

#### E. Composition of the Team

- 1. Interested individuals and representatives of the following agencies/professions may serve on the team: Mental Health, health care providers; hospital discharge planners; law enforcement; visiting nurses; physicians; private attorneys; long term care ombudsmen; banks; senior centers; legal services; district attorneys; alcohol treatment; public housing; long term care providers; area agencies on aging; community center boards; social services; as well other special interest groups.
- 2. The director of the county department shall initially identify those agencies and/or individuals who would have the greatest interest in adult protection issues, and would be willing to serve on the team.

- 3. An established team shall develop and adopt written by-laws regarding purpose, membership, terms of office, frequency of meetings, leadership and confidentiality.
- 4. Each team member shall be advised of the confidential nature of his/her responsibilities in accordance with Section 26-3.1-102 (a), (b), (c), C.R.S.
- 5. Membership on the team shall may be either by appointment of the agency to be represented, or by appointment of the county director, or by the county commissioners.

# 7.112 INTERCOUNTY CASE TRANSFERS (Also see County Responsibility in General Information and Policy, Section 7.000)

- A. Within 15 working days after the county learns that a protective service client has relocated in a new county, the county of former residence shall request an assessment visit be made by the new county. If additional information is requested by the new county prior to making the face-to-face client assessment visit, the former county must comply within 15 working days. The new county has 15 working days after receipt of the requested information to complete the assessment visit, providing that the client can be located. If, after repeated, and documented efforts, the client cannot be located, the receiving county shall notify the county of former residence of this fact, and close the case.
- B. In circumstances where one county has guardianship/conservatorship and the client relocates to another county, guardianship/conservatorship may remain with the first county and services shall be provided by the second county.
- C. In all situations where the client moves out of the county, case record information shall be supplied to the new county within thirty working days from the day of the receiving county's request.
- D. When a county department having been appointed representative payee learns that the client has moved to a new county, the county of former residence shall notify the new county of the existence of the appointment and a decision shall be made by the county of residence regarding acceptance within 30 working days.
- E. If a client for whom the county department has guardianship or conservatorship moves to another county, either county may, with the agreement of the receiving county, upon mutual agreement, petition the

court for a transfer of guardianship/conservatorship to the receiving county.

#### 7.113 ALTERNATIVE LIVING ARRANGEMENTS

- A. Unless client has been adjudicated by the court as an incapacitated person, the final decision as to alternative living arrangements shall rest with the client.
- B. Cases in which the client is relocated to a nursing home may remain open for evaluation of the continuing need for this level of care for no longer than six months, unless:
  - 1. The resident is being seen monthly by a local long term care ombudsman, in which situation, the case is to be closed within 30 working days of a documented client visit by the ombudsman. Nursing home relocation shall be accomplished in compliance with procedures established by the Professional Review Organization (PRO), and/or the State Nursing Home Relocation Plan, or
  - 2. The county department has a court ordered guardianship or conservatorship, or is acting as the representative payee, in which situation, the case shall remain open for the duration of the court order, or for as long as the county continues to act as representative payee.
- C. In all other changes in living arrangements, except nursing homes, an evaluation of need for continuing protective services shall be completed. If no documented need exists, the case shall be closed or assigned another program area designation.

#### 7.114 COURT SANCTIONED INTERVENTION

- A. The following statutes are available for court-sanctioned intervention in adult protective cases:
  - 1. Adult Protection (Article 3.1 of Title 26, C.R.S., as amended).
  - 2. Probate Code (Article 14 of Title 15, C.R.S., as amended), (Guardianship/Conservatorship).
  - 3. Institutions Code (Articles 9 and 10 of Title 27, C.R.S., as amended), (Mental Health).

- 4. Health Code (Article 1 of Title 25, C.R.S., as amended), (Alcoholism-Intoxication Treatment).
- 5. Representative (substitute) Payee for Social Security (20 CFR 404 1601 et seq.).
- 6. Power of Attorney (Article 14 of Title 15, Section 104, C.R.S., as amended).
- B. Prior to reaching a decision to petition for court intervention, the following factors shall be investigated and documented:
  - 1. No other method of intervention will meet the client's needs.
  - 2. The degree of incapacity warrants this action as supported by medical or psychiatric evidence.
  - 3. The type of court intervention sought (e.g., Protective Order, Guardianship, etc.) shall be the least restrictive action required to meet the needs of the client.
  - 4. County departments shall actively seek out responsible parties such as family or close friends to petition the court and to carry out the orders of the court.
  - 5. In the absence of other responsible parties to act on behalf of a disabled adult, county departments are strongly urged to accept guardianship and/or conservatorship.
  - 6. The county department shall consult with an attorney prior to filing a petition.
  - 7. When petitioning the court for protective action, the county department shall provide all information deemed necessary by legal counsel.
  - 8. At the time of the hearing of the petition, the representative of the county shall be prepared to testify in support of the petition.
  - 9. When a county department is appointed by the court to act on behalf of an incapacitated adult, certified copies of the letter of appointment shall be obtained.
  - 10. The county department must understand the powers and duties as set forth by court order.

- 11. The county department shall submit at least annually, a written report to the court accounting for all actions taken on behalf of the client in fulfilling the duties set forth in the court order.
- 12. The county department shall petition the court to vacate the court order at such time as court ordered intervention is no longer necessary or the county department is no longer able to fulfill the obligations of the role assigned by the court.
- 13. The county department shall involve the court in the development procedures for the handling of critical (life threatening) situations which require immediate action.

# 7.115 PROTECTIVE SERVICES OPTIONS FOR LONG TERM CARE SERVICES CLIENTS

- A. County departments shall accept all referrals for assessment of need for protection made by the case management agency and follow the procedures in this chapter.
- B. County departments shall report back to the referring case manager within five working days the findings of the preliminary investigation.
- C. The county caseworker shall maintain regular communication with the case manager concerning options for long term care services clients who require protective services.

THIS REVISION: VII-98-2 LAST REVISION: Manual REVISION NUMBER
Adopted: 9/4/98 Adopted: Revised and
Effective Date: 11/1/98 Effective Date: Reissued

COLORADO DEPARTMENT OF HUMAN SERVICES STAFF MANUAL VOLUME 7 SOCIAL SERVICES

### **SECTION C**

### SAMPLE DOCUMENTS

Membership Recruitment Script

Membership Agreement

By-laws

Confidentiality Agreement

Case Presentation Worksheet

Team Self-Assessment Tool

Conflict of Interest Disclosure

### **Membership Recruitment Script\***

\* This script is meant to provide the recruiter with information to cover during a personal or phone conversation or in a letter of invitation to prospective team members. It may be reviewed and used as a guide in devising a script or outline most appropriate for each developing M-team. Good morning/afternoon. This is \_\_\_\_\_\_ from the \_\_\_\_\_ County Department of Social (Human) Services. I'm calling about a new team development effort that our agency is undertaking. Do you have a few minutes now for me to talk to you about it? As you (may) know, \_\_\_\_\_ County Department of Social (Human) Services is the lead agency for adult protective services (APS) for our county. Our APS caseworkers receive and respond to reports of the mistreatment and self-neglect of older adults and adults with disabilities. Cases involving vulnerable adults are often complex and require the expertise of professionals from many different areas of service. We are developing a volunteer adult protective services multi-disciplinary team, called an "M-team," to help the County provide the best possible response and services in these most difficult cases. You were recommended to serve on the M-team by because of your background in (identify the specific areas of expertise). As a team member you will help our county department respond to these cases by suggesting strategies for interventions, actively taking part in the interventions when appropriate, and assisting in the development of comprehensive service plans for adult victims. The M-team will be composed of professionals from several professional areas, such as: medical, legal, law enforcement, mental health, domestic violence, senior and disability services, and finance professionals. It will be well-rounded M-team that will provide a great deal of assistance to the APS caseworkers. Choose most appropriate option(s): If you accept this invitation to consider team membership, you are invited to attend an organizational meeting on \_\_\_\_\_. As a team member, you will attend regular (monthly, bi-monthly, quarterly) meetings, and serve on the M-team for a specified period of time. The team members will agree upon the length of time members will serve on the M-team. Customary team membership terms are for one to two years. Persons who have served on other M-teams in Colorado have found it to be a very rewarding and informative experience. Would you be interested in learning more about this M-team? If "Yes," skip to A below. If "I'm not sure," skip to B below. If "No," skip to C below.

- A. Thank you for your support! At the organizational meeting, we will discuss Colorado laws pertaining to the abuse of at-risk adults, how our county APS program responds to referrals, and a more detailed explanation of the responsibilities of team members. We would be honored to have you as a member of the M-team. I look forward to seeing you at the organizational meeting. Thanks for your time.
- B. If you would like to think more about this invitation, I'll call back in a few days to answer any questions. If you have questions now, I will be glad to answer them. Before you make your decision, please come to the organizational meeting on \_\_\_\_\_ where we will be better able to answer your questions. At the meeting, we will provide information on the Colorado laws pertaining to the abuse of at-risk adults, how our county APS program responds to referrals, and a more detailed explanation of how the members of the M-team will work together to review APS cases and better protect the vulnerable adults in \_\_\_\_\_ County. We would be honored to have you as a member of the M-team. I hope to see you at the organizational meeting. Thanks for your consideration of the opportunity and for your time.
- C. I am sorry to hear that you do not feel you should serve on this M-team. Would you mind sharing with me why you cannot accept this invitation? Would you or a member of your staff be interested in attending the organizational meeting on \_\_\_\_\_\_? At this meeting we will provide information on the Colorado laws pertaining to the abuse of at-risk adults, how our county APS program responds to referrals, and a more detailed explanation of how the members of the M-team will work together to review APS cases and better protect the vulnerable adults in \_\_\_\_\_ County. We would be honored to have you as a member of the M-team. I hope to see you at the organizational meeting. Thanks for your consideration of this opportunity and for your time.

# **Membership Agreement**

The goals of the	County Adu	lt Protective Serv	ices Multi-Disciplinary Team
(M-team) are: 1) to facilitate	interagency cooper	ation regarding so	ervices to at-risk adults; 2) to
review the procedures develo	pped for the investig	ation of reports o	f mistreatment or self-neglect
of at-risk adults; 3) to review	w the provision of	protective service	s to at-risk adults; and 4) to
develop or provide informati	on to the communit	y at large regardi	ng issues of adult protection.
The M-team will work to co	ordinate protective s	services within the	e community service delivery
system, including team mer	mber agencies and	other local servi	ce agencies, to provide and
implement care plans for at-ri	sk adult victims of a	ibuse, neglect, and	exploitation.
As a member of the M-team,	I agree to:		
for review. Attempt to 5. Advise and assist in integrate the efforts of 6. Assist, to the extent about the problems at adults, and about the s 7. Advocate for better alt 8. Respect and maintain	duled team meetings sible about at-risk ad hal opinion and advice find appropriate and the development at the M-team and othe possible, in educational issues surrounding ervice parameters of ternatives for at-risk the confidentiality of	, except for unavo- lults and how to re- ce on how to proce aswers to question and implementation are local agencies. ang my profession and the mistreatment of the county adult adults in need of all clients served	sidable absences. espond to adult victims. eed with APS cases presented in my field of expertise. In of procedures designed to that colleagues and the public ent and self-neglect of at-risk protective services program.
Signature – County Depart	ment Representative	Date	
Signature – APS M-Team	Member	Date	
Member Organization's St	reet Address		
Member Organization's M	ailing Address	City	Zip Code
Phone	- Fax		Email

#### **BY-LAWS**

# Adult Protective Services Multi-disciplinary Team County

		•
Adopted on:(Human) Services	by	County Department of Social
PURPOSE OF THE M-TEAM	]	
The purpose of the	County Ac	dult Protective Services Multi-disciplinary
Team (M-team) is to serve as ar	advisory body to the	e County Department
of Social (Human) Services' a	dult protective service	ces staff, "to review the need for and/or
provision of services for at-risk	adults who may be, o	r are being neglected, abused, or exploited
to encourage interagency cooper	ation, and to provide	community education on the mistreatmen
and self-neglect of at-risk adults.	" Section 26-311-103	6(3), C.R.S.

#### The M-team serves:

- To provide a forum for selected referrals and discussion of other agency and community services for at-risk adults.
- To coordinate services and information as they relate to specific clients.
- To prevent duplication of services by networking and sharing information and resources.
- To promote interagency education by providing team members an opportunity to share information regarding specific service areas of expertise.
- To review adult protective service cases presented by the adult protective services caseworkers, for continued departmental and other agency involvement and intervention, both during the assessment and the on-going case phases.
- To increase public knowledge of adult protection and the at-risk adult population.
- To identify gaps in existing service systems.
- To identify service needs within the community.
- To review applicable regulations and policy changes that may impact at-risk adults.
- To establish protocols between agencies that serve at-risk adults.
- To review processes used to investigate mistreatment and self-neglect of at-risk adults.

#### **TEAM MEMBERSHIP**

Membership of the M-team will consist of a maximum of \_\_\_\_\_\_ individuals. Suggested membership includes, but will not be limited to, representatives of the following professions (CDHS Staff Manual, Volume 7, Section 7.111, E, 1):

- Alcohol treatment
- Long term care ombudsmen
- Area agencies on aging
- Mental health
- Banks and financial institutions
- Physicians
- Community center boards
- Private attorneys
- District attorneys
- Public housing

- Health care providers
- Senior centers
- Hospital discharge planners
- Social services
- Law enforcement
- Home health providers
- Legal services
- Long term care providers
- Other special interest groups

Team membership will be voluntary. Members are required to sign a confidentiality agreement and are expected to strictly adhere to that agreement to assure the confidentiality of referral information and information contained in specific cases. Team members will renew and re-sign these agreements every six months or annually (choose option that best meets county's needs). Guest professionals will sign a confidentiality agreement at the beginning of each meeting they are invited to attend.

Where applicable, the M-team will ask selected agencies for support by requesting that each agency director appoint a representative to the M-team, giving that representative the authority to act in an advisory capacity, and to commit to the provision of services or other action needed from his/her agency. Each team member will secure authority from his/her agency to act in an advisory capacity while serving on the M-team. Each team member will secure authority from his/her agency to commit to review the provision of protective services and other action(s) needed from his/her agency.

As authorized employees or volunteers to the \_\_\_\_\_ County Department of Social (Human) Services, team members are governed by the rules and regulations of the Colorado Department of Human Services. Liability coverage will be provided by the county up to the limits of governmental immunity, as authorized by Section 24-10-101, C.R.S., et. seq.

Members may nominate an alternate from their own agency who must receive prior approval by the M-team.

#### CONFLICT OF INTEREST

Conflict of interest refers to a situation in which a team member's or prospective team member's personal or business interests have the potential to impair his/her judgment in carrying out the team member's responsibilities. Team members may have an ongoing potential for conflict of interest in APS cases, such as home health providers, or may have a case-limited conflict of interest, such as a personal relationship with an APS client and/or client's family.

Each situation that could raise conflict of interest questions will be considered by the County Department of Social (Human) Services director on it's own merit. When it appears that a team member has potential conflict of interest that could raise questions about the team member's impartiality during case review and planning, the team member will complete a Conflict of Interest Form for review by the county director.

The county director, or the director's designee, will determine the impact, if any, of the potential conflict of interest. This determination will establish the team member's level of participation on the M-team. Participation may proceed without restrictions, with specified limitations, or the team member or prospective team member may be prohibited from participating on the team.

#### TERMS OF OFFICE

Appointment will be for a period of two years unless the member resigns. Each member will be asked by the M-team to recommit to team membership every two years.

#### TEAM COORDINATOR DUTIES

The team coordinator will be an adult protective services program supervisor, lead worker, or other employee from the \_\_\_\_\_ County Department of Social (Human) Services. The

#### team coordinator duties include:

- Recruiting and convening members of the M-team;
- Assisting with drafting the team by-laws and confidentiality agreements;
- Assisting with drafting the team membership agreements;
- Determining criteria to select APS cases that are most appropriate for review;
- Assisting with preparing cases for presentations;
- Acting as liaison between the APS caseworkers and other team members by soliciting feedback on the team process from both groups;
- Assuming or designating administrative duties, including:
  - o Planning, organizing, and facilitating team meetings;
  - o Notifying members of meeting schedules;
  - o Preparing, reviewing, and finalizing meeting agendas;
  - o Summarizing cases for review;
  - o Finding relevant articles, videos, and guest speakers for presentations;
  - o Assuring that APS provides case updates on previously reviewed cases;
  - o Assisting the APS unit in developing brief scenarios of new cases;
  - o Providing all team members with information needed for each meeting, such as handouts for special presentations;
  - o Assigning note taking duties and, if minutes are kept, distributing minutes from the previous meeting;
- Follow up on recommendations by team members;
- Consulting with team members between meetings for additional pertinent case information; and
- Scheduling regular meetings (annual, semi-annual, quarterly) to meet with the county director and/or APS staff to review team issues.

#### **TEAM CHAIRPERSON DUTIES**

The team chairperson will be a member of the M-team who may or may not be employed by the county department. The chairperson may volunteer, be appointed, or be elected by the M-team.

The team chairperson duties include:

- Providing input into the development of the meeting agenda;
- Overseeing the meeting process and follow the agenda;
- Bringing pertinent protection issues to the team's attention;
- Maintaining the meeting structure and time schedule;
- Coordinating with county staff on maintaining and distributing of meeting minutes; and
- Initiating and monitoring membership letters of appointment and termination.

#### **INDIVIDUAL MEMBERS' DUTIES**

Individual team members' duties include:

- Committing to at least two hours per team meeting.
- Assisting with the development of team policies, goals, and objectives.
- Providing professional expertise and opinions as pertinent to each case review.
- Educating other team members about their respective service systems.

#### **TEAM STRUCTURE**

The team meeting will be structured as follows:

- Team meetings will be scheduled on a monthly, bi-monthly or quarterly basis.
- Emergency meetings may be called as needed to provide support, advice, and guidance to the County Department.
- Regular meetings will be scheduled for two hours monthly.
- Recommendations by the M-team are not mandates to the County Department of Social (Human) Services or any agency, but will be considered advisory to the County Department and other agencies.
- The M-team can ask that a case review be repeated and information updated at a later date.
- When consensus cannot be reached among team members regarding decisions or actions, a vote by the majority of the members present shall prevail.

- It is extremely important that members understand the law as it relates to confidentiality in adult protection cases and agree to follow team confidentiality guidelines. Team members and alternates will be required to sign and abide by the confidentiality agreement.
- Referrals to the M-team will be made through a process determined by the designated County Department staff person, i.e., the county director, the team coordinator, or the team chairperson.
- Each meeting will be public to the extent required by the Colorado Open Meetings Act, Section 24-6-401, C.R.S., et seq., and confidential in accordance with Section 26-3.1-102(7), C.R.S. and Section 26-3.1-204(7), C.R.S. The M-team will operate under Executive Session during specific adult protection case reviews.

#### TEAM MEMBER RESIGNATION AND TERMINATION

- Team members resigning from the M-team will provide 30 days notice to the County Department of Social (Human) Services prior to the date of resignation.
- Whenever possible, the agencies or organizations being represented by the resigning team member will designate another representative from the agency or organization to replace the resigning team member on the M-team.
- The County Department of Social (Human) Services may request that a member resign and/or terminate membership for violating the terms of the Confidentiality Agreement, for unprofessional or unethical conduct, and/or other behaviors or issues determined by the county department to be unacceptable for a team member.
- Requests for resignation of a team member will be made to the Director of the County Department of Social (Human) Services.
- When a team member resigns, a letter advising of this decision will be submitted to the team coordinator and/or chairperson.
- When a team membership is terminated, a letter advising of this decision will be sent to the member by the team coordinator.

# Confidentiality Agreement

# Acknowledgment Of Confidentiality Concerning Adult Protective Services Multi-Disciplinary Team

I, the	undersigned member of theCounty Adult Protective Services Multi-
discipl	inary Team, herein referred to as the "M-team," acknowledge that I have been informed
and an	a aware of the confidential nature of the information provided me as a member of the M-
team.	I am advised and aware that:
1.	Reports and records concerning at-risk adult mistreatment or self-neglect shall be confidential and are not public information. Any information received during a team meeting shall be considered confidential and only shared with team members and presenters during team meetings, with County Department of Social (Human) Services'
	staff, and with law enforcement and the District Attorney's office in the
	judicial district, as provided in Section 26-3.1-102, C.R.S.
2.	Disclosure of the name and address of the informant, the at-risk adult or member of said at-risk adult's family and other identifying information involved in such reports and records shall be permitted only when authorized by a court for good cause and shall not be disclosed outside of team meetings, except as provided in Section 26-3.1-102(7)(b), C.R.S. and Section 26-3.1-204(7)(b), C.R.S., copies of which have been provided to me.
3.	Violation of the confidentiality requirements, detailed in Section 26-3.1-102(7), and Section 26-3.1-204(7), C.R.S. constitutes a class 2 petty offense and upon conviction shall be punished by a fine of not more than \$300.00. In addition, a breach of confidentiality shall result in termination as a member of the M-team.
4.	Nothing in this Agreement shall prevent me from commenting publicly about general trends or concerns perceived with the County Department of Social (Human) Services or state laws relating to adult protection County will not indemnify me, defend me, or contribute financially to my defense should civil or criminal claims be made against me if I choose to speak publicly concerning my service on the M-team.
Ad	ult Protective Services Multi-disciplinary Team Member Date

# Case Presentation Worksheet

Adult Protective Services Multi-disciplinary Team (M-Team)

Tean	n Member's Name:						
Tean	n Member's Agency/Organization:						
		E-mail:					
	nt identifier (first name/initial/pseudon						
1.	Brief summary of current situation	Brief summary of current situation or problem:					
2.	Current household composition and	d living arrange	ment:				
3.	Current support system, if any:						

	ealth and/or disability status:
Wł	hat interventions have been tried, and with what results?
Wł	hat specific questions does the county have for the M-Team?

# Team Self-Assessment Tool

Please rate (circle) on a 1-4 scale, the level at which you feel your APS M-team, herein referred to as the "M-team," is functioning in each of the following areas. The ratings are as follows:

		otally disagree ostly disagree		3 – Mostly agree 4 – Totally agree
1.	I am notified 1	about team me	etings in a time	ly manner. 4
2.	I am notified 1	when and when 2	re the team mee	etings take place.
3.	I understand	what the goals a	and objectives	of our M-team are regarding APS case review.
4.	Our M-team	is successful in 2	meeting its goa	als and objectives.
5.		quate profession	-	tion on the M-team to provide a true multi-
5.	I clearly unde	erstand what my	y role is at team	·
	1	2	3	4
7.	Team meeting	gs are well run 2	by the chairper 3	son and the county.
3.		gs provide edu ues for at-risk a		ams that help me better understand safety and
	1	2	3	4
€.	I have a clear	understanding 2	of the service J	parameters of the APS program.
10.	Team meetin program.	gs provide edu	acational progr	ams that help me better understand the APS
	1	2	3	4
11.	There is adec	•	opportunity at	team meetings for me to share my expertise
	1	2	3	4

12.	The M-team 1	is supportive of 2	f the information 3	n I provide from my agency's perspective.	
13.		from team mer constructive in 2		o me as a representative of my agency during	
14.	Team meetin	gs are well wor	rth my (and my	agency's) time.	
Please team:	check any of	the following a	areas that you l	believe require further development by the M-	
15.				epresentation on the M-team	
16.	More opportunity for team member discussion and input on reviewed case(s) Suggestions:				
17.	More discussion of case issues Suggestions:				
18.	More educational programs that pertain to APS and at-risk adult issues Suggestions:				
19.	Other	::			
20.	Please indicating interesting.	ate aspects of th	e team meeting	s that you find particularly helpful and/or	
21.	Please indica	te problems or	challenges that	the M-team faces.	

## CONFLICT OF INTEREST DISCLOSURE

Conflict of interest refers to a situation in which a team member's or prospective team member's personal or business interests have the potential to impair his/her judgment in carrying out the team member's responsibilities. Team members may have an ongoing potential for conflict of interest in APS cases, such as a member representing a particular service agency, or may have a case-limited conflict of interest, such as a personal relationship with an APS client and/or client's family. When it appears that a team member has a potential conflict of interest that could raise questions about the team member's impartiality during case review and planning, the team member will complete this Conflict of Interest Disclosure for review by the County Department of Social (Human) Services director or designee. Name of Disclosing Team Member: Ongoing Conflict Of Interest. Please describe the nature of the potential conflict: Please describe measures proposed to mitigate the potential conflict: Situational Conflict Of Interest Please describe the nature of the potential conflict: Please describe measures proposed to mitigate the potential conflict: Disposition: (To be completed by the County Department's director or director's designee.) Conflict of interest can be mitigated successfully. Conflict of interest can be mitigated with these specified limitations: Conflict of interest prohibits participation in case review of \_\_\_\_\_ Conflict of interest prohibits prospective member's participation on the team.

County Department Director (or Designee) Signature and Date

## **SECTION D**

### **EDUCATIONAL RESOURCES**

Indicators	Of Mistreatme	ent and	Self-N	eglect
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Video List

Video And Brochure Order Form

**APS Brochure Ordering Instructions** 

Website Resources

Brochures (Located in Folder Pocket):

- What You Should Know About The Abuse Of Elderly or Disabled Adults
- The Yellow Page On Identity Theft
- Financial Powers Of Attorney
- Powers of Attorney A Guide For Service Providers
- Colorado Coalition For Elder Rights And Adult Protection
- Protecting At-Risk Adults

# Indicators Of Mistreatment and Self- Neglect



- I. Physical Abuse
- II. Sexual Abuse
- III. Self-Abuse
- IV. Neglect (by Other)
- V. Financial Exploitation
- VI. Other Exploitation
- VII. Self-Neglect

#### PHYSICAL ABUSE\*

**Physical abuse** includes hitting, slapping, pushing, kicking, burning, confining, or restraining an adult. Some signs of physical abuse are:

- Injuries, such as bruises, welts, burns, lacerations or abrasions, and fractures that are inconsistent with the explanation
- Human bite marks and/or hair loss by pulling
- Multiple injuries, especially in various stages of healing
- Signs of confinement, such as rope-burns on wrists, ankles, neck, torso
- A history of repeated emergency room or hospital admissions
- Evidence of past injuries that have not properly healed

#### **SEXUAL ABUSE**

**Sexual abuse** is sexual activity or touching without the adult's consent or understanding. Some signs of sexual abuse are:

- Unexplained sexually transmitted disease
- Reported sexual assault
- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Bruises or bleeding of genital or anal areas, vaginal discharge
- Unexpected reluctance to cooperate with toileting and/or physical examination of genitalia

<sup>\*</sup> Section 26-3.1-101, C.R.S., et seq. and Section 26-3.1-201, C.R.S., et seq. do not authorize APS programs to investigate reports of emotional and verbal abuse.

#### **SELF-ABUSE**

**Self-abuse** is the infliction of injury to the adult by the adult's own hand or volition. Some signs of self-abuse are:

- Head injuries from repeated head banging
- Bleeding, malformed fingertips from excessive finger biting or finger sucking
- Injuries to genitalia from the insertion or rubbing of abrasive and/or sharp objects
- Self inflicted cuts or skin tears
- Hair loss from hair pulling
- Suicide attempts

#### NEGLECT

**Neglect** is a lack of physical care, health care or necessary medication, food, shelter, or clothing provided to an at-risk adult by a caregiver. Some signs of neglect by a caregiver are:

- Untreated medical conditions
- Symptoms of:
  - o Improper administration of medications, other drugs, and/or alcohol to "control" the adult
  - o Malnourishment, such as fatigue, dizziness, weight loss and decreased immune system response
  - o Dehydration, such as persistent fatigue, lethargy, muscle weakness or crimps, headaches, dizziness, and confusion
- Unclean physical appearance, soiled clothing, bedsores, decayed teeth, broken glasses, and overgrown nails
- Unsanitary conditions in bedroom and/or home
- Being left alone for long periods of time when the adult is in need of supervision and assistance

#### FINANCIAL EXPLOITATION

**Financial Exploitation** is the use of an at-risk adult's money or property for another's benefit. Some signs of financial exploitation are:

- Unpaid monthly bills
- Bounced checks
- Missing income checks
- Income or assets are being used by a financial agent or other person without the adult's consent or without regard for the adult's wishes and directions
- Questionable transfers of assets or property
- Adult is denied access to his/her funds
- Abuse of power of attorney authority
- Identity theft

#### **OTHER EXPLOITATION**

**Exploitation** of at-risk adults may not always involve financial issues. Some examples of exploitation other than financial exploitation are:

- Forcing a frail adult to panhandle
- Using the home or property of the adult for the production, sale, distribution of illicit drugs
- Prostituting an adult who is unable to effectively communicate/report such exploitation
- Obtaining credit in the adult's name

#### SELF-NEGLECT

**Self-neglect** occurs when an at-risk adult cannot or does not care for himself or herself. Choice of lifestyle, by itself, is not proof of self-neglect. Some signs of self-neglect are:

- Untreated medical conditions
- Non-compliance with or inability to take medicines as prescribed
- Malnutrition or dehydration
- Inadequate or inappropriate diet
- Unclean physical appearance, soiled clothing, decayed teeth, broken glasses, and/or overgrown nails
- Bedsores
- Frequent falls
- Unsanitary conditions in the home
- Wandering or getting lost
- History of fires or burns from smoking or cooking
- Confusion, disorientation, or memory impairment
- Inability to receive or communicate information regarding his/her needs

#### **VIDEO LIST**

### Colorado Coalition For Elder Rights And Adult Protection

These videos are of particular interest for M-teams. For a more complete listing of available videos contact the CCERAP Coordinator or visit the CCERAP web site at <a href="www.ccerap.org">www.ccerap.org</a>. To borrow a video contact Kathy Rickart, CCERAP Coordinator, at 1-800-773-1366 or 303-866-3433, or email her at <a href="ccerap@comcast.net">ccerap@comcast.net</a>.

#### **A Safer Place**

Domestic violence against older people is shown through the stories of 3 victims of abuse and exploitation and the confessions of an adult daughter who abused her mother. (20 minutes)

#### A Thousand Tomorrows: Intimacy, Sexuality & Alzheimer's

This is a sensitive documentary of couples' relationships when dealing with Alzheimer's from their personal histories and perspectives. (32 minutes)

#### **Before The Money Is Gone**

This film describes what to look for and how to react when scam artists or family members are financially exploiting older adults. A victim of fraud tells her story and Colorado experts in the fields of gerontology, adult protection, and law enforcement appear with former Colorado Attorney General Salazar. (18 minutes)

#### **Charting New Waters**

Three poignant vignettes are featured in this film showing physical, psychological, and sexual abuse against women with various disabling conditions, such as stroke, paralysis, and developmental disability. (35 minutes)

#### **Close To Home: Elder Abuse Intervention Strategies**

Specific interventions are provided in this film for clinicians who deal with cases of elder abuse. The film uses three of the five case studies from the video, *Elder Abuse: Five Case Studies*, suggesting specific intervention strategies for each. (18 minutes)

#### **Don't Fall For A Telephone Line**

This film is an excellent discussion starter with consumer groups on combating telemarketing. The film comes with an audiotape and printed teaching materials. (16 minutes)

#### **Elder Abuse: Five Case Studies**

This film explores the issue of family abuse against an older adult very personally from the point of view of five different victims. Their candor in telling about their situations gives the viewer(s) insight into the ambivalent feelings of older abuse victims as they try to find resolution to their pain. In the context of their struggle, various interventions are examined that can be used to help stop the abuse, including counseling, shelters, supportive services and legal action. (40 minutes)

#### I'd Rather Be Home

Norman has lived with his wife and abusive son(s) for many years. He talks about his many mixed emotions about reporting his son's actions against him. In spite of all the abuse, he prefers to live at home. (30 minutes)

#### **Just To Have A Peaceful Life**

This is a classic brief, yet poignant, testimonial from an older woman who discusses her early and later life as the wife of an abusive husband. (10 minutes)

#### Look At Me

This is an excellent introductory or closing video for training law enforcement and other service providers. It is a sentimental plea for recognition/respect from an older male veteran. (12 minutes.)

#### **Serving The Victims Of Elder Abuse: A Team Approach**

This is an excellent training film for existing and/or developing community professional teams in dealing with difficult cases of abuse, neglect, or exploitation of at-risk adult populations. It provides an overview of dealing with elder abuse and protection by using multi-disciplinary teams. (21 minutes)

#### The Golden Years(?)

This video provides excellent, detailed coverage of elder abuse characteristics and prevention. Could be used in progressive segments. (56 minutes)

#### The Silent Cry: Elder Abuse Assessment And Reporting

An elder abuse task force provides this primer on collaborative community service agency work to intervene and prevent elder abuse. Contains graphic portrayals and photos. (23 minutes)

## BROCHURE/VIDEO ORDER FORM

## COALITION FOR ELDER RIGHTS & ADULT PROTECTION

Order brochures or videos by completing this form and contacting: Kathy Rickart, CCERAP Coordinator, 1575 Sherman Street, 10th Floor, Denver, CO 80203, 1-800-773-1366 or 303-866-3433, fax - 970-674-8712, e- mail: <a href="mailto:ccerap@comcast.net">ccerap@comcast.net</a>, website: <a href="www.ccerap.org">www.ccerap.org</a>

Name:		
Mailing Address:		
City:		Zip:
Phone: ()	Fax: ()_	
E-Mail:		
BROCHURE ORDER: (www.ccerap.org. Permission	<u> </u>	r – download from website at
provides basic information Quantities - up to 25 copies	about the abuse of at-risk ad of each language (English a	r Disabled Adults – This brochure lults and is available in five languages. and Spanish available from website):  Vietnamese; Korean
The Yellow Page on Identi Quantity (up to 25 copies)	· •	information to help resolve ID Theft.
•	to recognize financial abuse,	s information for the general public abou , and types of POA's.
	esponsibilities, terms, types,	This brochure contains information for revocation, abuse and legal remedies.
	der Rights And Adult Protes of CCERAP. Quantity (up	ction – This brochure describes the to 25 copies)
VIDEO REQUEST*:		
Video Title (See accompan	ying Video List):	Date to be shown:

<sup>\*</sup>All videos must be returned within 2 weeks, unless special arrangements have been made.

# **APS Brochure Ordering Instructions**

# "Protecting At-risk Adults"

County Departments of Social (Human) Services may order APS brochures by using the "state forms request form." The APS color brochures are developed for county specific information and use. The brochures have space for the addition of local county contact information and for mailing address information to use in county mailings of the brochure.

If you have questions about ordering the brochures, please contact the state forms center at **303-370-2165**. Order requests forms are accepted by fax only.

#### **Order Information**

Title: "Protecting At-risk Adults"

Commodity Number: 615-82-0000-16-510

Quantity/packet: 50 brochures

Cost/packet: \$9.23/packet, plus shipping and handling charges

Shipping: UPS (2pm) daily

# Website Resources

# www.cdhs.state.co.us/ADRS/AAS/adprot.htm

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

#### www.ccerap.org

Colorado Coalition for Elder Rights and Adult Protection (CCERAP)

# www.guardianshipallianceofcolorado.org

Guardianship Alliance of Colorado, Inc.

# www.cobar.org

Colorado Bar Association Practice Areas – Elder Law

# www.elderabusecenter.org

The National Center on Elder Abuse (NCEA)

# www.ncall.us

National Clearinghouse for Abuse in Later Life (NCALL)

# www.preventelderabuse.org

The National Committee for the Prevention of Elder Abuse (NCPEA)