Adult Abuse

313.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the investigation and reporting of suspected abuse of certain adults who may be more vulnerable than others. This policy also addresses mandatory notification for Louisville Police Department members as required by law.

313.1.1 DEFINITIONS

Definitions related to this policy include:

Adult abuse - Any offense or attempted offense involving violence or neglect of an adult victim when committed by a person responsible for the adult's care, or any other act that would mandate reporting or notification to a social service agency or law enforcement.

313.2 POLICY

The Louisville Police Department will investigate all reported incidents of alleged adult abuse and ensure proper reporting and notification as required by law.The Louisville Police Department follows the Boulder County Elder and At-Risk Adult Abuse and Neglect Joint Investigative Guidelines.

Boulder County Elder and At Risk Adult Abuse and Neglect Joint Investigative Guidelines 2017 final.docx.pdf

313.3 MANDATORY NOTIFICATION

Members of the Louisville Police Department should notify the county department of human or social services when the member (CRS § 26-3.1-102):

a. Observes the mistreatment or self-neglect of an at-risk adult.
b. Has reasonable cause to believe that an at-risk adult has been mistreated or is self-neglecting.
c. Has reasonable cause to believe that an at-risk adult is in imminent risk of mistreatment or self-neglect.

Cross reporting to social services is mandatory for at-risk adults who have an intellectual and developmental disability or are seventy years of age or older (CRS § 18-6.5-102; CRS § 18-6.5-108).

For purposes of notification, mistreatment includes abuse, neglect, exploitation, or any act by a person with a relationship to the at-risk adult even when it does not rise to the level of abuse, caretaker neglect, or exploitation but causes harm to the health, safety, or welfare of an at-risk adult (CRS § 26-3.1-101).

Notification is not required for someone who was merely present when a qualified person self-administered a prescribed medical aid-in-dying medication (CRS § 25-48-116).

313.3.1 NOTIFICATION PROCEDURE

Notification should occur as follows (CRS § 26-3.1-102; CRS § 18-6.5-108):

a. Notification should occur as soon as practicable.
b. Written report should be forwarded within 24 hours.
c. The report should contain the following, if known:
    1. The name, address, and age of the adult victim.
    2. The name and address of the adult's caretaker, if any.
    3. The nature and extent of any injuries.
    4. The nature and extent of the condition that may reasonably result in abuse.

313.4 QUALIFIED INVESTIGATORS

Qualified investigators should be available to investigate cases of adult abuse. These investigators should:

a. Conduct interviews in appropriate interview facilities.
b. Be familiar with forensic interview techniques specific to adult abuse investigations.
c. Present all cases of alleged adult abuse to the prosecutor for review.
d. Coordinate with other enforcement agencies, social service agencies and facility administrators as needed.
e. Provide referrals to therapy services, victim advocates, guardians and support for the victim and family as appropriate.
f. Participate in or coordinate with multidisciplinary investigative teams as applicable (CRS § 26-3.1-103).

313.5 INVESTIGATIONS AND REPORTING

All reported or suspected cases of adult abuse require investigation and a report, even if the allegations appear unfounded or unsubstantiated.

Investigations and reports related to suspected cases of adult abuse should address, as applicable:

1. The overall basis for the contact. This should be done by the investigating officer in all circumstances where a suspected adult abuse victim is contacted.
2. Any relevant statements the victim may have made and to whom he/she made the statements.
3. If a person is taken into protective custody, the reasons, the name and title of the person making the decision, and why other alternatives were not appropriate.
4. Documentation of any visible injuries or any injuries identified by the victim. This should include photographs of such injuries, if practicable.
5. Whether the victim was transported for medical treatment or a medical examination.
6. Whether the victim identified a household member as the alleged perpetrator, and a list of the names of any other potential victims or witnesses who may reside in the residence.
7. Identification of any prior related reports or allegations of abuse, including other jurisdictions, as reasonably known.

8. Previous addresses of the victim and suspect.
9. Other potential witnesses who have not yet been interviewed, such as relatives or others close to the victim's environment.
10. Whether a death involved the Colorado End-of-Life Options Act (CRS § 25-48-119):
    a. Whether an individual knowingly or intentionally forged or altered a request for medical aid-in-dying medication to end an individual's life without the individual's authorization.
    b. Whether an individual knowingly or intentionally concealed or destroyed a rescission of a request for medical aid-in-dying medication.
    c. Whether an individual knowingly or intentionally coerced or exerted undue influence on a person with a terminal illness to request medical aid-in-dying medication or to destroy a rescission of a request for such medication.

An ombudsman should be called to the scene if the abuse occurred in a long-term care facility (CRS § 26-11.5-101 et seq.).

Any unexplained death of an adult who was in the care of a guardian or caretaker should be considered as potential adult abuse and investigated similarly.

313.6 PROTECTIVE CUSTODY

Before taking an adult abuse victim into protective custody when facts indicate the adult may not be able to care for him/herself, the officer should make reasonable attempts to contact the county department of human or social services. Generally, removal of an adult abuse victim from his/her family, guardian, or other responsible adult should be left to the welfare authorities when they are present or have become involved in an investigation.

Generally, members of this department should remove an adult abuse victim from his/her family or guardian without a court order only when no other effective alternative is reasonably available and immediate action reasonably appears necessary to protect the victim. Prior to taking an adult abuse victim into protective custody, the officer should take reasonable steps to deliver the adult to another qualified legal guardian, unless it reasonably appears that the release would endanger the victim or result in abduction. If this is not a reasonable option, the officer shall ensure that the adult is delivered the county department of human or social services.

Whenever practicable, the officer should inform a supervisor of the circumstances prior to taking an adult abuse victim into protective custody. If prior notification is not practicable, officers should contact a supervisor promptly after taking the adult into protective custody.

When adult abuse victims are under state control or have a state-appointed guardian or there are other legal holdings for guardianship, it may be necessary or reasonable to seek a court order on behalf of the adult victim to either remove the adult from a dangerous environment (protective custody) or restrain a person from contact with the adult.

313.7 INTERVIEWS

313.7.1 PRELIMINARY INTERVIEWS

Absent extenuating circumstances or impracticality, officers should audio record the preliminary interview with a suspected adult abuse victim. Officers should avoid multiple interviews with the victim and should attempt to gather only the information necessary to begin an investigation. When practicable, investigating officers should defer interviews until a person who is specially trained in such interviews is available.

313.7.2 DETAINING VICTIMS FOR INTERVIEWS

An officer should not detain an adult involuntarily who is suspected of being a victim of abuse solely for the purpose of an interview or physical exam without his/her consent or the consent of a guardian unless one of the following applies:

1. Exigent circumstances exist, such as:
    1. A reasonable belief that medical issues of the adult need to be addressed immediately.
    2. A reasonable belief that the adult is or will be in danger of harm if the interview or physical exam is not immediately completed.
    3. The alleged offender is a family member or guardian and there is reason to believe the adult may be in continued danger.
2. A court order or warrant has been issued.

313.8 MEDICAL EXAMINATIONS

When an adult abuse investigation requires a medical examination, the investigating officer should obtain consent for such examination from the victim, his/her guardian, or the agency or entity having legal custody of the adult. The officer should also arrange for the adult's transportation to the appropriate medical facility.

In cases where the alleged offender is a family member, guardian, or agency or entity having legal custody and is refusing to give consent for the medical examination, officers should notify a supervisor before proceeding. If exigent circumstances do not exist or if state law does not provide for officers to take the adult for a medical examination, the supervisor should consider other government agencies or services that may obtain a court order for such an examination.

313.9 DRUG-ENDANGERED VICTIMS

A coordinated response by law enforcement and social services agencies is appropriate to meet the immediate and longer-term medical and safety needs of an adult abuse victim who has been exposed to the manufacturing, trafficking or use of narcotics.

313.9.1 SUPERVISOR RESPONSIBILITIES

The Detective Section supervisor should:

a. Work with professionals from the appropriate agencies, including the county department of human or social services, other law enforcement agencies, medical service providers, and local prosecutors, to develop community-specific procedures for responding to situations where there are adult abuse victims endangered by exposure to methamphetamine labs or the manufacture and trafficking of other drugs.
b. Activate any available interagency response when an officer notifies the Detective Section supervisor that he/she has responded to a drug lab or other narcotics crime scene where an adult abuse victim is present or where evidence indicates that an adult abuse victim lives at the scene.
c. Develop a report format or checklist for use when officers respond to drug labs or other narcotics crime scenes. The checklist will help officers document the environmental, medical, social, and other conditions that may affect the adult.

313.9.2 OFFICER RESPONSIBILITIES

Officers responding to a drug lab or other narcotics crime scene where an adult abuse victim is present or where there is evidence that an adult abuse victim lives should:

a. Document the environmental, medical, social and other conditions of the adult, using photography as appropriate and the checklist or form developed for this purpose.
b. Notify the Detective Section supervisor so an interagency response can begin.

313.10 STATE MANDATES AND OTHER RELEVANT LAWS

Colorado requires or permits the following:

313.10.1 RECORDS SECTION RESPONSIBILITIES

The Records Section is responsible for (CRS § 26-3.1-102; CRS § 18-6.5-108):

a. Providing a copy of the adult abuse report to social services as required by law.
b. Retaining the original adult abuse report with the initial case file.

313.10.2 RELEASE OF REPORTS

Information related to incidents of adult abuse or suspected adult abuse shall be confidential and may only be disclosed pursuant to state law and the Records Maintenance and Release Policy (CRS § 26-3.1-102).

313.11 TRAINING

The Department shall provide training on best practices in adult abuse investigations to members tasked with investigating these cases (CRS § 24-31-313; CRS § 26-3.1-106). The training should include:

a. Participating in multidisciplinary investigations, as appropriate.
b. Conducting interviews.
c. Availability of therapy services for adults and families.
d. Availability of specialized forensic medical exams.

e. Cultural competence (including interpretive services) related to adult abuse investigations.
f. Availability of victim advocates or other support.

Attachments

der and At Risk Adult Abuse and Neglect Joint Investigative Guidelines

Boulder County

Elder and At-Risk Adult Abuse and Neglect Joint Investigative Guidelines

Effective March 7, 2017

Official Endorsements:
These guidelines are endorsed by the following agencies:

Joe Pelle — 02/22/17
Sheriff, Boulder County

Greg Testa — 02-22-17
Chief, Boulder Police Department

Rick Bashor — 2/22/17
Chief, Lafayette Police Department

David Hayes — 2-22-17
Chief, Louisville Police Department

Kimberly Stewart — 02-22-17
Chief, Erie Police Department

Mike Butler — 2-22-17
Chief, Longmont Police Department

Paul Carrill — 3/9/17
Chief, Nederland Police Department

DocuSigned by: Melissa Zak 851B01D031314F1... — 3/1/2017
Melissa Zak
Chief, University of Colorado Police

Stan Garnett — 2/22/17
District Attorney, Boulder County

Emma Hall — 2/22/2017
Coroner, Boulder County

Frank L. Alexander — 02/22/2017
Director,
Boulder County Department of
Housing and Human Services

Peter Lawrence — 2.22.17
Marshall, Town of Ward
G. Thomas Montoya

I. Preface

It is the goal of each agency involved in the creation of these guidelines to hold as our first priority the safety of elders and at-risk adults in Boulder County. This goal is best accomplished by a coordinated, countywide effort to serve elders and at-risk adults and their caregivers. These guidelines also help provide consistency in how investigations into elder and at-risk adult abuse and neglect cases are handled, providing for more efficient and effective investigations and prosecutions.

The goal of these guidelines is to clarify the coordinated duties and responsibilities of agencies involved in reporting, responding to and investigating reports regarding the mistreatment, exploitation and self-neglect of elders and at-risk adults.

These guidelines were implemented initially on May 2, 2012. In 2013, SB13-111 made provision for mandatory reporting for elders which required the modification of these guidelines. Subsequently, SB15-109 extended mandatory reporting for adults with intellectual or developmental disabilities. The guidelines are reviewed and renewed on or before five years from the date of the official signatures.

These guidelines are written and agreed on to encourage a coordinated response during all hours, provide for special requests for assistance from one agency to another, and arrange for joint investigations when needed to maximize the effectiveness of the civil and criminal investigative processes. These guidelines are general in nature, providing a framework to assist investigators in these type cases. It is recognized and accepted that each case is different, and may require some variation in how an investigation proceeds. Furthermore, the intent of these guidelines is to support and encourage coordination, cooperation, and understanding and to establish areas of responsibility for each agency normally involved in the reporting, investigation and treatment of elder and at-risk adult abuse and neglect cases.

It is understood that joint investigations may be used as a means to coordinate the efforts of the involved agencies, and that each individual agency remains accountable to its own rules, policies, and statutes.

It is understood that all agencies shall accept reports of known or suspected abuse or neglect of elders and at-risk adults, and comply with the law.

II. Definitions

Adult Protective Services (APS) – The Adult Protection unit of the Boulder County Department of Housing and Human Services.

A person with a disability - (18-6.5-102) means any person who is impaired 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 is unable to walk, see, hear, or speak, or is unable to breathe without mechanical assistance, or is developmentally disabled as defined in section 25.5-10-202 or has a mental illness as defined in section 27-65-102; or is mentally impaired as defined in section 24-34-501.

At-risk person (criminal definition) – (18-6.5-102) (4.5) means an at-risk adult, an at-risk adult with IDD, an at-risk elder, or an at-risk juvenile.

At-risk adult (criminal definition) – (18-6.5-102) (2) means any person who is seventy years of age or older, or any person who is eighteen years of age or older with a disability.

At-risk adult (civil definition) - (26-3.1-101) (1.5) means an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary his or her health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person or affairs.

At-risk adult with IDD – (18-6.5-102) (2.5) means a person who is eighteen years of age or older and is a person with an intellectual and developmental disability as defined in 25.5-10-202(26) (a).

At-risk elder – (18-6.5-102) (3) any person who is seventy years of age or older.

Caretaker - (18-6.5-102) (5) 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 of an at-risk person; or (c) is paid to provide care or services to an at-risk person.

Caretaker Neglect - (18.6.5-102) (6)(a) 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.
(b)Notwithstanding the provisions of paragraph (a), the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, and artificial nutrition and hydration, in accordance with any valid medical directive or order or as described in a palliative plan of care is not deemed caretaker neglect.

(c) As used in this subsection (6), "medical directive or order" includes a medical durable power of attorney, a declaration as to medical treatment executed pursuant to section 15-18-104, C.R.S., a medical order for scope of treatment form executed pursuant to article 18.7 of title 15, C.R.S., and a CPR directive executed pursuant to article 18.6 of title 15, C.R.S.

Cognitive Disability – means an impairment of intellectual functioning and/or adaptive behavior.

Communication Disability – means an impairment of the ability to receive, process, comprehend and express concepts, verbal or non-verbal systems.

Exploitation - (18-6.5-102) (10) means an act or omission 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 his or her money, assets, or property; (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.

Financial Institution – (26-3.1-102) (5) means a state or federal bank, savings bank, savings and loan association or company, building and loan association, trust company, or credit union.

Intimate Relationship - A relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

Mandatory Reporter – (18-6.5-108) (b) means (I) Any person providing health care or health-care-related services, including general medical, surgical, or nursing services; medical, surgical, or nursing specialty services; dental services; vision services; pharmacy services; chiropractic services; or physical, occupational, musical, or other therapies; (II) Hospital and long-term care facility personnel engaged in the admission, care or treatment of patients; (III) First responders including emergency medical service providers, fire protection personnel, law enforcement officers, and persons employed by, contracting with, or volunteering with any law enforcement agency, including victim advocates; (IV) Medical examiners and coroners; (V) Code enforcement officers; (VI) Veterinarians; (VII) Psychologists, addiction counselors, professional counselors, marriage and family therapists, and registered psychotherapists, as those persons are defined in Article 43 of Title 12, C.R.S.; (VIII) Social workers, as defined in Part 4 of Article 43 of Title 12, C.R.S.; (IX) Staff of Community-centered boards; (X) Staff, consultants, or independent contractors of service agencies as defined in Section 25.5-10-202(34); (XI) Staff or consultants for a licensed or unlicensed, certified or uncertified, care facility, agency, home, or governing board, including but not limited to long-term care facilities, home care agencies, or home health providers; (XII) Staff or consultants for a home care placement agency; (XIII) Persons performing case management or assistant services for at-risk elders or at-risk adults with

IDD; (XIV) Staff of county departments of human or social services; (XV) Staff of state departments of human services, public health and environment, or health care policy and financing; (XVI) Staff of senior congregate centers or senior research or outreach organizations; (XVII) Staff, and staff of contracted providers, of area agencies on aging, except the long-term care ombudsman; (XVIII) Employees, contractors, and volunteers operating specialized transportation services for at-risk elders and adults with IDD; (XIX) Court-appointed guardians and conservators; (XX) Personnel at schools serving persons in preschool through twelfth grade; (XXI) Clergy members, except that the reporting requirement does not apply to a person who acquires reasonable cause during a communication about which the person may not be examined as a witness pursuant to Section 13-90-107(1)(c), unless the person also acquires such reasonable cause from a source other than such a communication; (XXII) (A) Personnel of banks, savings and loan associations, credit unions, and other lending or financial institutions who directly observe in person the mistreatment of an at-risk elder or who have reasonable cause to believe that an at-risk elder has been mistreated or is at imminent risk of mistreatment; and (B) Personnel of banks, savings and loan associations, and other lending or financial institutions who directly observe in person the mistreatment of an at-risk adult with IDD or who have reasonable cause to believe that an at-risk adult with IDD has been mistreated or is at imminent risk of mistreatment by reason of actual knowledge of facts or circumstances indicating the mistreatment.

Mistreated or mistreatment – (18-6.5-102) (10.5) means (a) abuse; (b) caretaker neglect; or (c) exploitation.

Self-neglect – (26-3.1-101) 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.

Theft – (18-6.5-103) (5) A 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 person, or who commits theft against an at-risk person while acting in a position of trust, whether or not in the presence of the victim, or commits theft against an at risk person knowing the victim is an at-risk person, whether in the presence of the victim or not, is subject to aggravated charging, dependent on the value of the thing being taken.

Undue Influence - (18-6.5-102) (13) means the use of influence to take advantage of an at-risk person's vulnerable state of mind, neediness, pain or emotional distress.

III. Mandatory Reporting for At-Risk Elders and At-Risk Adults with IDD

A ***Mandatory Reporter*** who observes the ***mistreatment*** of an at-risk elder or an at-risk adult with IDD, or who has reasonable cause to believe that an at-risk elder or at-risk adult with IDD has been mistreated or is at imminent risk of mistreatment shall report to a law enforcement agency **within 24** hours after the observation or discovery. This report shall include:

1. Name, address and contact information of the at-risk person,
2. Name, address and contact information of the reporter,
3. Name, address and contact information of the at-risk person's caretaker, if any,
4. Name of the alleged perpetrator, and
5. Nature and extent of the abuse or suspected abuse.

Within twenty-four hours law enforcement agency shall notify county APS and the District Attorney's Office. As appropriate, law enforcement conducts its criminal investigation and provides summary report to APS and the District Attorney's Office.

IV. Responsibility for Investigations

Law Enforcement Agencies are primarily responsible for the coordination and investigation of criminal allegations involving elders and at-risk adults, including mistreatment, exploitation, physical, sexual or financial abuse, neglect or caretaker-neglect.

Adult Protective Services is primarily responsible for investigating reports of suspected mistreatment, exploitation and/or self-neglect of elders and at-risk adults if the situation is civil and does not violate a criminal statute. However, elders and at-risk adults have the right to refuse protective services. If protective services are refused, and APS believes that the adult has the decision-making capacity to refuse services, no further action is taken.

The District Attorney's Office is responsible for reviewing mandatory reports and other law enforcement reports of criminal actions, or reports of threats of mistreatment of elderly and at-risk adults to determine possibility of prosecution.

V. General Procedures for Joint Investigations

Any agency may request assistance from another agency in the investigation and assessment of the elder or at-risk adult's safety and wellbeing. Additionally, any agency may request stand-by assistance from any other agency. (For example, in cases where an APS caseworker's safety may be in question or where law enforcement needs assistance with a client with dementia). In any situation where there is an allegation of criminal activity, Law Enforcement should be involved with the initial interview. When a joint investigation is required, the APS caseworker and law enforcement officer(s), may conduct joint interviews, compare notes, and clarify information following the interviews. Law enforcement will be considered the lead agency in criminal joint investigations. APS is considered the lead agency in non-criminal joint investigations.

When a joint investigation is deemed to be advisable the appropriate law enforcement agency (that with jurisdiction over the address where the incident is believed to have occurred) is contacted through their communications center. APS caseworkers are contacted between 8 a.m. and 4:30 p.m. through their screening team by calling 303-441-1309; after hours, contact Dispatch and ask for the on-call social worker. For questions or guidance on investigations contact the District Attorney's Office Community Protection Division during business hours by calling 303-441-3700 and requesting to speak to a "charging" DA; if the call is made after 5:00 p.m. on weekdays, or on weekends, the "on call" Deputy District Attorney should be called on the number provided to law enforcement communications centers.

Confidentiality: APS reports and investigations shall be confidential. Disclosure of information, including the name and address of the at-risk adult, members of the adult's family, reporting party's name and address, or any other identifying information contained in reports shall be permitted only when authorized by a court of law as outlined in Section 26-3.1-102(7), C.R.S.

VI. Law Enforcement Investigation Guidelines

A. Cross Jurisdiction Cooperation within Boulder County

The priority shall be to meet the victim's needs. If any part of the offense occurred where it is first reported, that law enforcement agency should take the initial report and share it with the other agencies. If no part of the offense occurred where it is first reported, the law enforcement agency should take a minimal facts report and forward the elder or at-risk adult's report to the appropriate jurisdiction. If possible the receiving agency should facilitate person-to-person contact for the elder or at-risk adult to ensure a seamless hand off to the appropriate agency.

B. Initial Response – Federal Mandatory Reporting

Section 1150B of the Federal Social Security Act, as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010, requires specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. Law enforcement receiving reports from a facility will investigate the report and take appropriate action.

C. Initial Response – State Mandatory Reporting

1. If an at-risk elder or an at-risk adult with IDD is displaying some of the signs of physical abuse listed in Appendix B, neglect as listed in Appendix C, exploitation as listed in Appendix D, emotional abuse as listed in Appendix E, or financial exploitation as listed in Appendix G further investigation is warranted. Pay particular attention to changes in behavior reported by family members, friends, caregivers, etc.

2. When speaking with family members, friends and caregivers use the information in Appendix I to help you determine if the person you are speaking with may be the suspect.

3. Always take the opportunity to interview the victim alone or with an impartial third party present. As in any investigation, all witnesses and others who may have information regarding the elder or at-risk adult should be interviewed to obtain a better picture of the situation. See Appendix A for additional tips.

4. Evidence Collection: Document, photograph, and/or collect all evidence in accordance with your agency's established procedures. See Appendix J for additional information.

D. Observation of and Treatment of Injuries

Examine the victim for physical injury and document and photograph any injuries. Ask the victim if they have a preference for the gender of the examiner. It is typically recommended that law enforcement officers of the same gender as the victim conduct visual examination for injuries. Obtain a list of all prescription and over the counter medication and supplements that are being taken.

In cases involving serious physical injury or suspected sexual abuse, the investigating officer, in cooperation with Adult Protective Services (if they are involved), shall obtain a medical examination of the victim for protection, treatment, and documentation purposes.

A trained specialist [Sexual Assault Nurse Examiner (SANE)] is sought in cases of sexual abuse. Investigators are not relieved of 4th Amendment requirements for conducting searches that do not involve consent or exigent circumstances. Investigators should obtain consent from the victim to conduct such a search and consideration generally should be given to the reasoning ability of the victim as well as their ability to understand what is occurring. A nurse or other qualified individual best handles these searches in a medical setting. In any case, investigators generally should have another credible person present during the exam.

Begin at the head and work down to the bottom of the feet in looking for any signs of abuse and neglect. Before examining a victim for injuries, it is important to explain to the victim what you are going to do. It may be necessary to remove the victim's clothing to observe hidden injuries. When this occurs, a second person should be present for the comfort of the victim and the protection of the investigator. At no time should the victim be completely undressed.

It is optimal that a medical technician makes the physical assessment; however, at the initial contact it is not always possible and must frequently be carried out by the investigator to determine whether medical care is needed.

E. Criteria for Medical Examination

The following circumstances may require an examination by a health care professional when there is reason to believe or suspect that the injuries are the result of abuse, neglect or self-neglect. As with all investigations these steps are taken only with victim's consent:

- When there is an allegation or reasonable suspicion of sexual abuse involving penetration or intrusion, the agencies sexual assault investigation procedure should be followed and the victim should be examined by a SANE.
- With the exception of minor injuries, any injury to a victim who does not possess the ability to explain what occurred or how the injury was received, or when the injuries location or severity does not match the description of how they were received;
- Any serious injury to the head or face of a victim, or reason to believe an internal head injury may be present, especially when force is involved;
- Any other injuries not minor in nature, including, but not limited to: fractures, excessive bruising, welts, and injuries with swelling or tenderness;
- Any 2nd or 3rd degree burn;
- If a victim appears ill (fever, vomiting, open wounds, etc.), or complains of pain or tenderness;
- If there is a question as to the need for a medical examination, a health care professional or EMS should be consulted.

F. Medical Documentation of Abuse/neglect

- Remember that medical records are confidential.
- If there has been recent physical abuse, the officer should have the victim sign a medical release form to cover the period of the incident only.

- If there is any cognitive issue, a medical release form should NOT be signed by the victim. Officers should utilize discretion and may need to contact a family member or other responsible party

G. Identifying and Interviewing Potential Witnesses

These should include where relevant:

- The reporting party.
- Outcry witnesses.
- Guardian or Conservator.
- Friends and relatives.
- Caregivers.
- Medical personnel.
- Neighbors.
- Counselors/mental health personnel (be aware that a medical release may be required).
- Adult services personnel.

When interviewing these witnesses it is important to address behavioral indicators of physical, sexual, emotional or financial abuse or neglect (see Appendixes B, C, D, E and G). The presence of certain behavioral indicators corroborates the victim's account of abuse or neglect. Also ask them about the victim's behavior and demeanor when they were discussing the abuse/neglect, ask them about any behavioral changes or unusual behavior exhibited by the victim. Also ask these witnesses to describe the relationship and behavior they have observed between the victim and the suspect.

All witnesses should be interviewed separately and if possible recorded both visually and audibly.

If the suspect is a caregiver, for example a nursing home employee or an adult services provider, measures should be taken to expand the investigation into identifying other victims.

H. Interviewing the Victim

Interview evidence in elder and at-risk adult abuse investigation can play a crucial role in an effective prosecution. When interviewing an elder or at-risk adult abuse victim, special attention should be paid to the possibility the victim might suffer from memory loss, have difficulty communicating, or may expire between the initial interview and the prosecution. For this reason, the use of forensic interview centers (Blue Sky Bridge is the forensic interview center for this

area) and video recorded depositions may be essential and law enforcement and the District Attorney's Office should be consulted to strategize the best option in each case.

Whenever feasible and useful to the investigation, interviews of victims of elder abuse and or at-risk adult or neglect can be done in coordination with APS. See Interview Guidelines, Appendix A, for further details.

During the interview with the victim it is important to observe and document his/her demeanor as well as the content of his/her statement. Keep in mind that the victim may be hesitant to report or cooperate in an interview if the suspect is in a position of trust or control over the victim. Observe and record the behavior of the victim and the suspect toward each other that occurs in your presence.

Be sensitive towards the victim and DO NOT REPEATEDLY ASK THEM ABOUT THEIR WILLINGNESS TO PROSECUTE. It is our duty to prosecute, not theirs! Their reluctance may be for a number of reasons, including: Sending the perpetrator to prison (often family); fear of the court process; embarrassment or shame; fear of losing their independence, fear of losing their family or friends and losing their ability to make decisions about their own life.

A thorough investigation contains more than just a victim statement – make sure that you have been diligent in collating all the evidence so that it can be used independently of the victim.

I. Photographic and Video Evidence

The utilization of photographic, and audio and video evidence is crucial in elder or at-risk adult abuse investigations. In certain investigations it could become a critical component if the victim of the crime expires prior to adjudication of the case.

- Caution should be exercised about videotaping the interview with the victim, and it is advised that the District Attorney's office should be consulted. If the victim passes or is unable to give evidence at the trial, it is very likely due to confrontation issues that this evidence could not be introduced by the prosecution at trial. The District Attorney's Office can assist with arranging for a video deposition to be taken immediately after charging. This will be admissible if there are problems with the victim attending trial.
- All photographic and/or video evidence should be gathered and handled per departmental procedure.
- Photographs and/or videos of physical injuries should be taken as soon as possible and again when bruising is prominent.
    - Use extreme sensitivity when photographing or videotaping injuries on elder or at-risk adult victims to prevent alarming them any further.
    - Take full body and close-up photos of the injured area.
- Photograph and/or videotape areas in the environment where the injury occurred.
- Photograph and/or videotape the general conditions in a home where such things as soiled bedding, filth, exposed wiring, inadequate plumbing, etc., may exist.
- Follow-up photos and/or videos (i.e. bite marks, bruises, scratches, etc.)

J. Physical Evidence

The physical evidence to be gathered is dependent on the crime being investigated. See Appendix J for suggestions.

All physical evidence is gathered per departmental procedure and guidelines and documented as to the location of collection.

K. Other Investigative Techniques

There are other specialized investigative techniques that may be of value in certain cases. Supervisory review and/or consultation with a detective may be helpful for any of the following suggested techniques:

- Pretext phone calls (could be utilized in a sexual assault investigation or any other investigation where the victim knows the perpetrator and thinks an incriminating statement could develop through this type of call).
- Usage of surveillance (could be utilized where facility/caregiver abuse is suspected).
- Undercover operations (could be utilized in facility abuse investigations).
- Forensic interviews (utilizing the professionals at Blue Sky Bridge or other resources to conduct a forensic interview).

L. Interviews of Perpetrators

The initial perpetrator interviews will be conducted by the investigating officer and/or detective. All available information should be shared between those investigating the situation prior to the interview. These should be videotaped if possible.

Consideration must be given to the integrity of the case in assessing the timing of the perpetrator interview; however, the overriding factor in determining timing rests in the ability to assure the safety of the victim.

M. Documentation of Investigations

When investigating an incident that may involve elder or at-risk adult abuse or neglect, a report should be made that contains all pertinent facts of the investigation.

Documentation is completed whether the abuse/neglect is founded or unfounded and shared between law enforcement, APS and the District Attorney's Office within 24 hours.

During the investigation of a criminal complaint information is shared with and between the law enforcement agency and the APS. Upon completion of the law enforcement investigation, the law enforcement agency forwards a copy of the offense report to APS.

When elder or at-risk adult abuse/neglect is discovered during the course of an investigation of another criminal offense, the law enforcement agency contacts APS and provides the appropriate reports.

When completing a report of possible elder or at-risk adult abuse/neglect, provide the victim with service referrals such as domestic violence assistance, food banks, and information and assistance services (see Referral Process to Community Resources).

Document past violence in as much detail as possible, including but not limited to: The date, offense, suspect, witnesses and any other evidence of past crimes.

N. Charging Guidelines

The decision to make an arrest or issue a summons in these cases will sometimes be a very difficult one for the officer despite his or her training. Oftentimes, the elder or at risk adult will be opposed to law enforcement action in a way that has some similarities to the reactions of victims of domestic violence. Boulder County has Deputy District Attorneys who have been specially trained in elder and at-risk adult abuse. Law enforcement is encouraged to contact the District Attorney's Office for advice at any time during the course of their investigation. This can be done by email, by telephone or by calling in without the need for an appointment. General Line: 303 441 3700.

See Appendix F for contact information for the Deputy District Attorneys specially trained in elder and at-risk adult abuse investigation/prosecution.

Be creative in your process. If the victim is reluctant to press charges, consider options for the safety of the victim. The benefit/safety of the victim is paramount vs. the wishes/input from the caregiver. In addition, the following guidelines are derived from the Colorado Revised Statutes.

Statutes concerning elder and at-risk adult abuse are found in Title 18, Article 6.5. The sentence enhancements for elder or at-risk adult abuse crimes are detailed in C.R.S. 18-6.5-103. Additional statutory definitions which may be helpful in making charging decisions are found in C.R.S. 18-6.5-102.

O. Summons vs. Arrest

A summons may be issued when:

- Misdemeanor abuse or neglect has occurred, the suspect is cooperative and risk of further abuse is minimal.

- Third party abuse occurred and the suspect poses no further threat to the victim and there is no need for a "no contact" provision of the bond.

A felony summons should be considered in cases where the above criteria for summons have been met, but due to the sentencing enhancements the charge is classified as a felony.

An arrest is usually made when:

- After investigation it is determined that the elder or at-risk adult is in continued danger of abuse/neglect once the officer or social worker leaves.
- A felony (bodily injury or serious bodily injury) has occurred.
- An act of domestic violence has occurred.
- Sexual abuse has occurred.

Safety of the victim is paramount in elder or at-risk adult abuse cases. Contact the appropriate advocacy agency to assist the victim with safety planning. It is critical that if the suspect is arrested there is a plan in place to assure the welfare of the victim. This is especially true when the arrestee is the primary caregiver.

In investigations of financial exploitation an arrest is made when probable cause exists for a financial crime under the Colorado Revised Statutes.

VII. Protection Orders

Protection orders are of great importance to promote safety, reduce violence, and prevent serious harm and death. There are two processes for obtaining protection orders within the State of Colorado, a simplified civil process and a mandatory criminal process. There are generally two types of protection orders: civil and criminal.

Criminal protection orders are issued pursuant to C.R.S. 18-1-1001.

Civil protection orders are issued pursuant to C.R.S. 13-14-101. These civil protection orders include protection orders against domestic abuse and abuse of the elderly or at-risk adults. Note that under the statute, civil protection orders can be issued to prevent emotional abuse of the elderly. This is defined by the statute to include verbal harassment. It is important for officers to know that the Community Protection Division of the District Attorney's Office has experience with assisting elders who are feeling threatened or harassed by neighbors or others, and who wish to apply for a Civil Protection Order. Officers can refer any such situation to the Director of Community Protection – contact details in Appendix I

Criminal protection orders restrain a defendant from harassing, molesting, intimidating, retaliating against, or tampering with any witness to or victim of the acts charged. In cases of domestic violence as defined in CRS 18-6-800.3 and cases involving crimes included in the crime victim compensation and victim and witness rights statute as defined in CRS 24-4.1-302, the court may impose any of the following:

- An order to vacate or stay away from the home of the victim or witness and to stay away from any other location where the victim or witness is likely to be found;
- An order to refrain from contact or direct or indirect communication with the victim or witness;
- An order prohibiting possession or consumption of alcohol or controlled substance;
- An order prohibiting possession or control of a firearm or other weapon; and
- Any other order the court deems appropriate to protect the safety of the victim or witness.

Source: C.R.S. 18-1-1001(1) and (3).

In a criminal case, before a defendant is released on bail the court shall, in cases involving domestic violence, state the terms of the protective order, including any additional provisions added, to the defendant on the record and the court shall further require the defendant to acknowledge the protective order as a condition of any bond for the release of the defendant. Unless the court makes a specific provision allowing a person charged with domestic violence to return to the residence for a civil stand-by, a criminal defendant is not allowed to return to the victim's residence. In non-domestic violence cases, a criminal protection order will not typically bar a defendant from having contact with the victim or witness.

In a civil case, during the pendency of the temporary protection order, a respondent who is excluded from his or her home due to a court order may be allowed a civil stand-by. A civil stand-by allows a restrained party to return to residence only one time "to obtain sufficient

undisputed personal effects as are necessary for such person to maintain a normal standard of living" during the time until the next hearing. In order for there to be a civil stand-by, a peace officer must be present while the restrained party is at or in the shared residence. C.R.S. 13-14-102(8) (a). If there are other items in the residence that are not those few items subject to the civil stand-by, a restrained party has the ability to file a forcible entry and detainer action in order to obtain the remainder of their property. C.R.S. 13-14-102(8) (c).

VIII. Domestic Violence

Domestic violence occurs in elder and at-risk populations as in any other population and the safety of the victim is paramount in elder or at-risk adult abuse cases. If the arrested party is the primary caregiver for an elder or at-risk adult the officer should attempt to locate suitable support for the elder or at-risk adult. The basic needs of the victim or non-offending party should be considered. The department's domestic violence and victim's rights procedures should be followed in all applicable investigations.

IX. Criteria for Notifying Coroner

A. Unattended Death

The Coroner's Office should be called to respond to all unattended deaths when the decedent was not under hospice care.

B. Hospice/Physician Attended/Nursing Home Death Investigation

The Coroner's Office does not normally respond to these types of deaths. If there is any trauma, injury, abuse, neglect, overdose or suspicious circumstances the Coroner's Office should be alerted

C. Serious Injury or Illness When Death Occurs

The Coroner's Office should be called when death occurs due to:

- Injury or illness as a result of caregiver abuse or neglect, or self-neglect
- Possible overdose, either self-administered or administered by care giver
- Suspicious circumstances

D. Serious Injury or Illness When Death is a Likely Outcome

The Coroner's Office should be given a courtesy call on pending deaths due to:

- Injury or illness as a result of abuse or neglect, or self-neglect

- Possible overdose, either self-administered or administered by care giver
- Suspicious circumstances

E. Investigations

At the scene of a death the Coroner's Office has jurisdiction over the body, and law enforcement has jurisdiction over the scene. Upon entering, analyze the circumstances and take precautions to preserve the scene and all potential items of evidentiary value, all without handling the body.

F. Coroner's Duty to Notify Law Enforcement

If the Coroner's Office responds to a death with suspicious circumstances the appropriate law enforcement agency is notified immediately.

X. District Attorney's Office Guidelines

A. Prosecution

The prevention of elder and at-risk adult abuse and exploitation, and the prosecution of those who engage in that criminal activity are of critical importance to the District Attorney's Office of the 20th Judicial District. The District Attorney's Office is committed to protecting at-risk victims by prosecuting under Colorado's At-Risk statute when warranted.

If at any time a law enforcement officer has questions about an investigation, warrant, or other issues, or requires advice on the furtherance of an investigation, the District Attorney's Office has attorneys trained in elder investigations to help ensure justice for elder and at-risk victims.

The District Attorney's Victim/Witness Unit has advocates and volunteers experienced in counselling victims of elder abuse. The Unit is available to help victims through any prosecutions. The Victim's Compensation Section for the District Attorney's Office can provide information and forms regarding any compensation that might be due as the result of a violent crime. Victim Advocates, Victim's Compensation Specialists, and Restitution Specialists are available to elders and at-risk adults to assist them with filling out and filing any forms that might be required for an investigation or prosecution.

The Community Protection Division of the District Attorney's Office may be contacted to assist an elder or at-risk adult who has been the victim of financial exploitation or identity theft, or thefts involving money wired overseas, stolen credit cards, or other types of financial crimes. The Community Protection staff proactively provide advice to seniors to prevent them falling victim to financial crimes.

The District Attorney's Office co-hosts the Elder Fatality Review Team, drawing from the aging services and/or adult protection staff, the Coroner's Office, and law enforcement for reviewing suspicious elder or at-risk adult death cases.

B. The Sexual Assault Review Team (SART)

SART is dedicated to ensuring a coordinated and comprehensive response in sexual abuse/assault investigations. The weekly SART meetings are available to provide multi-disciplinary team (MDT) members with consultation and advice regarding any sexual assault investigation. The meetings also allow coordination of victim services. SART is comprised of representatives from prosecution, law enforcement, adult and child protective services, victim advocates from the DA's Office, Blue Sky Bridge, representatives from Moving to End Sexual Assault (MESA) the local rape crisis center, mental health therapists, and medical personnel as indicated. Mental health workers, medical professionals or other professionals involved in a specific case may be invited on a case-by-case basis. The team reviews sexual assault cases prior to arrest and filing of charges and review both juvenile and adult offender cases. Law enforcement personnel are encouraged to bring cases to the team prior to an arrest except in cases where safety is a concern.

Meetings: Every Wednesday at 3:00 p.m. at the District Attorney's Office

Contact: District Attorney's Office (303) 441-3700

XI. Adult Protective Services Guidelines

APS has three primary responses to incoming reports. These include: provide information and/or referral to another agency (ies) when the allegation does not involve mistreatment or self-neglect of an at-risk adult; contact the responsible care provider, who is not the suspected perpetrator to resolve the issue: or conduct an investigation of the allegations and the adult's overall well-being and provide protective services when appropriate.

Once it is determined that an APS investigation is necessary, an APS caseworker will be assigned to investigate. This investigation involves gathering more information about the elder or at-risk adult and the situation by calling or visiting the at-risk adult, the person who made the report, and other persons, such as family, caregivers, or physicians who might have important information about the at-risk adult and/or at-risk adult's situation. If it is determined that the at-risk adult's health, safety, or welfare is in jeopardy, the APS caseworker will seek the at-risk adult's consent to services. The APS caseworker will work with the at-risk adult to resolve the safety concerns, while respecting the rights of the at-risk adult.

APS investigations and services are always provided with strict adherence to program goals that include:

- Self-determination: an at-risk adult may refuse or reject adult protective services.
- Least restrictive interventions: an at-risk adult may expect that interventions will be provided in a manner that will cause minimal disruption to the at-risk adult's life; and
- Confidentiality: reports concerning the mistreatment or self-neglect of an at-risk adult are confidential unless a court orders the release of records. APS caseworkers may also share information with law enforcement or the DA's Office necessary to effectively conduct joint investigations, or collaborate on effective solutions to assist the at-risk adult or provide for his/her safety.

Protective services for at-risk adults may include, but are not limited to:

- Counseling and casework services
- Protection from mistreatment
- Referrals to community service providers
- Arrangement of appropriate services
- Assistance with applications for public benefits
- Initiation of probate proceedings

If an at-risk adult refuses protective services and APS has substantial concerns about the at-risk adult's capacity to make such a decision, APS may:

- Encourage interested and reliable family members or acquaintances of the elder or at-risk adult to petition the court for a determination of the elder or at-risk adult's decision-making capacity; or
- If no appropriate family members or acquaintances are willing or capable of petitioning the court, APS may petition the court for a determination of the at-risk adult's decision-making capacity and to determine the appropriateness of a guardianship or conservatorship. Section 15-14-306, C.R.S.

APS Contacts:

APS Screening & Intake: 303-441-1309 this number takes calls 24 hours every day including weekends and holidays
APS Supervisor: 303-441-1257

XII. Adult Protection Review Team (APRT)

The APRT was established pursuant to Senate Bill 91-84, C.R.S. 26-3-1-103. The purpose of the team is to ensure a broad range of community services and support for at-risk adults and elders, identify gaps in service, support the development of needed community resources, support, and advise the Adult Protective Services (APS) staff. The team reviews cases provided by APS and APRT members as a means of identifying gaps in services. The team reviews applicable regulations and policy changes that may impact elder and at risk adults disabled adults; provides collaborative case management; promotes interagency education, networking; and provides a venue for collaboration among members working with at-risk and elder adults.

Suggested membership may include, but is not limited to, staff representing the following groups:

Physician (health/medical)	Mental Health
Attorney	Hospital Social Worker
Office on Aging	Physically disabled
Law Enforcement	District Attorney's Office
Home Health	Community Representative
Substance Abuse Professionals	Domestic Abuse Professional
Housing Authority	Developmentally Disabled
Senior Center	Financial Institutions
Ombudsman	Health Department
55+ Service	Emergency Room
Basic Needs Provider	Emergency Medical Response
Clergy	Options for Long Term Care
Sexual Assault Professional	Adult Protective Services

Meetings: The Team meets on the second Thursday of the month from 11:30 a.m. to 1:00 p.m. at rotating locations. Contact: APS Supervisor at 303-441-1257

XIII. Referral Process

A. Referral Process to Adult Protective Services

Under Section 1150B of the Federal Social Security Act, as established by section 6703(b)(3) or the Patient Protection and Affordable Care Act of 2010, there is a requirement for specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. Law enforcement receiving reports from a facility will investigate the report and take appropriate action.

APS staff investigates reports of mistreatment* and self-neglect of at-risk adults. APS staff assesses the need for protective services and provides services to reduce the identified risk to the adult. These services may include case coordination, short-term case management, access to client service dollars for short term emergent needs, guardianship and/ or representative payee, and information and referral. APS's mission is to protect adults who are at-risk of abuse, neglect, or exploitation, to promote self-sufficiency, and to enhance the dignity and self-worth of all served. If the safety of the elder or at-risk adult requires it, APS will release to law enforcement records provided to them by other agencies, and can work with law enforcement to jointly investigate allegations of abuse, neglect, or exploitation.

*"Mistreatment", pursuant to Section 26-3.1-101(7), C.R.S., for APS purposes means:
A. Abuse;
B. Caretaker neglect;
C. Exploitation;
D. An act or omission that threatens the health, safety, or welfare of an at-risk adult; or,
E. An act or omission that exposes an at-risk adult to a situation or condition that poses an imminent risk of bodily injury to the at-risk adult.

B. Eligibility

In order to be eligible for Adult Protective Services an adult must:

- Meet the definition of an at-risk adult (see above under definitions);
- Be the victim of mistreatment or self-neglect;
- Consent to receive APS help or be determined by a court to be incapable of providing such consent.

APS may assist Law Enforcement in the investigation of:
"Mistreatment", pursuant to Section 26-3.1-101(7), C.R.S., investigations and those reports are made to APS through the 24 hour/7 day per week DHHS Screening Hotline at 303-441-1309.

Appendix A: Guidelines for Interviewing

A. General Considerations

- A touch on the arm can help focus an elder or at-risk adult if they become distracted. But be aware that some persons with disabilities are touch-aversive and may become agitated if touched.
- Use plain language, avoid jargon and use short sentences. Be careful not to use a condescending or infantilizing tone.
- Avoid interviewing a victim with family or others present, with the exception of advocates, who may be present during the interview if the victim wants this support.
- If the victim is living in a facility, interview them away from staff and other residents.
- Determine when is the best time of day for the older or at-risk adult to conduct an interview and any follow-up interviews. Older or at-risk victims may be taking medications or need to eat or sleep at certain times of the day. Some persons with disabilities may become distressed or upset if their routines are disrupted.
- Plan for and be available for the necessary amount of time. Some interviews with older or at-risk individuals take longer to complete, and more than one interview may be needed to obtain the necessary information.
- Consider glare, noise, and comfort so both of you are able to concentrate.
- Be sure the older or at-risk adult has any needed items, such as eyeglasses, hearing aids or communication board to conduct the interview.
- If using printed materials, or if the older victim needs to sign any forms, consider having documents in large type.
- Convey the message to the older or at-risk victim that the abusers are responsible for their own behavior. The offender's use of abuse is unacceptable and not justified.
- Acknowledge the older or at-risk victim's fears, anxiety, anger, or ambivalence; validate the older adult's feelings. Pay attention to your own body language and reactions, taking care to not appear to blame, accuse, or disbelieve the victim.
- Watch the victim's body language. Reassure the victim that cooperation is important and appreciated. The victim is not responsible for the prosecution of the suspect – that it is the responsibility of law enforcement officers and prosecutors.

B. Beginning an interview with an older adult

- Make sure the victim knows who you are, why you are there, and how the information will be used.
- Offer to shake hands but allow the elder or at-risk adult decide whether they want to or not (some persons with disabilities and survivors of interpersonal violence may be touch-aversive).
- Explain the reason for audio or videotaping an interview if you are doing so.

- Begin the interview with general, non-invasive questions: "How are you feeling?" "How would you like for me to address you?" "I am sorry this happened to you," to show concern for the victim's well-being and to help the victim relax.
- Build rapport with the older or at-risk victim through questions about his/her interests, hobbies, pets, and likes and dislikes. Find a starting point by looking for signs of a pet, family photos, collectibles, magazines, etc.
- For a younger investigator, an older person may feel the investigator does not have enough experience to be helpful. It can be useful to acknowledge the age difference and remind the victim that the investigator is there to help.
- Ask if the victim needs any accommodations to complete the interview, such as eyeglasses, a hearing aid or breaks to take medications, drink water or eat.

C. General questions

- Ask the victim's name, address, phone number and who lives in the home for documentation. Whether or not an older or at-risk person can answer these questions may provide some information about their cognitive function. Note any difficulties the older person has.
- Ask "What do you do on a typical day?" This will help provide information about how much the victim gets out and who the victim sees.

D. Closing the Interview

- Ask if there is anything else the older or at-risk adult would like to add or discuss.
- Ask if the older or at-risk adult has any questions for you.
- Avoid abruptly ending an interview with an older or at-risk adult. Instead, bring up topics discussed during the rapport-building stage of the interview.
- Reiterate that the abuser is responsible for the abuse, and that services and assistance are available.
- Discuss safety planning options (e.g., what to do if the abuser contacts the victim, etc.) and provide resources.
- Inform the victim that referrals, such as APS, Aging Services, or a domestic violence or sexual assault program (Safehouse, MESA, etc.) will be made
- Thank the older or at-risk adult, indicate what will happen next, and provide your contact information.

Interviewing elders and at-risk adults may be difficult. When you interview any individual with a disability it is appropriate to obtain the assistance or support of a professional versed in that disability. For safety reasons, and to protect the integrity of the investigation, first ensure the professional is not a potential suspect. Following the guidelines may assist the interviewer in obtaining the information necessary to determine if a crime has occurred and the course of action that should be taken.

- **Always** interview the victim. If you initially think an older or at-risk victim cannot be interviewed, seek guidance from a supervisor and other resources in the community that would allow you to go forward with a successful interview.
- Speech production problems do not signal an intellectual impairment. In most cases, disabilities that affect the mechanism of speech production (e.g., cerebral palsy, stroke) are unrelated to intellect.
- If you have had little interaction with persons with disabilities, in some instances a victim's physical appearance may initially cause you some discomfort. This is normal and only requires time for adjustment.
- The elder or at-risk adult's caregiver (if not the alleged perpetrator) or case worker should be asked to provide a brief summary of the elder or at-risk adult's schedule and routines, ability to communicate and give consent, and information about medications and side-effects.

E. Victims of Abuse

- The interview should be conducted in a familiar or comfortable setting where the victim is most at ease (e.g., in their home). Noisy, threatening, or distracting settings should be avoided.
- The witness should be made to feel safe and be told whom you are and why you wish to speak with him or her.
- Consider cultural and generational differences and their impact on your investigation. Avoid making assumptions and generalizations about cultures and elders or at risk adults or persons with disabilities, and be aware of your own fears and biases. Demonstrate respect for an older or at-risk adult's culture and help prevent misunderstandings by explaining your actions.
- The words you use with persons with disabilities make a difference in how well the interaction will proceed. Use person-first language (e.g., use "the woman with autism" and not "the autistic woman.") Don't refer to them by their disability
- Speak slowly and clearly, but avoid shouting and over-enunciating. Attempt to minimize distractions.
- Ask questions one at a time and do not rush the older or at-risk adult to answer the questions. Give the victim time to organize and collect his/her thoughts. Be patient in waiting for responses. Realize that silence does not necessarily mean the victim does not understand the question.
- The victim should not be asked leading or suggestive questions.
- If it appears the victim does not understand or appear to understand a question, it should be re-worded. The interviewer should ask the victim to repeat concepts to insure it is

understood properly. (A victim with a cognitive disability may not tell you when s/he does not understand a question so it is important to pay attention to whether responses correlate to the question.)

- Ask the elder or at-risk adult to repeat the answer to a question if you do not understand the answer.
- Do not expect a chronological rendition of the victim's experience. Some persons with cognitive disabilities and those who have experienced a traumatic event process information differently.
- For some elders, at-risk adults, people with disabilities, and trauma survivors, eye contact may be uncomfortable.
- Watch for signs of stress and offer breaks as needed (many persons with disabilities will not ask for breaks). If the interview becomes unproductive, consider politely terminating it and scheduling a follow-up.

F. Cognitive/Intellectual Disability:

- Many people who have cognitive disabilities have an excellent recall of traumatic or special events in their lives.
- Persons with intellectual disabilities are generally concrete (not abstract) learners. Concrete learners tend to focus on immediate reality and like real-life examples, exact directions, and learning about real people and things. Abstract concepts like "justice" can be difficult to grasp. It may be helpful to keep this in mind when formulating questions.
- Persons with intellectual disabilities generally have short attention spans.
- Persons with intellectual disabilities may not act in an age appropriate manner.
- Persons with intellectual disabilities may have less friendships and social opportunities; they may lack support systems. Thus referrals to community resources and collaboration with APS are important with such victims.

Appendix B: Physical Abuse Indicators

The presence of one or more of these indicators does not constitute probable cause but warrants further investigation.

General Victim Behavior Indicators:

- Suddenly withdraws from routine activities or communications with friends and family.
- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions.
- Is confined (e.g., kept locked in a room, tied to furniture, or denied access to necessary mobility devices).
- Is isolated.
- Denies, minimizes, or blames self for what has happened, is hesitant to discuss, or gives "coded" disclosures – such as "my husband has a temper."
- Changes in behavior without explanation.
- Waits or fails to seek out help or medical treatment, misses appointments, or frequently changes doctors or hospitals.
- Visits hospital or physician with vague complaints such as anxiety, headaches, or digestive problems.
- Provides implausible or inconsistent explanations about what has occurred.
- Appears afraid, embarrassed, ashamed, withdrawn, or depressed.
- Reports being abused, neglected, or exploited.

Some indicators to look for when assessing abuse situations:

- Frequent injuries explained as accidental. Multiple bruising (black eyes, welts, lacerations) in various stages of healing.
- Bruises in specific shapes such as slap marks, belt marks, hanger marks, ligatures etc.
- Frequent bruising on the neck, head and face or bruising that doesn't match the description of how they were received.
- Unexplained, multiple or unusual burns.
- Unexplained fractures, sprains, dislocations, internal injuries.
- Bedsores, open untreated wounds.
- Swollen or tender limbs.
- Unexplained lacerations and abrasions.
- Unexplained abdominal injuries.
- Human bite marks.
- Injuries not in locations normally associated with accidental injuries, such as on the outside of arms, inside of legs, scalp, around throat, face, soles of feet, inside mouth on or behind the ears, on the trunk, genitalia, and buttocks.
- Elder or at-risk adult is guarded around others.
- Afraid to go home.
- Elder or at-risk adult has made an outcry to another.

- Poor peer relationships – few if any friends.
- Unrealistic expectations for the elder or at-risk adult by a caregiver or significant other.
- Broken eyeglasses/frames, physical signs of being punished or restrained.
- Drug and alcohol abuse.
- Over or under medicating.
- Delays in seeking medical care.

Appendix C: Neglect Indicators

The presence of one or more of these indicators does not constitute probable cause but warrants further investigation.

A. *Physical Indicators*

- Chronic hunger, dehydration or malnutrition.
- Unexplained changes in cognition or weight.
- Poor hygiene.
- Presence of untreated or mistreated bedsores (pressure ulcers).
- Left to sit in feces, and/or urine.
- Inappropriate dress.
- Unattended physical problems, medical or dental needs.
- Constant fatigue or listlessness.
- Missing doctor's appointments.
- Obvious disparity between part of the house occupied by the victim and the remainder.
- Over, under, or misuse of medication (look at victim's behavior or if the amount or type of medication available does not match the prescription).
- Home is so filthy and unkempt that the health of the elder or at-risk adult may be in jeopardy.
- May have a nuisance disease such as lice or scabies.
- Broken or absence of needed medical equipment, or aids such as eyeglasses, hearing aids, walkers, or wheelchairs.

B. Behavioral Indicators

- Begging for, stealing food.
- Chronic fatigue or listlessness.
- Alcohol or drug abuse.
- Elder or at-risk adult reports the need for assistance and they are unable to get help.
- Social isolation and lack of positive social/family support.

C. Environmental Indicators

- An unclean or unsanitary living environment.
- Strong odors of urine and/or feces.
- Lack of food.
- Lack of medication or needed assistive devices.
- Lack of heat, electricity, or running water.
- Safety issues.
- Abused or neglected pets.
- Damage to home caused by abusive behavior such as broken door frames, holes punched in walls, and broken furniture or household items.
- Dangerous environment due to basic safety and health standards not being met.
- Infestation of insects or rodents.
- House, roof, yard in disrepair.
- Evidence of hoarding.

Appendix D: Sexual Abuse

Sexual abuse is any non-consensual sexual contact or behavior of any kind, including harmful or unnecessary genital care practices. Sexual abuse can also include things like forcing an elder or at-risk adult to view pornographic materials, or leaving them undressed, or partially undressed in view of others without the elder or at-risk adult's consent. If an elder or at-risk adult is mentally impaired, consent usually cannot be given.

Experts or professionals who have provided care and treatment for the elder or at-risk adult should be consulted to determine if the person is able to legally consent to sexual activity.

Some indicators to look for when assessing for sexual abuse:

- Often, there are no visible indicators of sexual abuse.
- Difficulty in walking or sitting.
- Torn, stained, or bloody underclothing.
- Pain or itching in genital area, including during urination.
- Bruising or bleeding in external genitalia, vaginal, or anal areas.
- Bruising to outer arms, chest, mouth, abdomen, pelvis, or inside thighs.
- Bite marks.
- Venereal disease or other infections around the genitalia.
- Development of frequent urinary problems, such as bladder infections. Inappropriate (enmeshed) relationship between older or at-risk adult and suspect.
- Withdrawal, chronic depression.
- Hysteria, lack of emotional control.
- Threatened by physical contact, closeness.
- Fantasizing or exaggerating. The elder or at-risk adult may describe having a new boyfriend or girlfriend.
- Coded disclosures such as "I might be pregnant" or "He makes me do bad things."
- Compulsive behaviors, such as taking an excessive number of baths.
- Extreme reaction to being examined changed or bathed.
- Sleep disorder or nightmares.
- Regressive or aggressive behaviors.

Appendix E: Emotional Abuse Indicators

Emotional abuse or mental suffering is the infliction of anguish, pain or distress through verbal or non-verbal acts and includes any behaviors that cause mental suffering such as fear, agitation, confusion, severe depression, or other forms of serious emotional distress.

The presence of one or more of these indicators does not constitute probable cause but warrants further investigation.

Some indicators to look for when assessing for emotional abuse:

- Elder or at-risk adult is excessively passive, compliant or fearful.
- Elder or at-risk adult has hopeless affect.
- Elder or at-risk adult has no self-direction /self-esteem.

Examples of emotional abuse:

- Continued threats to place an elder or at-risk adult in a nursing home.
- Threats to isolate the person or deprive the elder or at-risk adult of food, water, medical care, financial support or companionship.

Appendix F: Specialist At-Risk Persons Deputy District Attorneys

- Jane Walsh 303 441 3789 (Director of Community Protection Division)
  jwalsh@bouldercounty.org

- Karen Peters 303 441 3702
  kpeters@bouldercounty.org

- Karen Lorenz 303 441 3783
  klorenz@bouldercounty.org

  Tim Johnson
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Appendix G: Financial Crimes Indicators

"Financial abuse" of an elder or at-risk adult occurs when a person or entity does or attempts any of the following: Takes, secretes, appropriates, or retains real or personal property of an elder or at-risk adult or dependent adult for wrongful use or with intent to defraud, or both. **When suspect knows or should know the victim is an elder or at-risk adult, the officer should note this at the beginning of their report**.

This can be done by a family member, acquaintance, care-giver, attorney, stranger, conservator, trustee, or other representative of the estate of an elder or at-risk adult.

Common Fraud Scams:

- Identity Theft – The unauthorized use of personal information such as name, social security number.
- Check Fraud – using stolen checks or creating counterfeit checks and signing the victim's name.
- "Phishing" – using fraudulent emails or websites for the purpose of obtaining account numbers and passwords.
- Internet Auction Scams – An individual poses as a party wishing to purchase an item being sold on the internet. They send the victim a cashier's check in an amount over the bargained for price and then request a personal check or wire transfer for the difference. This is done before the bank advised the deposited check is fraudulent.
- Lottery/sweepstakes scams – An individual contacts the victim telling they have won money or a prize and they must send funds to cover fees before being sent the winnings.
- Home improvement scams where the work is not done, done incorrectly or the charges are in excess of standard practices.
- "Sweetheart scam" – an individual becomes romantically involved with an elder, promises marriage, etc., to obtain access to the elder's finances or receive expensive gifts.

The presence of one or more of these indicators does not constitute probable cause but warrants further investigation.

Listed below are some common indicators of financial abuse in cases involving elder or at-risk adults:

- Victim unaware of monthly income and bills and/or does not have access to their own money or accounts.
- Important possessions, documents or credit cards are missing.
- Unusual or erratic bank activity. Large withdrawals or cashing in CD's.
- Bank activity that is inconsistent with the elder or at-risk adult/dependent adult's financial ability.
- Older or at-risk adult is taken to the bank by caregiver.
- Bank staff reports a sudden or significant change in the older or at risk person's banking habits.

- Uses of ATM cards when the elder or at-risk adult/dependent adult is unable to leave home.
- Changes in bill payment patterns or inability to pay bills.
- Recent new acquaintance or people moving in with the elder or at-risk adult/dependent adult.
- Changes in property titles, new wills, power of attorney, or beneficiaries.
- Loans taken out by elder or at-risk adult for things not personally needed.
- Lack of amenities when elder or at-risk adult/dependent adult can afford them.
- Suspicious activity on credit cards.
- The elder/at-risk adult describes signing documents but is unclear what they were.
- Forged or suspicious signature on documents.
- Foreclosures or second mortgages.
- The elder or at-risk adult is uncared for or the residence is unkempt when the services are being paid for.
- Caregiver refuses to spend the elder or at-risk adult's money on the older/at-risk adult.
- The elder or at-risk adult has given many expensive gifts to the caregiver.
- Caregiver has new car, condo…
- Untreated medical or mental health problems.
- The elder or at-risk adult's mail is being redirected to a different address.
- Isolation of the elder or at-risk adult.

Elder or at-risk adult is concerned or confused about missing funds or financial arrangements.

Appendix H: Power of Attorney

Power of Attorney means a notarized writing or other record that grants authority to an agent to act on behalf of the principal, whether or not the term power of attorney is used. The agent is required to use due care to act in the best interests of the principal. The principal retains ultimate control of any decision and may revoke the Power of Attorney at any time. A Power of Attorney does not convey the assets (i.e. credit cards, real estate, bank accounts) to the agent.

A general Power of Attorney conveys general authority over decision-making. The specific authority conveyed will be outlined in the document. A Medical Power of Attorney conveys only medical decision-making authority to the agent. A Financial Power of Attorney conveys only financial decision-making authority to the agent.

Colorado's Uniform Power of Attorney Act (C.R.S. 15-14-701) went into effect January 1, 2010. Along with other provisions, the Act requires the agent to act in accordance with the principal's wishes, to act in good faith, to act loyally, to keep records, and to act only within the scope of authority granted in the Power of Attorney (C.R.S. 15-14-716). Powers of Attorney are not issued by any Court in the State of Colorado. They do not need to be filed with a Clerk and Recorder's Office. A Power of Attorney must be embossed, contain the Notary's expiration date, and signature to be valid.

The investigating officer should carefully check the scope of the Power of Attorney. Certain persons may petition a court to construe a Power of Attorney or review the agent's conduct and grant appropriate relief:

- The principal or the agent;
- A guardian, conservator, or other fiduciary acting for the principal;
- A person authorized to make health care decisions for the principal;
- The principal's spouse, parent, or descendant;
- An individual who would qualify as a presumptive heir of the principal;
- A person named as a beneficiary to receive any property, benefit, or contractual right on the principal's death or as a beneficiary of a trust created by or for the principal that has a financial interest in the principal's estate;
- A governmental agency having regulatory authority to protect the welfare of the principal;
- The principal's caregiver or another person that demonstrates sufficient interest in the principal's welfare; and
- A person asked to accept the power of attorney.

If an agent is found in violation of this statute, he may be liable to the principal or the principal's successors in interest for the amount required to restore the value of the principal's property to what it would have been had the violation not occurred, and reimburse the principal or the principal's successors in interest for the attorney's fees and costs paid on the agent's behalf.

Appendix I: Suspect Indicators

- Provides inconsistent and conflicting explanations about the older or at-risk adult's injuries or condition.
- Belittles, threatens, or insults the older or at-risk adult.
- Handles the older or at-risk adult roughly.
- Ignores the older or at-risk adult's need for assistance or is reluctant to help the older or at-risk adult.
- Has a past history of being abusive.
- Does not speak to or provide companionship to the older or at-risk adult and isolates him/her from the outside world, friends or relatives.
- Controls and dominates the older adult, is always present when anyone talks with the older adult, speaks for him/her, and is overly protective or defensive.
- Portrays self as victim or only caring person in older or at-risk adult's life.
- May be charming and helpful toward professionals and the victim while others are present.
- Abuses the older or at-risk adult's pets.
- Controls and dominates the older or at-risk adult's life/activities.
- Justifies and minimizes own actions.

Appendix J: Evidence Collection

All reports when applicable/possible should include:

- Statements from the victim, suspect, neighbors, facility staff, medical staff, family members and witnesses.
- Victim's cognitive condition.
- Confessions, admission, overheard conversations.
- Demeanor and emotional states of all parties present.
- Victim's living conditions/environment.
- Victim's reactions to or in the presence of the suspect.
- Any observed power and control tactics used by the suspect.
- Victim's access to family, friends, social services, medical care.
- Victim's medications, prescription and health care records.
- Answering machine/voice mail messages.
- Written notes or messages from the suspect.
- Handwriting samples.
- Telephone listings and addresses.
- Records from facilities.
- Contact information for agencies already involved.
- Computers, electronic devices, and financial records.

In reports involving physical abuse the following procedures are recommended in examining the victim for injuries while you collect, photograph and or document the following:

- Be aware that persons with some types of disabilities may be touch-aversive and some older adults with dementia can be combative. Enlisting the help and support of a caregiver if the caregiver is not the suspect might be helpful.
- The location, size, and color of all injuries, including old injuries, or scars, defensive and offensive wounds to the victim and/or suspect.
- Collect any damaged clothing (ripped, torn, bloodstained, soiled, etc.)
- Document damaged property.

In reports involving neglect collect, photograph and or document the following:

- Availability or lack of food, water and other necessities (medications, toiletries, needed adaptive devices, etc.).
- Signs of malnutrition or dehydration.
- Bedsores.
- Bandages or absence of needed bandages.
- Condition of bedding or absence of bedding.
- Inappropriate clothing (too heavy for the heat/light for the cold).
- Any paperwork documenting who is responsible for providing care.

- Medical records that show that the caregiver (or others) are aware of the victim's health status and care needs.

In reports involving financial exploitation collect, photograph and or document the following (consider the need for a search warrant or consent):

- The suspect's and the victim's living arrangements (for example; if suspect is living in a more comfortable way than the victim to show the contrast).
- Court orders regarding guardianship/conservatorship or Power of Attorney documents.
- Financial institution records in the name of the victim, name of the suspect, or in both names.
- Checkbooks.
- Bank statements.
- Overdue or unpaid bills.
- Solicitations and correspondence about the elder adult's accounts, assets, and insurance plans from financial advisors, businesses and insurance agents.
- Tax records before and after assets were given to the suspect.
- Loan applications.
- Court order applications.
- Civil litigation including interrogatories, answers, depositions, and discovery, including facts supporting a claim or defense, witnesses and their locator information, and supporting documents and other evidence.
- Deeds.
- Credit card applications and history and records of purchases by the suspect.
- Bills of sale.
- Marriage certificates, past and present.
- Data taken from home or work computers.

Appendix K: Referrals to Community Resources

A. Help for Residents in Skilled Nursing and Assisted Living Facilities

Area Agency on Aging
Long-Term Care Ombudsman Program
Direct: 303-441-1170

Long-Term Care Ombudsmen advocate for the rights of older adults living in long-term care facilities, such as assisted living facilities and nursing homes. Amongst other things, Long-Term Care Ombudsmen can:

- Investigate complaints and concerns that affect the quality of life for residents.
- Help residents obtain necessary legal, social, recreational, physical, and emotional support services.

Ombudsmen by law have access to all residential facilities (i.e., the facility cannot prevent the Ombudsman from seeing the resident). However, a resident's *court-appointed* guardian can prevent the Ombudsman from having access to a resident provided the resident doesn't have a complaint against the guardian. (Always seek documentation of the guardianship in such cases.) Confidential Message Line: 303-441-1173

*Confidentiality: The Ombudsman cannot discuss the resident's situation with others, including law enforcement, without the resident's consent.

Under Section 1150B of the Social Security Act, as established by section 6703(b)(3) or the Patient Protection and Affordable Care Act of 2010, requires specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility.

Access to supportive services

B. Boulder County Area Agency on Aging | Community Services Department
Main Line: 303-441-3570 | Resource Help Line: 303-441-1617Domestic Violence

Safe Shelter of St. Vrain Valley

Safe Shelter provides a comprehensive system of programs and services to address the needs of victims of domestic abuse. Services include:

- 24-hour crisis line;
- Emergency shelter;
- Individual and group counseling;
- Case management (including transitional housing programs);
- Information and referrals;

- Legal advocacy; and
- Community and peer education

All services are available in both English and Spanish.

24-hour Crisis Line: 303-772-4422

Safehouse Progressive Alliance for Nonviolence (SPAN)

SPAN is a human rights organization committed to ending violence against women, youth and children through support, advocacy, education and community organizing. Services include:

- 24-hour crisis line;
- Emergency shelter;
- Safety planning;
- Individual and group counseling;
- Legal advocacy;
- Information and referrals;
- Community education and training; and
- Transitional services.

All services are available in English and Spanish

24-Hour Crisis Line: 303-444-2424

*Confidentiality: Under state and federal law, domestic violence victim advocates like those at Safe Shelter and SPAN cannot disclose any communications from, or information or records about a client without a special release obtained by the advocate from the client. The advocate cannot even confirm or deny that a client is receiving services. (C.R.S. 13-90-107(1) (k).)

C. *Rape and Sexual Assault*

Moving to End Sexual Assault (MESA)

MESA offers comprehensive client services to help sexual assault survivors and their loved ones, and administers prevention education programs. Services include:

- 24-hour crisis and information hotline;
- 24-hour victim advocate response for hospital forensic exams;
- 24-hour victim advocate response for reporting to law enforcement;
- Support through the criminal justice system;
- Individual and group counseling for survivors and non-offending family members and friends;
- Emotional support, advocacy, case management;
- Prevention Education.

To discuss services/referrals of an elder victim contact:
303-443-0400
All services are available in both English and Spanish.

24-hour Rape Crisis and Information Hotline: 303-443-7300

*Confidentiality: Under state and federal law, victim advocates at rape crisis centers like MESA cannot disclose any communications from, or information or records about a client without a special release obtained by the advocate from the client. The advocate cannot even confirm or deny that a client is receiving services. (C.R.S. 13-90-107(1) (k).)

D. Information and Assistance For Older Adults

Boulder County ARCH-Aging & Disability Resource Center
Call for help with finding the right resources-it can make it easier to navigate the options. 303-441-1617

CONNECT! Information and Assistance Line
CONNECT! is a collaboration of agencies helping seniors and persons with disabilities obtain information about and access to resources and services. The hotline is staffed by Boulder County Aging Services staff that can answer straight-forward questions, and help someone get started if they do not know where to begin to find needed resources.
English and Spanish: 303-441-1617 TTY: 303-441-3986

Email: infoConnect@bouldercounty.org
Website: www.bouldercountyhelp.org

Colorado Life Trak: 303-441-3624
County-wide transmission system to locate persons with a propensity to wander.

E. Community Resource Specialists

If a situation involves more complicated questions/issues and requires in-depth problem solving and assistance, or if an older adult prefers to speak to someone in their own community, contact a Community Resources Specialist. Services for older adults include:

- Identifying needs;
- Exploring options;
- Finding solutions; and
- Long-term, in-depth assistance.

Allenspark: 303-747-2592
Boulder: 303-441-4388
Erie: 303-828-6588
Lafayette: 303-665-9052
Longmont: 303-651-8716
Lyons: 303-823-9016
Nederland: 303-258-3068
Niwot: 303-652-3850

Louisville: 303-335-4919

Ward – Call Marshall's Office
303-717-6758

Senior Centers

East Boulder: 303-441-4150
West Boulder: 303-441-3148
Erie: 303-962-2795

Lafayette: 303-665-9052
Longmont: 303-651-8411
Louisville: 303-666-7400

A. Legal

District Attorney's Office - Community Protection Division
The Community Protection Division can assist an elder or at-risk victim of financial exploitation or identity theft, or thefts involving money wired overseas, stolen credit cards or other types of financial crimes even if there is not an on-going criminal investigation or prosecution. The Community Protection staff can help the elder or at-risk adult with restoring credit and preventing future exploitation or theft.

Contact: Call the District Attorney's Office at (303) 441-3700 and ask for the Community Protection Division

Boulder County Legal Services: 303-449-7575 – may assist low income adults with private guardianships and conservatorships.

B. Alcohol and Drug Abuse Services

Addiction Recovery Center *(ARC)*: 303-441-1274
The Addiction Treatment Center/The Next Step: 303-651-9200

C. Counseling and/or Mental Health Services

Mental Health Partners (MHP)

MHP offers county-wide, office and home-based therapy, psychiatric evaluation, and treatment for older adults with mental illness. MHP also offers a Peer counseling program in collaboration with the Boulder and Longmont Senior Centers with services in Boulder, Longmont, Lafayette, and Broomfield.

Emergency psychiatric services: 303-447-1665
Older Adult Services Team: 303-413-6263
Senior Reach: 866-217-5808

D. Services for Persons with Disabilities

Center for People with Disabilities *(CPWD)*: 303-442-8662
Imagine!: 303-665-7789
Blue Sky Bridge- 303-444-1388- resource for forensic interviews.

E. Transportation

Via 303-444-3043
Medical Mobility *(CareConnect)*: 303-443-1933 ext. 414
Faith in Action: to arrange transportation to medical appointments call 303-875-2583

F. Food Assistance

Boulder Meals on Wheels: 303-441-3908
Boulder Carriage House: 303-442-8300
Emergency Family Assistance Association *(EFAA)*: 303-442-3042
East Boulder County Meals on Wheels: 303-521-8260
Longmont Meals on Wheels: 303-772-0540
Lyons: Golden Gang Meals on Wheels: 303-823-6771
Nederland Area Seniors: 303-258-0799
OUR Center: 303-772-5529
Sister Carmen Center: 303-665-4342
Carry-Out Caravan *(CareConnect)*: 303-443-1933

G. In-home Support Services

Adult Care Management, Inc.: 303-439-7011 (Intake Line)
ACMI provides care management services to Colorado's most frail and vulnerable adult populations. These populations include, but are not limited to adults with physical disabilities, brain injuries, mental illness, the elderly, and persons living with AIDS. This includes Medicaid nursing home diversion programs for adults such as Home and Community Based Service waivers among other resources.
ACMI serves Boulder, Broomfield, Clear Creek, and Gilpin Counties.

Website: www.acmico.org

CareConnect of Boulder County
Boulder: 303-443-1933
Longmont: 303-772-2262

H. Housing

Boulder Shelter for the Homeless: 303-442-4646

Emergency Family Assistance Association *(EFAA):* 303-442-3042
OUR Center*:* 303-772-5529