

**ARAPAHOE COUNTY
HUMAN SERVICES**

ADULT PROTECTION AND PREVENTION



Aging in Arapahoe County

FACTS

More than 656,000 residents call Arapahoe County home, making it the third largest County in Colorado. By 2030, the County is expected to be home to 775,000 residents.

The Denver region's population is undergoing unprecedented change. Twenty years from now, nearly one in four people will be 60 or older. During the next 10 years the region will experience a 36 percent increase in the 60-plus population. By comparison, the increase in all other age categories will be roughly 13 percent.

Homelessness

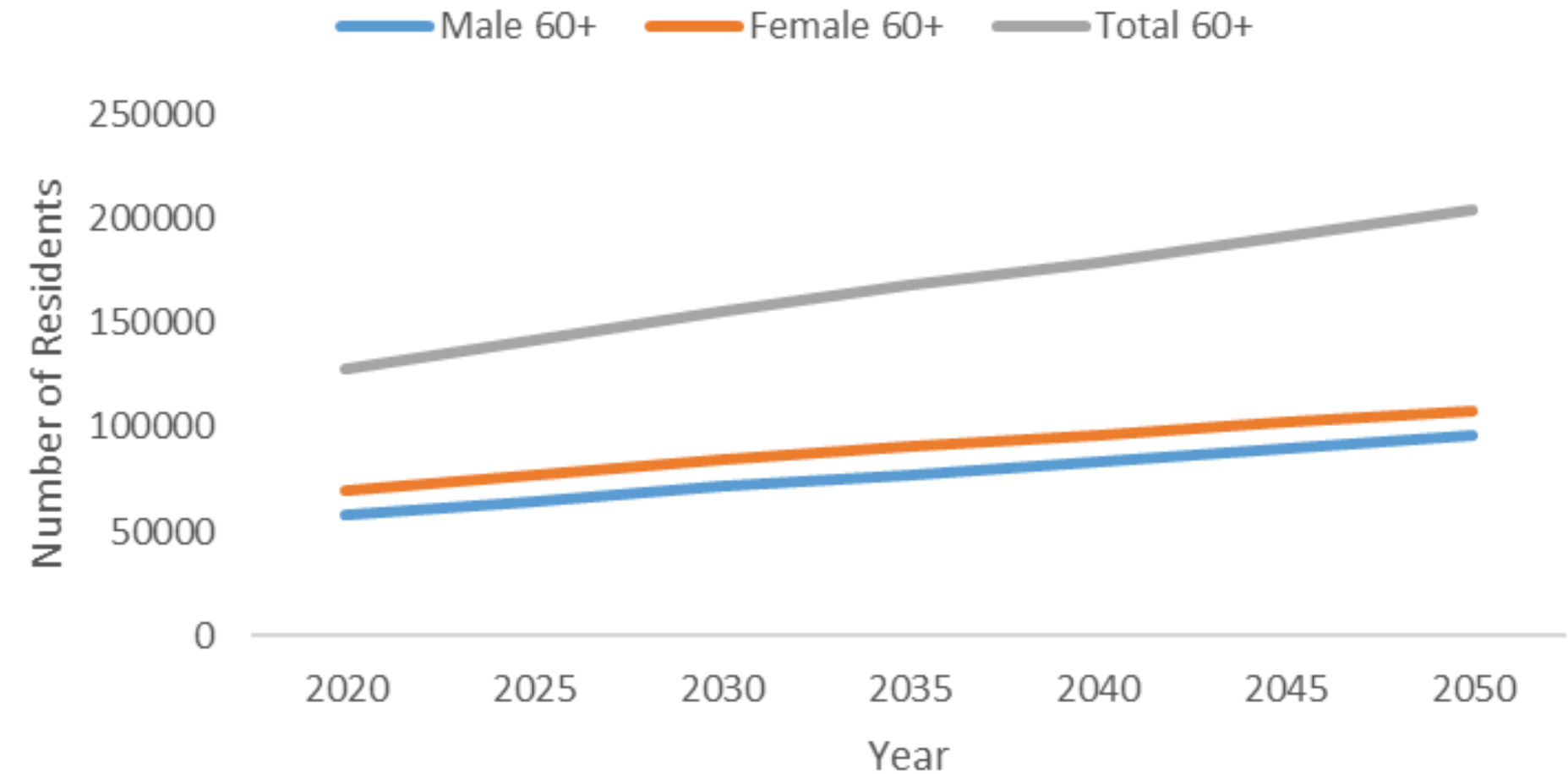
Single adults experiencing homelessness increased 22%.

Homelessness among seniors (65+) jumped 115%, highlighting growing vulnerabilities in older adults.

Individuals who reported a disability as a barrier to housing increased by 32%.

Beginning in October 2027, Colorado will face additional challenges to fund the Supplemental Nutrition Assistance Program (SNAP), also known as food assistance. Any statewide funding cuts to SNAP would mean less support for local households, including families, older adults and people working low-wage jobs.

Arapahoe County 60+ Age Projections



2024 APS REFERRALS,
SCREEN OUTS AND
ASSIGNMENT DATA

3,430 REFERRALS

APS ASSIGNED 637 (19%) SCREENED OUT 2,793 (81%)



416 WERE SENT
TO PREVENTION



278 WERE
ASSIGNED TO
PREVENTION

THAT MEANS THERE WAS A 67%
ASSIGNMENT RATE ASSIGNED IN
PREVENTION

2025 APS REFERRALS,
SCREEN OUTS AND
ASSIGNMENT DATA

3,662 REFERRALS

APS ASSIGNED 631 (17%) SCREENED OUT 3,031 (83%)



310 WERE SENT
TO PREVENTION



160 WERE ASSIGNED
TO PREVENTION
(LOWER
ASSIGNMENT DUE TO
VACANCY)

IF THERE WAS NO VACANCY, THERE
WOULD HAVE BEEN A 73% ASSIGNMENT
RATE

Adult Protection review, assignment and assessment/ investigation process

Call made into hotline for concerns of Child or Adult Protection

Referral reviewed by RED Team
 -Does it meet the statutory standard for assignment?
 -What is the assigned response time (Immediate or 3 business days)
 -What is the assignment track (Traditional or Alternative Response)
 -If screened out, should it go to Prevention?

Screen Out (does not meet criteria for an assessment)

No further steps are taken

Screen out and send to Prevention

Prevention referrals reviewed by Supervisor and determined if appropriate to assign
 Prevention Consultant has 5 working days to outreach either the family or community partner
 Consultants will work with either the community partner supporting the adult, adults support systems, or the adult themselves in exploring what resources/services/supports may be helpful for the adult. Most of the work is completed over the phone, yet the Consultant may meet with the adult at their home if appropriate

Prevention's involvement is around 60 days or less

Meets criteria for assignment-assigned Traditional Response

Response time is determined upon RED Team's review/decision

Unannounced visit to client's home outside presence of alleged PRAN.

Risk assessment and case plan completed and determination of findings made within 45 days

Investigation to be completed around 60 days

Meets criteria for assignment-assigned Alternative Response

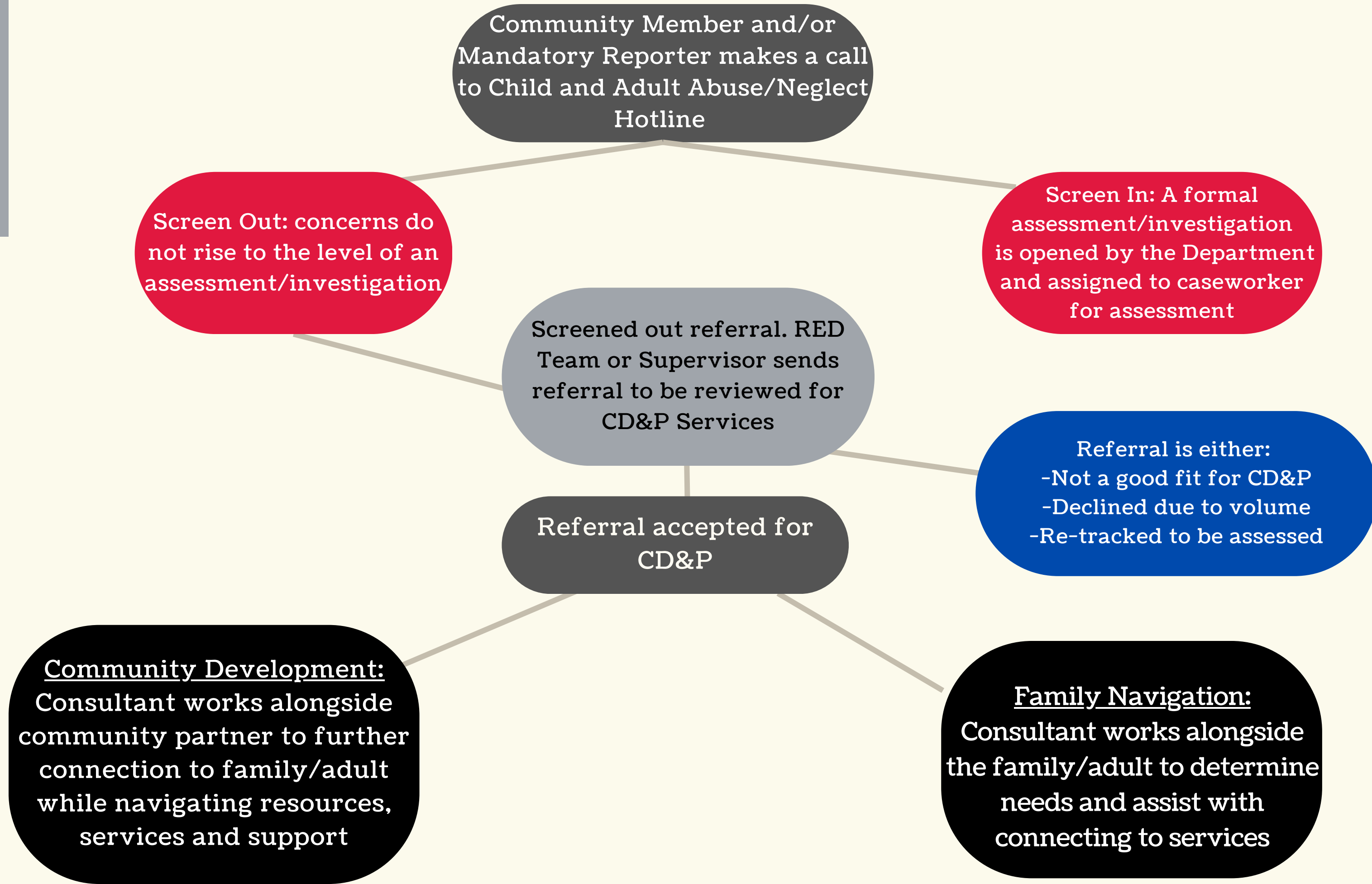
Response time is determined upon RED Team's review/decision

Scheduled interview with client in their home

Risk Assessment and case plan completed within 45 days. No findings are made

Investigation to be completed around 60 days

Community Development & Prevention Flowchart



WHO ARE AT RISK ADULTS?

At-risk adults are persons 18 years of age or older who are susceptible to mistreatment or self-neglect because:

Due to conditions and risk factors they are unable to obtain or perform services necessary for their health, safety, and welfare; OR

They lack sufficient understanding or capacity to make or communicate responsible decisions.

WHAT ARE THE DIFFERENT MISTREATMENTS?

- Physical Abuse
- Sexual Abuse
- Caretaker neglect
- Exploitation
- Self neglect-noncriminal
- Harmful Act-noncriminal

APS Core Principles

Self Determination

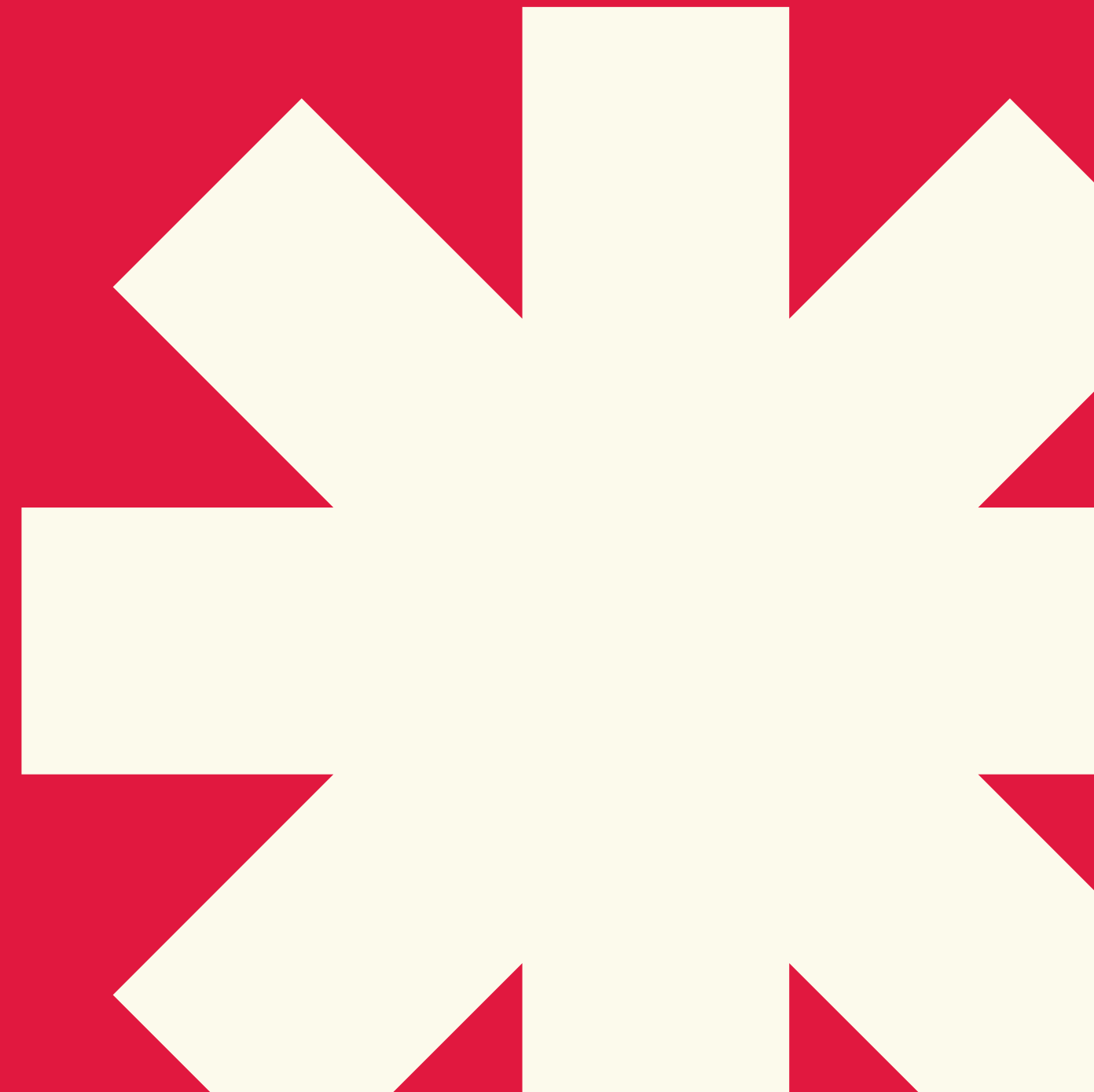
- Respecting the right of individuals to make their own decisions, even if those decisions may not align with the caseworker's recommendation

Least Restrictive

- Implementing services that are the least intrusive necessary to ensure the safety and well-being of the at-risk adult

Consent

- Voluntary agreement to participate in a specific action or service, given by an individual who has the capacity to understand the implications of their decision.



APS LIMITATIONS

- Cannot force services on competent adults
- APS is not a law enforcement agency
- Requires evidence of abuse/neglect/exploitation
- Not long-term case managers

- APS cannot force services if the person is deemed capable of making their own decisions.
- This is one of the hardest realities
- Even if we think its unsafe, autonomy comes first
- Capacity is key—not diagnosis alone

Example: An at-risk adult (who is assessed to have capacity) is living in poor conditions or is choosing to not follow doctor recommended care and is refusing help.

ADULTS WHO ARE NOT AT RISK

An 80-year-old man who lives alone and walks with a cane or uses a wheelchair but can perform all activities necessary to provide for his health, safety and welfare. He can access resources and advocate for himself.

- An adult of any age with decision-making capacity and no physical limitations:
- Makes poor financial decisions or participates in a lottery scam
- Refuses to take medications or seek medical treatment
- Chooses to live in a dirty home or with multiple pets
- Uses alcohol and drugs to excess

