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# MANDATORY REPORTING

Understanding How Colorado Protects At-Risk Adults

# REPORTING

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*Presented In Collaboration With:*





# ***MANDATORY REPORTING***

This presentation  
is available online at

[www.arcjc.org/mandatoryreporting](http://www.arcjc.org/mandatoryreporting)



# MANDATORY REPORTING

## Agenda

- *Intellectual & Developmental Disabilities Overview – The Arc*
- *Mandatory Reporting Law – Jefferson County District Attorney's Office*
- *Recognizing MANE & When to Call For Help – Jefferson County Adult Protection Services*
- *Working with Law Enforcement – Lakewood Police Department*
- *Supporting Victims – Ralston House*
- *Services & Supports for People with I/DD – DDRC*
- *Mental Health Supports for People with I/DD – JCMH*
- *Questions*



## ***MANDATORY REPORTING***

# ***Overview of Intellectual & Developmental Disabilities***

The Arc- Jefferson, Clear Creek & Gilpin Counties

## *Developmental Disabilities (DD) Defined:*

- ❖ Physical and/or cognitive impairments that present prior to age 22
- ❖ Substantial functional limitations in adaptive behaviors such as:
  - ◆ *Self care*
  - ◆ *Learning*
  - ◆ *Walking*
  - ◆ *Self-direction*
  - ◆ *Independent living*
  - ◆ *Economic self-sufficiency*

## *Intellectual Disability (ID) Defined*

There are three major criteria for intellectual disability:

- ◆ *significant limitations in intellectual functioning (IQ of 70 or below)*
- ◆ *significant limitations in adaptive behavior, and*
- ◆ *onset before the age of 18.*

## *I/DD Co-occurrence*

*Intellectual and developmental disability (I/DD) is an umbrella term used to describe people who have ID or DD, whether separately or in combination.*



# ***MANDATORY REPORTING***

## ***People First Language***

- ◆ Activity



# MANDATORY REPORTING

## People First Language

People First Language	Language to Avoid
Person with a disability	The disabled, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective or retarded, afflicted, special person
Person with an emotional or behavioral disability, person with a mental health or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing impaired, suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who is blind/visually impaired	The blind
Person who has a communication disorder, is unable to speak, or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Accessible parking or bathrooms	Handicapped parking or bathroom
Person of short stature	Midget
Person with Down syndrome	Mongoloid
Person who is successful, productive	Has overcome his/her disability, is courageous



## ***Common Forms of Intellectual & Developmental Disabilities***

- ❖ *Autism Spectrum Disorders (ASD)*
- ❖ *Fetal Alcohol Spectrum Disorders (FASD)*
- ❖ *Down Syndrome*
- ❖ *Fragile X*
- ❖ *Cerebral Palsy*
- ❖ *Developmental Delay*
- ❖ *Traumatic Brain Injury (TBI)*
  - ◆ If sustained prior to the 22nd birthday



## *Dual Diagnosis*

- ❖ Dual Diagnosis refers to people with both I/DD and any form of mental illness (usually anxiety/depression)

**1 in 25**  
people have an  
intellectual or  
developmental  
disability



**1 in 3**  
will also have  
co-occurring  
mental health  
concerns



## ***Is disability a factor?***

- ❖ Identifying the effects of a person's disability is the first step to establishing appropriate **communication**.
- ❖ Look for clues in the person's communication style, behavior patterns, and their reaction to contact with authority figures



# MANDATORY REPORTING

## *Things you can observe:*

- ❖ Does the person seem to have difficulty with telling time, using a phone, or handling money?
- ❖ Is the person able to read and write?
- ❖ Are they able to follow directions?
- ❖ Does it seem to take longer than usual to answer simple questions?
- ❖ Are they moving their body in an unexpected way or making unusual sounds?
- ❖ Are their social interactions unusual or inappropriate?
- ❖ Do they seem to have a short attention span or be unusually distractible?
- ❖ Does the individual get frustrated easily?
- ❖ Do they communicate indirectly through their caregiver or others?
- ❖ Does the person appear to be easily influenced or manipulated with decision-making?



# ***MANDATORY REPORTING***

## ***Questions you can ask:***

- ◆ Do you have a disability?
- ◆ Did you go through Special Education or have an IEP?
- ◆ Do you have a guardian, power of attorney, or a rep payee?
- ◆ Do you have help at home or in the community?
- ◆ Do you or have you attended a day program?
- ◆ Who do you live with?
- ◆ Do you have a case manager?
- ◆ Do you have staff? Someone who helps you?



# MANDATORY REPORTING

## *Tips for Better Interactions*

- ◆ Find a quiet area with less sensory stimuli
- ◆ Treat adults as adults, not like children
- ◆ Be respectful
- ◆ Keep sentences and instructions short
- ◆ Ask one question at a time (avoid leading questions)
- ◆ Use open ended questions (not “yes/no” questions)
- ◆ Avoid ambiguous phrases (“knock it off”, “cut it out”, “cool it” “waiving rights”.)
- ◆ Count to 10 before repeating questions
- ◆ Use open body language, especially if you’re in uniform
- ◆ Some people may need to communicate using pictures, symbols and actions
- ◆ Check for understanding often



# MANDATORY REPORTING

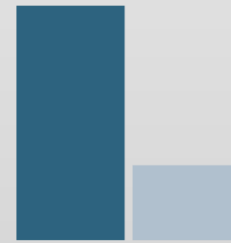
## I/DD & Risk



Adults with I/DD face the **highest rate of victimization** of any group



**10x** more likely to be victimized



**3x** more likely to experience serious violent crime



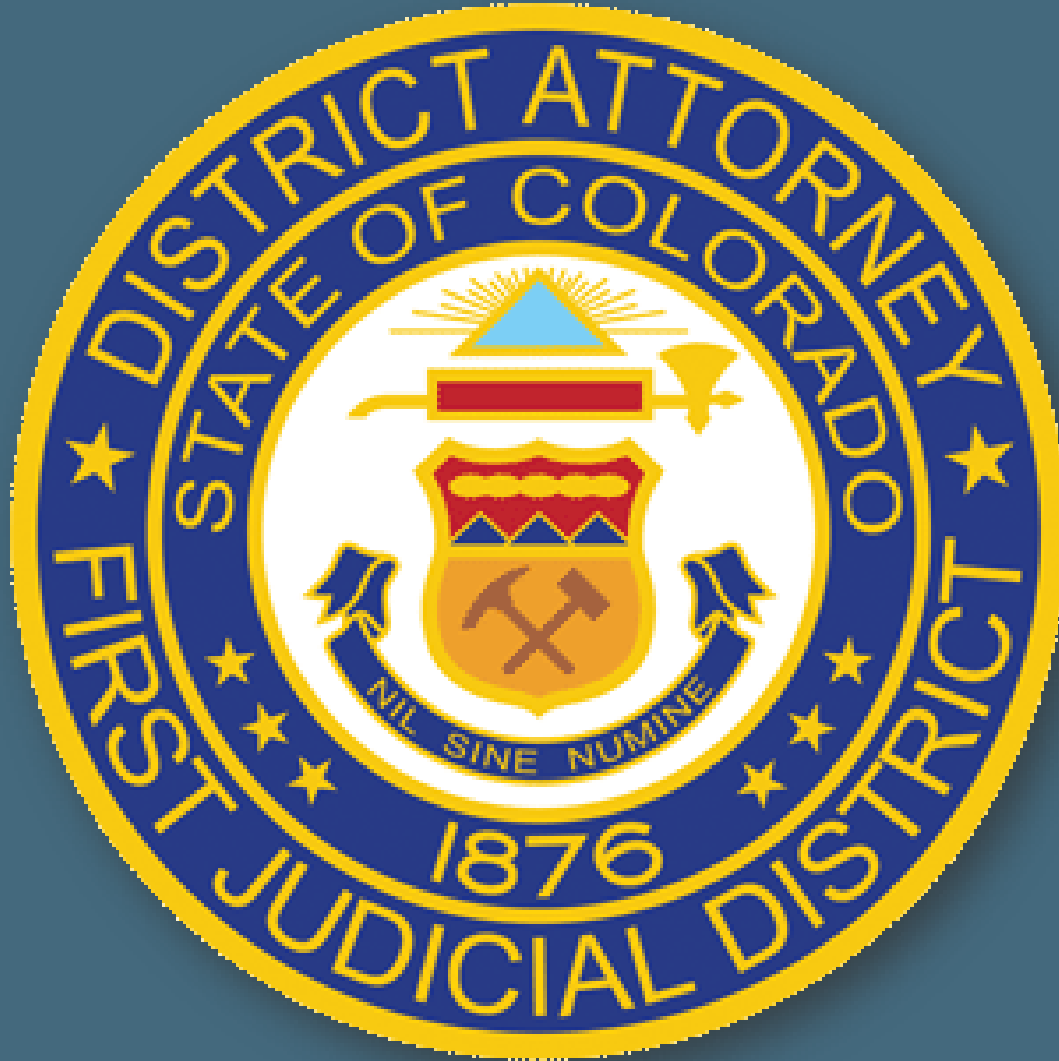
**4x** as likely to experience sexual violence



**50%** of people with I/DD don't report their abuse



# ***MANDATORY REPORTING***





## MANDATED REPORTS

*On and after July 01, 2016, a person specified in paragraph (b) of this subsection (1) who observes the mistreatment of an at-risk elder or an at-risk adult with I/DD, or has reasonable cause to believe that an at-risk elder or an at-risk adult with I/DD has been mistreated, or is in imminent risk of mistreatment, shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.*

*~C.R.S. 18-6.5-108 (1) (a) Mandated Reports*



# ***MANDATORY REPORTING***

## ***Who Should Make The Report?***

- ◆ *Person who observes mistreatment*
  - ◆ Not the observer's friend, family member, co-worker, or supervisor.



# ***MANDATORY REPORTING***

## ***Who Should Reporter Call?***

- ◆ *Report to Law Enforcement Agency (Police)*
- ◆ *Reporting to the following does **NOT** comply with statute:*
  - ◆ Adult Protective Services
  - ◆ Service provider
  - ◆ Caretaker
  - ◆ Medical provider
  - ◆ Therapist, Psychologist



# ***MANDATORY REPORTING***

## ***At-Risk Adult with I/DD***

Means a person who is eighteen years of age or older and is a person with an intellectual and developmental disability, as defined in section 25.5-10-202 (26) (a), C.R.S.

*C.R.S. 18-6.5-102(2.5)*

## ***At-Risk Elder***

Means any person who is seventy years of age or older.

*C.R.S 18-6.5-102(3)*



# ***MANDATORY REPORTING***

## ***Mistreated or Mistreatment means:***

- (a) Abuse;
- (b) Caretaker Neglect; or
- (c) Exploitation

*C.R.S. 18-6.5-102(10.5)*



# MANDATORY REPORTING

**Abuse** means any of the following acts or omissions committed against an at-risk person:

- a) The non-accidental infliction of bodily injury, serious bodily injury, or death;
- b) Confinement or restraint that is unreasonable under generally accepted caretaker standards; or
- c) Subjection to sexual conduct or contact classified as a crime under this title.

C.R.S. 18-6.5-102(1)



# MANDATORY REPORTING

**Caretaker Neglect** means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision or any other treatment necessary for the health or safety of an at-risk person is not secured for an at-risk person or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk person.

18-6.5-102(6)(a)



# MANDATORY REPORTING

*Caretaker* means a person who:

- a) Is responsible for the care of an at-risk person as a result of a family or legal relationship;
- b) Has assumed responsibility for the care an at-risk person; or
- c) Is paid to provide care or services to an at-risk person.

C.R.S. 18-6.5-102(5)





# MANDATORY REPORTING

**Exploitation** means an act or omissions committed by a person who:

- a) Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive an at-risk person of the use, benefit, or possession of anything of value;
- b) Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk person;
- c) Forces, compels, coerces or entices an at-risk person to perform services for the profit or advantage of the person or another person against the will of the at-risk person; or
- d) Misuses the property of an at-risk person in a manner that adversely affects the at-risk person's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.

*C.R.S. 18-6.5-102(10)*



# MANDATORY REPORTING

## Who Are Mandatory Reporters?

- ◆ *Medical professionals*
- ◆ *Social work practitioners*
- ◆ *Law enforcement personnel*
- ◆ *Court-appointed guardians and conservators*
- ◆ *Fire protection personnel*
- ◆ *Community-centered board staff*
- ◆ *Financial Investment Advisor (report to Commissioner of Securities)*
- ◆ *Financial institutions*
- ◆ *Care facilities*
- ◆ *Home care placement agency*
- ◆ *Clergy*
- ◆ *Transportation service providers*
- ◆ *School personnel, K-12th grade*
- ◆ *Counselor, therapist, psychologist*



## *Immunity*

*A person who reports suspected mistreatment, abuse, neglect, or exploitation of an adult with I/DD to a law enforcement agency is immune from suit and liability for damages in any civil action or criminal prosecution.*

- ◆ The report must be made in good faith.
- ◆ A mandatory reporter does not violate HIPAA privacy protections if they are making a mandatory report to comply with state law.

## *What information to report?*

- ◆ Name, address, and contact information of the at-risk adult (Jurisdiction/Venue).
- ◆ Name, address, and contact information of the person making the report.
- ◆ Name, address, and contact information of the at-risk adult's caretaker, if any.
- ◆ Name and relationship of the alleged perpetrator.
- ◆ Nature and extent of the circumstances and observations that required the report to be made.
- ◆ Any other pertinent information including physical and cognitive functioning of victim.



***MANDATORY REPORTING***

# ***Mandatory Reporting***

*Jefferson County Adult Protection*

## *Remember....*

- ❖ If you become aware of or suspect mistreatment you **must** report it. It is not sufficient to report the mistreatment to your supervisor.
- ❖ If you know someone else has already reported the same concerns to law enforcement, you do not need to make another report.
- ❖ DO call Law Enforcement and confirm the report was made.

*Company policies DO NOT trump the law!*





# MANDATORY REPORTING

## *Mandatory Reporters Are Not Investigators*

- ❖ It's okay if you are not certain of the adult's age or if you are not certain that the adult has an intellectual and/or developmental disability.



- ❖ If you believe the adult is an at-risk elder or at-risk adult with I/DD who may be experiencing mistreatment, call law enforcement and make the report so a professional can investigate the situation

## *What Happens next?*

Law Enforcement will **share the report with Adult Protective Services (APS)** within 24 hours.

Law Enforcement **may conduct a criminal investigation.**

Law Enforcement will provide a **copy of their investigation to APS and the DA.**

Law Enforcement will also **notify the District Attorney** of the report.

**APS may investigate the report** and offer the client protective services and resources.

The DA will **review the report for possible criminal charges.**





# MANDATORY REPORTING

## *Roles of Law Enforcement vs APS*



### Law Enforcement

- ❖ Will complete a criminal investigation when a report of abuse, neglect, or exploitation warrants one.
- ❖ Will notify APS within 24 hours of the report and will coordinate intervention, if needed.
- ❖ Will notify the District Attorney (DA) and will provide the DA with a written report of all investigations.



### APS

- ❖ Helps at-risk adults when they are unable to meet their own needs and are victims of mistreatment.
- ❖ Investigates reports of alleged mistreatment.
- ❖ Offers resources and care coordination for at-risk adults who have been mistreated.
- ❖ Collaborates with law enforcement, the District Attorney, families, and other community partners to help protect at-risk adults.

## *Process After an APS Report is Made*



- ❖ APS will review the report and determine the appropriate response.
- ❖ When meeting criteria for mandatory reporting, the report will be shared with law enforcement.
- ❖ APS will take appropriate action, which may include an investigation.
- ❖ APS may request a joint investigation with law enforcement or another agency.
- ❖ APS may offer resources and case management services to the at-risk adult

## *Right to Refuse Services*

- ❖ At-risk adults have the right to make lifestyle choices that others may see as objectionable or even dangerous if they have the cognitive capacity to understand the consequences of their decisions.
- ❖ *Such as:*
  - Refusing medical treatment or medication
  - Choosing to abuse alcohol or drugs
  - Living in a dirty or cluttered home
  - Continuing to live with the perpetrator
  - Keeping large numbers of pets, or
  - Engaging in other behaviors that may not be safe



## ***APS Priorities***

### **Confidentiality**

- APS investigations and reports are confidential and cannot be shared except in very limited circumstances.

### **Consent**

- At-risk adults must consent to protective services. APS does not need consent to conduct an investigation into allegations of mistreatment or self neglect.

### **Self-Determination**

- At-risk adults have the right to make their own choices, unless they no longer have capacity, or unless their choices violate a law or are a danger to others.

### **Least Restrictive Intervention**

- APS will always try to implement services using interventions for the shortest duration necessary to protect the at risk adult.



# ***MANDATORY REPORTING***

## ***Law Enforcement Perspective***





# ***MANDATORY REPORTING***

## ***Goals***

- ◆ Stop the abuse
- ◆ Safety Nets
- ◆ Justice





# MANDATORY REPORTING

## *Our response...*

*Same for every call:*

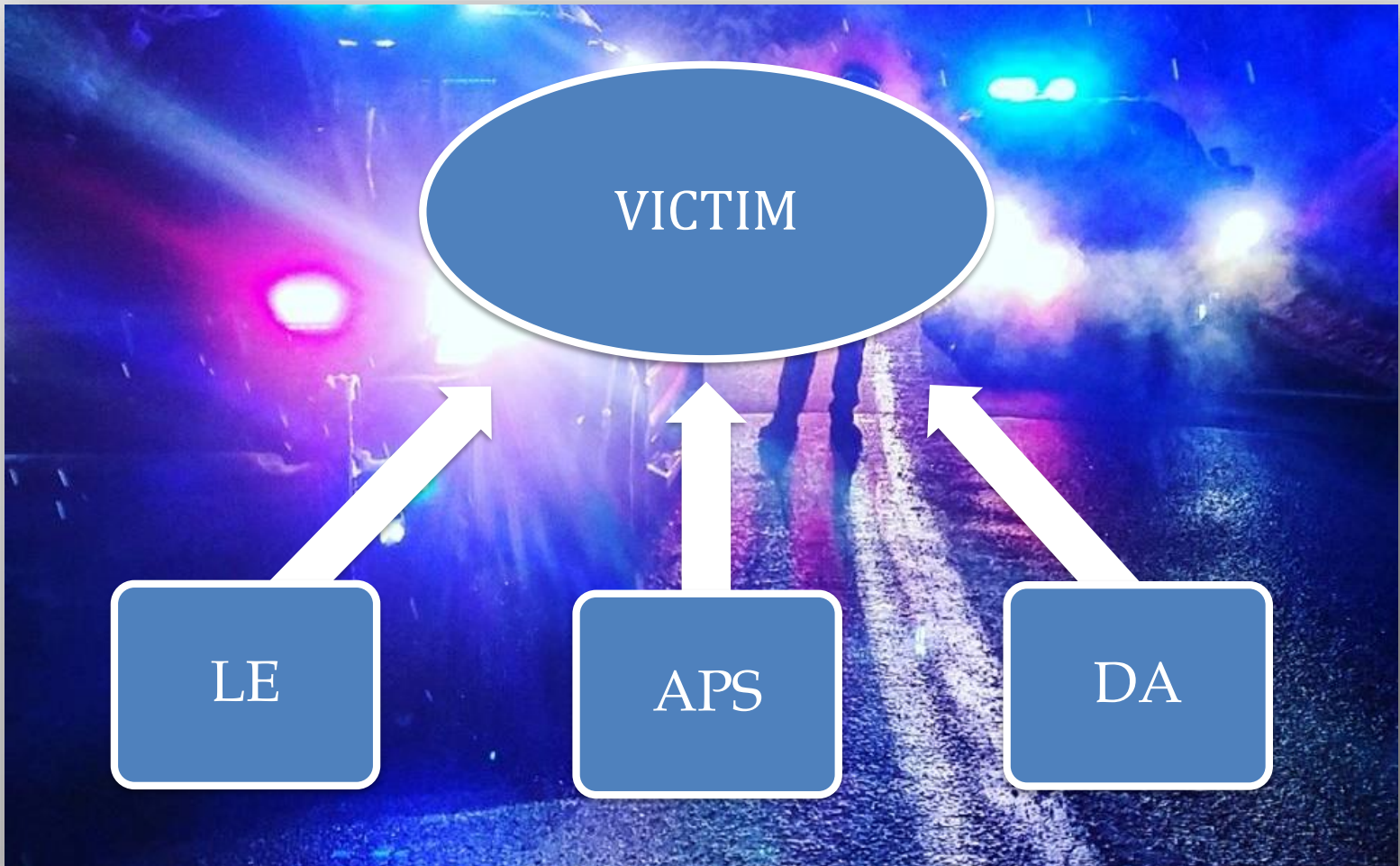
- ❖ Priorities of life (Stop any dangers)
- ❖ Scene Safe (Weapons, other potential dangers on scene?)
- ❖ Medical attention provided
- ❖ Criminal investigation
  - ◆ *Crime occur? Jurisdiction?*
  - ◆ *ID suspect/victim/witness, evidence, etc.*





# ***MANDATORY REPORTING***

## ***PAST Response***

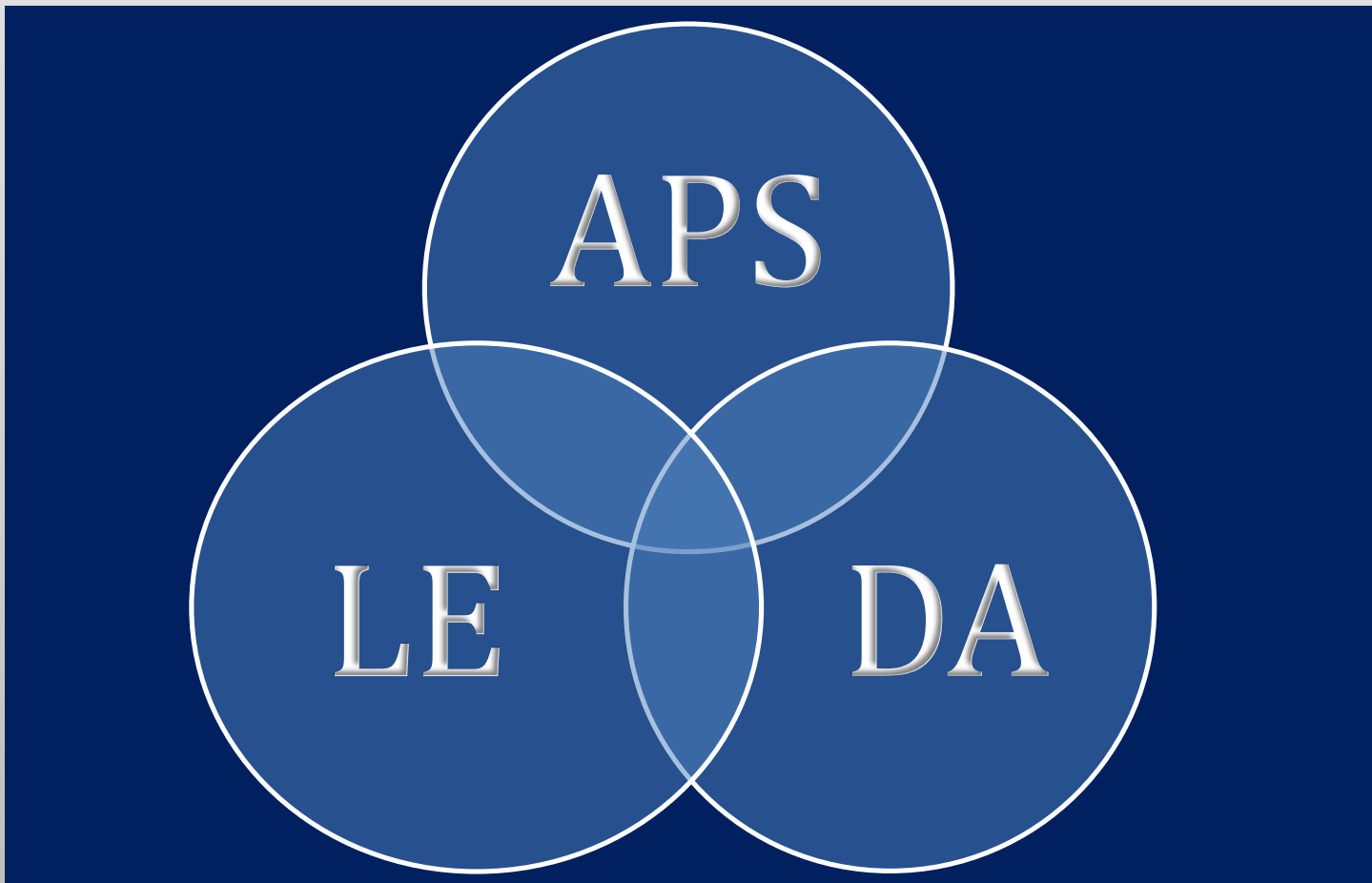






# ***MANDATORY REPORTING***

## ***Best Approach***





# MANDATORY REPORTING

## *Law Enforcement Response: How you can help*

*Let Dispatch know:*

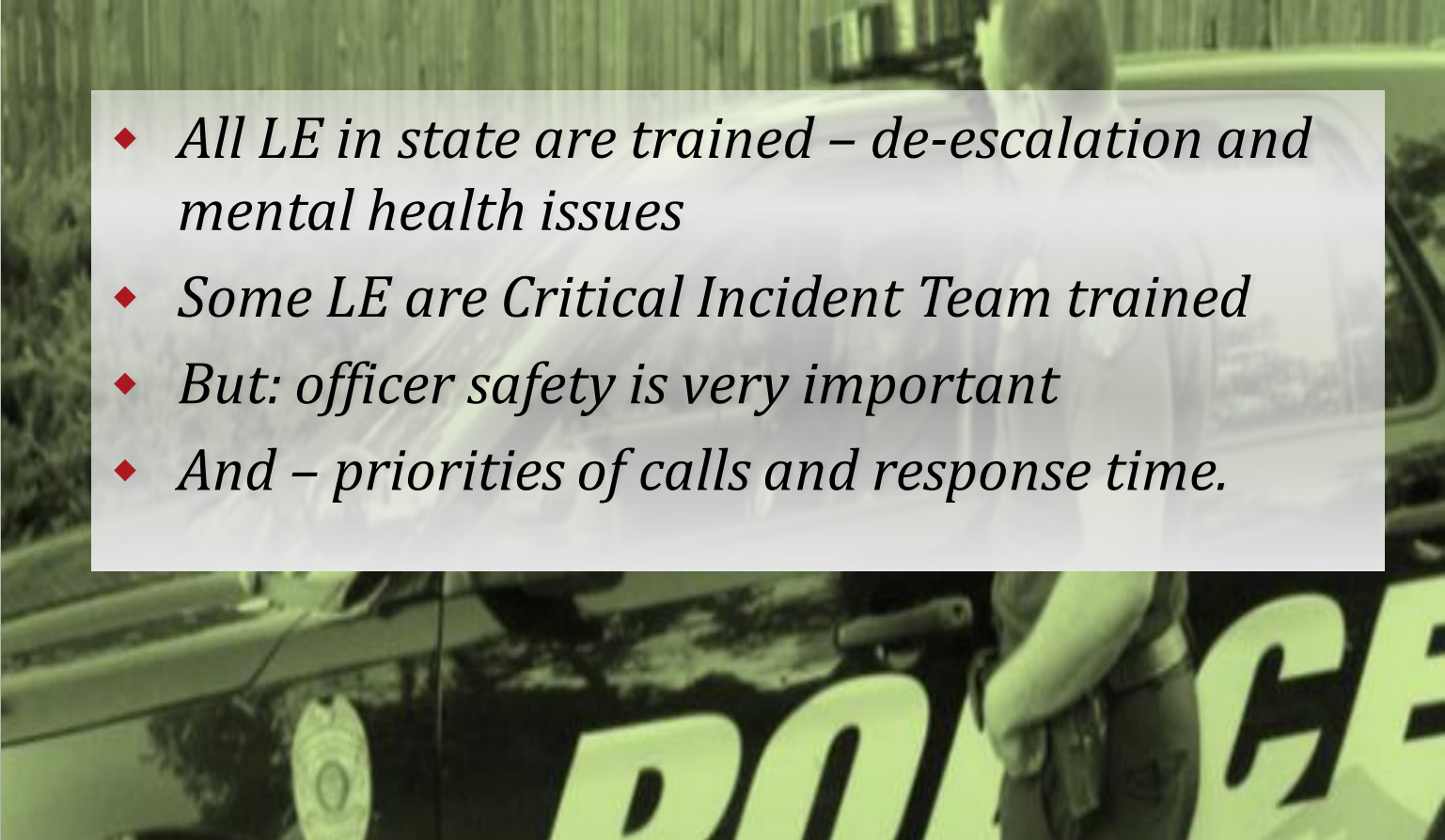
- ◆ Weapons or other dangers to first responders.
- ◆ Suspect on scene – continuing danger?
- ◆ Responding to at-risk adult (or Host-Group home/facility) with I/DD present?
- ◆ Mental state/capability
- ◆ Guardian/Caregiver on scene?
- ◆ Communication style(s) of person(s)?
- ◆ Safety plan in place?





# MANDATORY REPORTING

## *First Responders – You should know:*

- 
- ◆ *All LE in state are trained – de-escalation and mental health issues*
  - ◆ *Some LE are Critical Incident Team trained*
  - ◆ *But: officer safety is very important*
  - ◆ *And – priorities of calls and response time.*



# MANDATORY REPORTING

## *Once on scene:*

- ◆ *Names & info from:*
  - ◆ Reporting Party
  - ◆ Victim
  - ◆ Guardian/Caregiver
  - ◆ Suspect (if known)
- ◆ *Complete story...*



## *Investigation*

- ◆ Underlying crime is most important
- ◆ I/DD is an enhancer to other crimes
- ◆ Will need specific info on
  - ◆ *Suspect*
  - ◆ *Injuries – physical, financial*
  - ◆ *Many other details...*
- ◆ Info regarding reason for I/DD status (Autism, FASD, etc.)





# MANDATORY REPORTING

## HIPAA...

- ❖ Applies to Medical Records
- ❖ Your Observations OKAY
- ❖ If pertinent – can release PHI, but generally we need:
  - ◆ *Victim info like DOB, address, phone numbers*
  - ◆ *Physical info/description*
  - ◆ *Injuries, treatment, doctor/medical staff*
  - ◆ *Medications prescribed*



## *Custody issues*

- ❖ Sometimes people go to jail
  - ◆ *If I/DD there will be much discussion...*
  - ◆ *We have services at the jail + resources*
- ❖ Sometimes they need to go to M-1
- ❖ Sometimes the suspect is one of your own...





# MANDATORY REPORTING

## *Mandatory reporting*

- ❖ Law enforcement required to report “mistreatment of an at-risk elder or an at-risk adult with I/DD”...
  - ◆ *24 hours*
  - ◆ *To DA (and County Adult Protective Services)*
- ❖ Law provides immunity from suit and liability for “good faith” reports
- ❖ Provides punishment for knowingly false reporting, too...





# MANDATORY REPORTING

## Summary of LE response

❖ *We're all about service....*





# ***MANDATORY REPORTING***

## ***Investigations***

- ❖ What happens when the case goes to the District Attorney?

## *Initial Reports*

- ❖ LE provides the DA's office with their initial report. A report is also sent to APS.
- ❖ Initial reports include LE department, case number, allegation, suspect, victim and mandatory reporter.
- ❖ That information is entered into an I/DD database kept by DA's office. The DA's database allows tracking of cases, suspect, or victim contacts.

## ***Investigation Process***

- ❖ LE determines if follow up investigation is needed.
- ❖ If investigation is opened, LE provides a summary report to DA.
- ❖ There may be ongoing discussions with DA.
- ❖ If investigation leads to criminal charges, detective files case through DA intake.
- ❖ Intake determines appropriate charges or instructs LE with additional follow up.

## ***Charges Filed***

- ❖ If charges are filed, the assigned Victim Specialist, DA Investigator and DDA will meet with victim and/or family regarding case.
- ❖ Additional witnesses or providers may be contacted.
- ❖ Frequent updates with detective, victim and/or family will continue through conclusion of case.

# *Interviews with Ralston House:*

*Older Adults & Victims with IDD*

*Presented by Tina Kettles, LPC  
Forensic Interviewer, Ralston House*





# ***MANDATORY REPORTING***

## ***Ralston House***



Arvada



Lakewood



Northglenn



# ***MANDATORY REPORTING***

- ❖ Overview of Ralston House
- ❖ Role in interviewing older adults
- ❖ Role in interviewing individuals with intellectual and developmental disabilities (IDD)



## *Type of Crime*

- ❖ Financial Abuse
- ❖ Prescription Fraud
- ❖ Neglect
- ❖ Domestic Violence
- ❖ Physical, Sexual, Emotional Abuse



## ***Vulnerabilities***

- ❖ May live alone
- ❖ May have caretakers
- ❖ Changes in cognitive functioning
- ❖ Changes in physical functioning

## *Interview Process*

- ❖ Conversational
- ❖ Cultural/developmental considerations
- ❖ Conducted in a comfortable setting
- ❖ Puts an individual at ease
- ❖ Allows individuals to tell their story, in their words, at their pace
- ❖ Non-traumatizing



## ***Stages of an Interview***

- ❖ Introduction/Rapport
- ❖ Transition to the topic
- ❖ Detail gathering
- ❖ Closure

## ***Questions***

- ❖ Open-ended
- ❖ Short and concise
- ❖ Repeat answers
- ❖ Use language of the individual
- ❖ Thinking questions
- ❖ Feeling/sensory questions

## ***Emotional Reactions***

- Self- blame
- Embarrassment/Shame
- Denial/Rationalization
- Sadness
- Fear
- Anger
- Protect family member
- Blame system - don't want government involved





# ***MANDATORY REPORTING***

## ***Interviewing Older Adults***

- May repeat themselves
- Let them talk
- “Sundowning”



## ***Challenges in Interviewing***

- ❖ Timeframes/sequencing
- ❖ Cognition
- ❖ Processing speed
- ❖ Depression
- ❖ Health issues
- ❖ Loyalty to family member/known person
- ❖ Interview environment



## *Timeframes*

- ❖ *Questions that may help guide timeframe:*
  - ◆ What happened first
  - ◆ What happened next
  - ◆ Tell me about the last time
    - ◆ Reference time around medication schedule; TV show; Dr. appointment; activity, etc.

## *Loyalty*

- ❖ Family members
- ❖ Other trusted adults
- ❖ Financial advisors



## ***Interview Room Environment***

- ❖ Accessibility
- ❖ Comfortable chair
- ❖ Water/snack
- ❖ Breaks



## ***Other Interview Locations***

- ❖ Individual's home
- ❖ Hospital/Hospice
  - ◆ Minimize distractions: TV, family, activities
  - ◆ Maintain confidentiality
  - ◆ Still needs to be recorded

## ***Conversational TIPS***

- ❖ Respectful
- ❖ Sensitive and kind
- ❖ Acknowledge feelings
- ❖ Don't interrupt
- ❖ Treat them as an adult
- ❖ Don't make assumptions
- ❖ Don't make comparisons

## ***Contact Information***

Tina Kettles, M.A., L.P.C.

Forensic Interviewer

720-305-8317

tkettles@arvada.org

*To scheduled an interview:*

Ralston House 720-898-6741

Ralstonhouse.net

*Questions??*



# ***MANDATORY REPORTING***

*Developmental Disabilities Resource Center*



*Community Center Board*

*serving*

*Jefferson, Gilpin, Summit, and Clear Creek*

## ***What is DDRC?***

- ❖ DDRC is a case management agency which provides resource coordination to over 2800 children and adults living in Jefferson, Clear Creek, Summit, and Gilpin counties.
- ❖ Resource coordination determines eligibility for Colorado developmental disability services, assists with enrollment into services, service and support coordination, authorization of services, monitoring of services, and discharge from services.
- ❖ Also provides information and referral to available resources, safeguards the rights of the person, and assures due process.
- ❖ DDRC is able to submit referrals to Regional Centers if all other resources have been exhausted and unsuccessful.



## ***Program Approved Service Agencies***

- ❖ There are 391 program approved service agencies (PASAs) statewide
- ❖ These agencies are responsible for providing direct services to the individual and ensuring health and safety needs are being met on a daily to weekly basis

## *CCB Incident Reporting*

- ❖ “Community Center Boards, program approved service agencies, and regional centers shall have written policies and procedures for handling cases of alleged or suspected abuse, mistreatment, neglect, or exploitation of any person receiving services. These policies and procedures must be consistent with the state law...”
- ❖ “Allegations of mistreatment, abuse, neglect, and exploitation...shall be reported immediately to the program administrator or designee, and to the case management agency within 24 hours.”
- ❖ “Within twenty-four hours of becoming aware of the incident, a written incident report must be made available to the agency administrator or designee, and community center board.”

## ***CCB Incident Reporting Process for Mistreatment***

- 1.** Call appropriate law enforcement agency (non-emergency) and obtain case number
- 2.** Notify the agency, the person's resource coordinator, guardian, and DDRC Quality Assurance
- 3.** Complete incident report including the date law enforcement was contacted and case number
- 4.** Submit the incident report within 24 hours
- 5.** Provide follow up information to agency/PASA, the person's resource coordinator, and DDRC QA as it is available

## *CCB Mistreatment Investigation*

- ❖ “All alleged incidents of MANE by agency employees or contractors shall be thoroughly investigated in a timely manner using the specified investigation procedures.”
- ❖ “Such procedures must not be used in lieu of investigations required by law.”

## ***Role of CCB during investigation***

- ❖ The CCB will work with the program approved service agency (PASA) to ensure an investigation is taking place after law enforcement has determined their next steps.
- ❖ The CCB or agency must complete an investigation separate from law enforcement to attempt to prevent the incident from occurring again.
- ❖ This investigation may be done with or without adult protection services involvement.

## *What if Community Placement is not appropriate?*

- ❖ There may be instances in which community placement is not successful.
- ❖ Once all community resources have been exhausted the PASA, CCB, and state will work together and determine if Regional Center placement is appropriate.
- ❖ There are 3 Regional Centers in Colorado:
  - ◆ Wheat Ridge Regional Center
  - ◆ Pueblo Regional Center
  - ◆ Grand Junction Regional Center

## *For more information*

### ***Health Care Policy & Finance rules & regulations***

[www.colorado.gov/pacific/hcpf/department-program-rules-and-regulations](http://www.colorado.gov/pacific/hcpf/department-program-rules-and-regulations)

8.600-8.699 pages 50-54

**DDRC** - [www.ddrcco.com](http://www.ddrcco.com), 303.233.3363

***Nancy Bostron***, Developmental Disabilities Resource Center  
303.462.6649 | Nancy.Bostron@ddrcco.com

***Stephanie Cline***, Developmental Disabilities Resource Center  
303.462.6507 | Stephanie.Cline@ddrcco.com

***After Hours Cell***, Developmental Disabilities Resource Center  
303-847-9705 | Mon-Thurs 5p-8a; Fri-Sun all day



# ***MANDATORY REPORTING***

## ***Regional Centers***

*Wheat Ridge Regional Center*

*Pueblo Regional Center*

*Grand Junction Regional Center*





## *Regional Centers*

- ❖ Regional Centers now offer a short-term stabilization treatment model with the goal of getting people ready to receive services with a private provider in the community in 120 days.
- ❖ The Regional Centers serve people with intellectual and developmental disabilities who have the most intensive needs.
  - ◆ The Regional Centers currently have 356 licensed beds across the state; currently 130 through the WRRC.
  - ◆ 168 are Home and Community Based Services – Developmental Disabilities waiver (HCBS-DD) and 188 are licensed as Intermediate Care Facilities/Intellectual Developmental Disabilities (ICF/I/DD).

## ***Admissions for Regional Centers***

- ❖ Need to work with the CCB to ensure the Regional Centers are the most appropriate placement (no other community provider, needs cannot be met through a private provider)
- ❖ An Imposition of Legal Disability (ILD) must be obtained prior to admission (can take up two weeks)

## *Emergency Admission for Regional Centers*

- ❖ An individual is being discharged from a more restrictive setting (hospital, jail, skilled nursing facility) and the CCB is not able to identify an appropriate community provider.
- ❖ An individual is experiencing a crisis that causes harm to self or others as demonstrated by the following (not all inclusive):
  - ♦ *Multiple severe behavior incidents*
  - ♦ *Several consecutive community placement failures*
  - ♦ *Several hospital admissions*
  - ♦ *Requires 2:1 staffing ratio*
  - ♦ *Worked with the Community Support Team to try and stabilize for at least 60 days*

## *Regional Centers*

- ❖ All individuals have the right to self-determination, including those who are receiving services and supports at the Regional Centers
  - ◆ Individuals have the right to refuse treatment, medication, and medical care.
- ❖ Regional Centers are not “27-65” (27-65-102...C.R.S.—behavioral health) facilities
- ❖ Regional Centers do not provide isolation
- ❖ Regional Centers are not a locked facility
- ❖ Regional Centers cannot force someone to take medication
- ❖ Regional Centers cannot use four-point restraints

## ***Wheat Ridge Regional Center (WRRC) Incident Reporting***

- ❖ WRRC complies with all applicable state and federal rules and regulations in ensuring that incidents of alleged mistreatment, abuse, neglect and exploitation involving at-risk adults are accurately reported, recorded and reviewed.
- ❖ The Division for Regional Center Operations' (DRCO) oversees regional centers to ensure timely reporting, recording, notification and review of all incidents that place a resident at risk. This oversight includes the review of all incident reports to identify trends and ensure appropriate solutions are implemented.

## ***Reporting of Mistreatment***

- ◆ Staff who witnesses, suspects, or hears of any form of alleged Mistreatment is the Mandatory Reporter and reports to the Duty Officer immediately.
- ◆ The Mandatory Reporter contacts law enforcement (non-emergency), and completes and submits an Incident Report
- ◆ In the case of a life-threatening physical injury, staff calls 911 for emergency medical assistance and notifies nursing.
- ◆ The Duty Officer ensures the safety of the alleged victim(s) and other residents in the home.
- ◆ The following are notified: Duty Officer, Nursing, guardians, the Primary Care Physician (PCP), the CDHS Executive Management Team (EMT), and QA.

## ***Investigation Process***

- ◆ An investigation is initiated in coordination with law enforcement and Adult Protective Services (APS) as required by statute.
- ◆ A preliminary investigation report is sent to the Colorado Department of Public Health and the Environment (CDPHE); CDPHE reviews and confirms appropriate actions were taken to keep all residents safe.
- ◆ Completed final report is sent to WRRC Management for review and action plan development.



# ***MANDATORY REPORTING***



**Jefferson Center**  
*for mental health*





# MANDATORY REPORTING

## Concern for Victims & Caregivers

<b>Direct Trauma</b>	<b>Vicarious Trauma</b>
The result of direct exposure to a traumatic event.	The result of exposure to a traumatic event via another person's discussion of that event.
Person often feels that as a result of the traumatic event, his/her life and/or safety were directly threatened.	Person often feels overwhelmed by the intensity of the other person's trauma story.
Reactions are often delayed, due to an inability to fully integrate the event at the time it is occurring.	Reactions are often delayed, due to focus on the other person's trauma.
Effects often manifest as noticeable changes in thoughts, feelings, or behaviors.	Effects are often more discreet than with direct trauma, as changes may not be as noticeable, or may not be attached to a single event.
The traumatic event may be revisited after it has passed, via flashbacks and/or nightmares.	The trauma discussions may interact with the helper's experience with the current trauma, or may trigger memories of past traumas.

## *Providing Support*

- ❖ Normalize symptoms on the previous slide and remind the individual who has been victimized that they are not to blame for what happened.
- ❖ Access additional resources if:
  - ◆ *They report significant distress and/or ask to talk about what happened.*
  - ◆ *You notice changes in their mood, personality or daily routine (including eating & sleeping).*
- ❖ Seek help immediately if:
  - ◆ *They become withdrawn and unresponsive.*
  - ◆ *They talk about wanting to die, commit suicide, or harm someone else.*
  - ◆ *They begin to physically harm themselves.*

## Caregiver Bill of Rights

❖ *I have the right to...*

- ◆ ***Enjoy my life as intensely as possible***
- ◆ Play and be silly without feeling guilty
- ◆ ***Ask for help***
- ◆ Grieve
- ◆ Laugh or cry, whichever I need at the moment
- ◆ ***Step away and just breathe***
- ◆ Take time away for myself
- ◆ ***Just be in the moment***
- ◆ Be gentle with myself and know that I don't have to be everything to everyone all the time
- ◆ Respectfully disagree
- ◆ Not be judged by myself or others
- ◆ ***Say "no"***
- ◆ Feel my feelings and to validate them within myself
- ◆ Share or not share my feelings
- ◆ ***Say that today I did the best I could do***
- ◆ Keep things in my life that are special and only for me
- ◆ ***Take care of myself***



# MANDATORY REPORTING

## *Jefferson Center for Mental Health*

Services Offered	Networks/Ages Served	Specialized Programs
Comprehensive array of service options including:	Services are available to consumers of all ages thru our various networks below:	Provide counseling & community-based support. Examples include:
Individual, group, and family therapy. Classes, case management, resource assistance, health screenings, medication services, and much more	Adult Services Family Services Senior Services Access and Emergency Services Navigation Services Wellness Services	Housing Residential Vocational Veterans Suicide Prevention



# ***MANDATORY REPORTING***

## ***How to Contact Jefferson Center***



303-425-0300 (24-hour number)

800-201-5264 (Toll Free 24-hour number)

303-432-5540 (TTY hearing impaired)



[www.jcmh.org](http://www.jcmh.org)



[info@jcmh.org](mailto:info@jcmh.org)



# MANDATORY REPORTING

## Colorado Crisis Services

### How to Access Colorado Crisis Services Programs:

- **By Phone:** Call Colorado Crisis Support Line: **1-844-493-TALK (8255) - available 24/7/365**
- **Walk-in/Referral:** Individuals and families in crisis are welcome and encouraged to walk in. Any community member can refer another person to any of our locations.

