



MANDATORY REPORTING

Understanding How Colorado Protects At-Risk Adults

REPORTING

Presented In Collaboration With:





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Agenda

- *Intellectual & Developmental Disabilities Overview – The Arc*
- *Mandatory Reporting Law – Jefferson County District Attorney's Office*
- *Reports & Investigations – Jefferson County Sheriff's Office, Arvada Police Department*
- *Recognizing MANE & When to Call For Help – Jefferson County Adult Protection Services*
- *Services & Supports for People with I/DD – DDRC/WRRC*
- *Mental Health Supports for People with I/DD – JCMH*
- *Questions*



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Overview of Intellectual & Developmental Disabilities

The Arc- Jefferson, Clear Creek & Gilpin Counties

People First Language

❖ *HB 17-1046 Update Outdated Statutes – Persons with Disabilities*

- ◆ The bill updates certain limited terms in existing statute that refer to person with disabilities using insensitive or outdated terminology.
- ◆ It changes:
 - ◆ Mentally retarded, mentally deficient person, and mental deficiency or mentally deficient to a person with an intellectual and developmental disability;
 - ◆ Mental defect to mental illness; and
 - ◆ Physical defect to physical disability

Developmental Disabilities Defined:

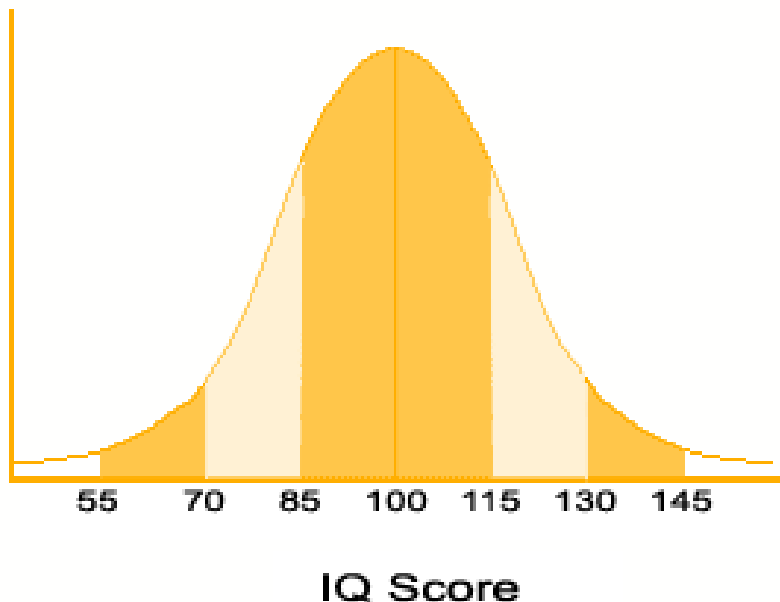
- ❖ Physical and/or cognitive impairments that present prior to age 22
- ❖ Substantial functional limitations in adaptive behaviors such as:
 - ◆ *Self care*
 - ◆ *Learning*
 - ◆ *Walking*
 - ◆ *Self-direction*
 - ◆ *Independent living*
 - ◆ *Economic self-sufficiency*

Intellectual Disability Defined

There are three major criteria for intellectual disability:

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

Distribution of IQ scores



FACT: About 85% of people with intellectual disabilities fall into the mild category and many even achieve academic success. A person who can read, but has difficulty comprehending what he or she reads represents one example of someone with mild intellectual disability.

Common Forms of Intellectual & Developmental Disabilities

- ❖ *Autism Spectrum Disorder (ASD)*
 - ◆ Neurological and developmental condition that affects how a person learns, communicates and interacts with others.
 - ◆ Different people with autism can have different symptoms, which is why it's known as a "spectrum" disorder.
- ❖ *Fetal Alcohol Spectrum Disorder (FASD)*
 - ◆ Occurs when a mother drinks while pregnant
 - ◆ Will often affect adaptive functioning. Cause both conceptual & practical difficulty with judgment and reasoning, including vulnerability to peer pressure and social skills

FACT: FASD & ASD may lead to high-risk in the criminal justice system because people often have IQs in the normal range and behaviors associated with their disability are often misinterpreted and seen as simply a choice.

Common Forms of Intellectual & Developmental Disabilities

(Continued)

- ❖ ***Down Syndrome***
- ❖ ***Fragile X***
- ❖ ***Cerebral Palsy***
- ❖ ***Developmental Delay***
- ❖ ***Traumatic Brain Injury (TBI)***
 - ◆ If sustained prior to the 22nd birthday

Dual Diagnosis

- ❖ Dual Diagnosis (I/DD and Mental Illness)
- ❖ 30-35% of people with I/DD also have a psychiatric disorder or mental illness diagnosis
- ❖ Limited by intellectual ability and by behavior resulting from the mental illness

FACT: Dual Diagnosis can refer to any co-occurring disabilities and is often used for substance abuse and another diagnosis. In this training it is used to refer to I/DD and Mental Illness.

Identification

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

Common Behaviors & Communication Styles

- Limited vocabulary
- Speech impairment
- Difficulty answering questions
- Short attention span
- Inappropriate interactions with peers or the opposite sex
- Easily influenced or manipulated
- Difficulty following directions
- Difficulty making change or using a telephone
- Eagerness to please
- Concrete thinking patterns
- Mimicking
- Communication through others/caregivers
- Bluffing greater understanding
- Becomes easily frustrated

Screening Questions

- ◆ Do you have a disability?
- ◆ Did you go through Special Education or have an IEP?
- ◆ Do you have a guardian or a rep payee?
- ◆ Do you have a medical condition?
- ◆ Do you need help bathing? Eating? Dressing?
- ◆ Do you have help at home or in the community?
- ◆ Do you or have you attended a day program? Where is it? What's it called?
- ◆ Have you lived in a group home? A host home or supervised apartment? What is it called?
- ◆ Do you have a case manager? Who is he/she?
- ◆ Do you have staff? Someone who helps you? Who is your staff person?

Communication Tips

- ◆ Find a quiet area
- ◆ Speak directly to the person
- ◆ Keep sentences short
- ◆ Use basic, understandable language
- ◆ Avoid ambiguous phrases (“knock it off”, “cut it out”, “hurry up” “waiving rights”.)
- ◆ Count to 10 before repeating questions
- ◆ Use open body language
- ◆ Avoid leading questions
- ◆ Use open ended questions (not “yes/no” questions)
- ◆ Treat adults as adults, not like children
- ◆ Don’t assume someone is incapable of understanding
- ◆ Check for understanding often
- ◆ Be respectful

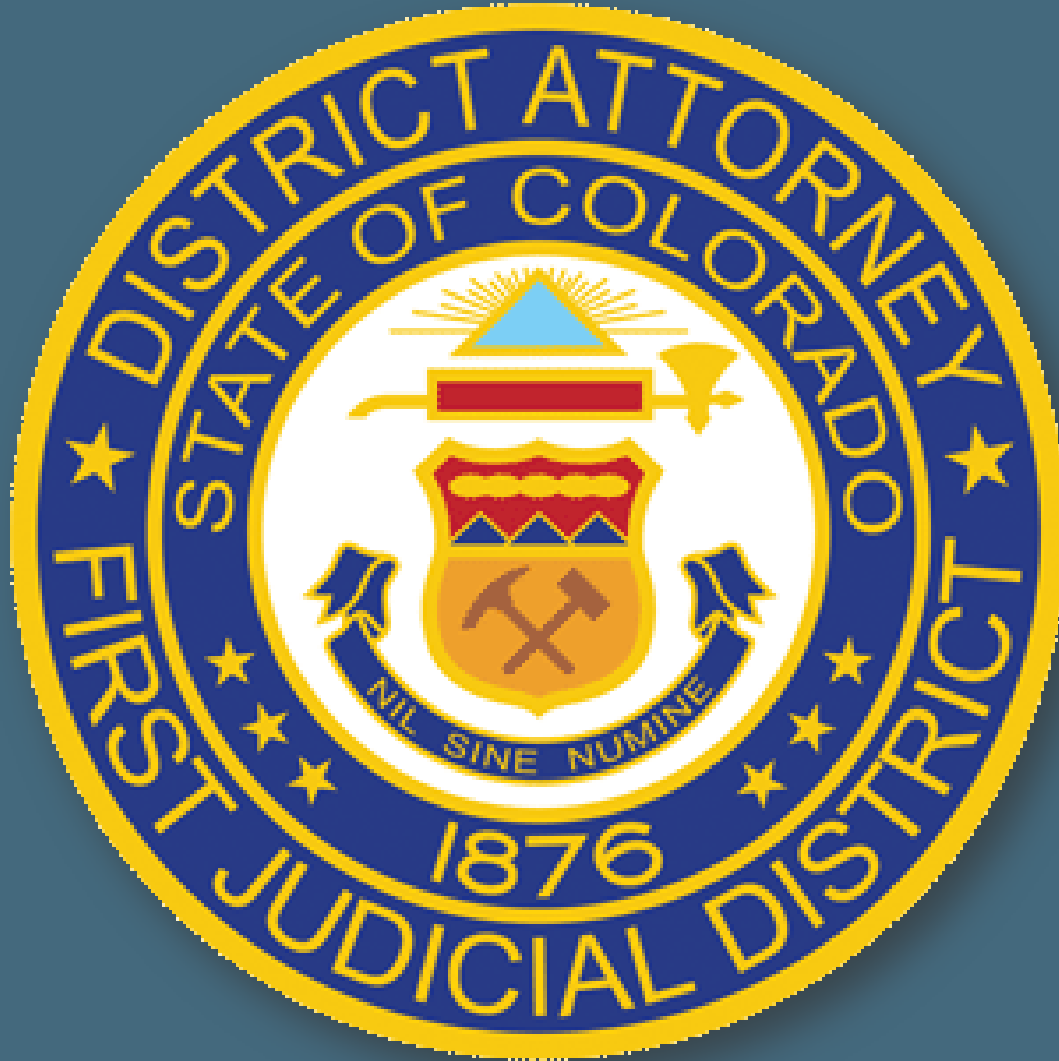
I/DD & Risk

- ❖ The National Crime Victim Survey consistently finds that people with cognitive disabilities face the highest risk of victimization.
- ❖ Conservative estimates show that people with disabilities are 4 to 10 times more likely to be victimized than people without.
- ❖ Rape or sexual assault occur four times the rate of that of people without disabilities.
- ❖ People with disabilities are more likely to be re-victimized by the same person, often someone they know.
- ❖ It is estimated that more than 50% of victims never seek assistance from legal personnel or treatment services; leading to recurring victimization.

The Arc's National Center on Criminal Justice and Disability (NCCJD), Violence, Abuse and Bullying Affecting People with Intellectual/Developmental Disabilities (Washington, D.C.: The Arc, 2015).



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MANDATED REPORTS

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

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



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Who Should Make The Report?

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

Who Should Reporter Call?

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



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At-Risk Adult with I/DD

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

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

At-Risk Elder

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

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



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Mistreated or Mistreatment means:

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

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



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

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

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



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

18-6.5-102(6)(a)



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Caretaker means a person who:

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

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



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

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

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



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Who Are Mandatory Reporters?

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



Immunity

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

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

C.R.S. 18-6.5-108(3)

What information to report?

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



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Law Enforcement Perspective





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Goals

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





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Our response...

Same for every call:

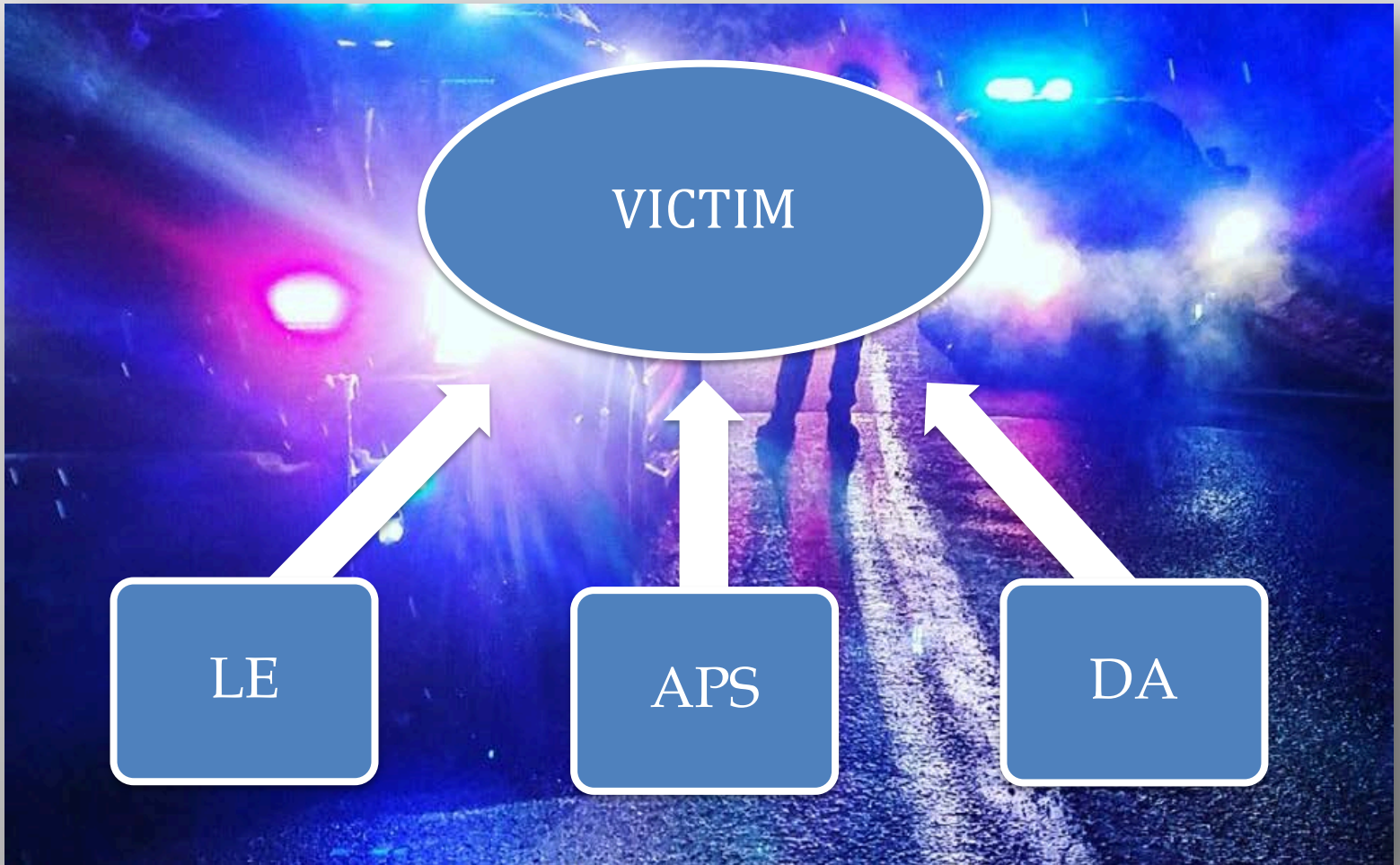
- ❖ Priorities of life (Stop any dangers)
- ❖ Scene Safe (Weapons, other potential dangers on scene?)
- ❖ Medical attention provided
- ❖ Criminal investigation
 - ◆ *Crime occur? Jurisdiction?*
 - ◆ *ID suspect/victim/witness, evidence, etc.*





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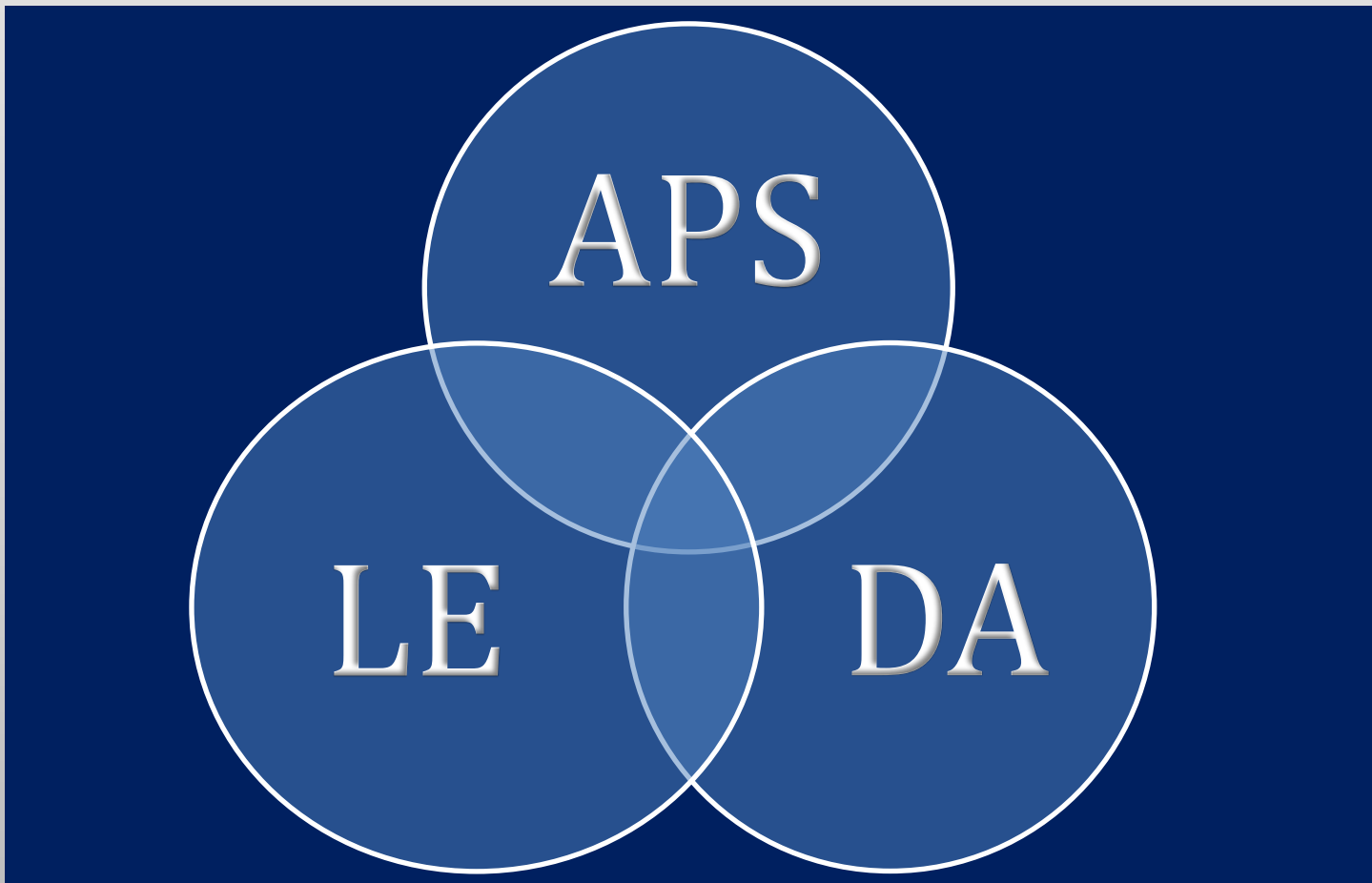
PAST Response





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Best Approach





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Law Enforcement Response: How you can help

Let Dispatch know:

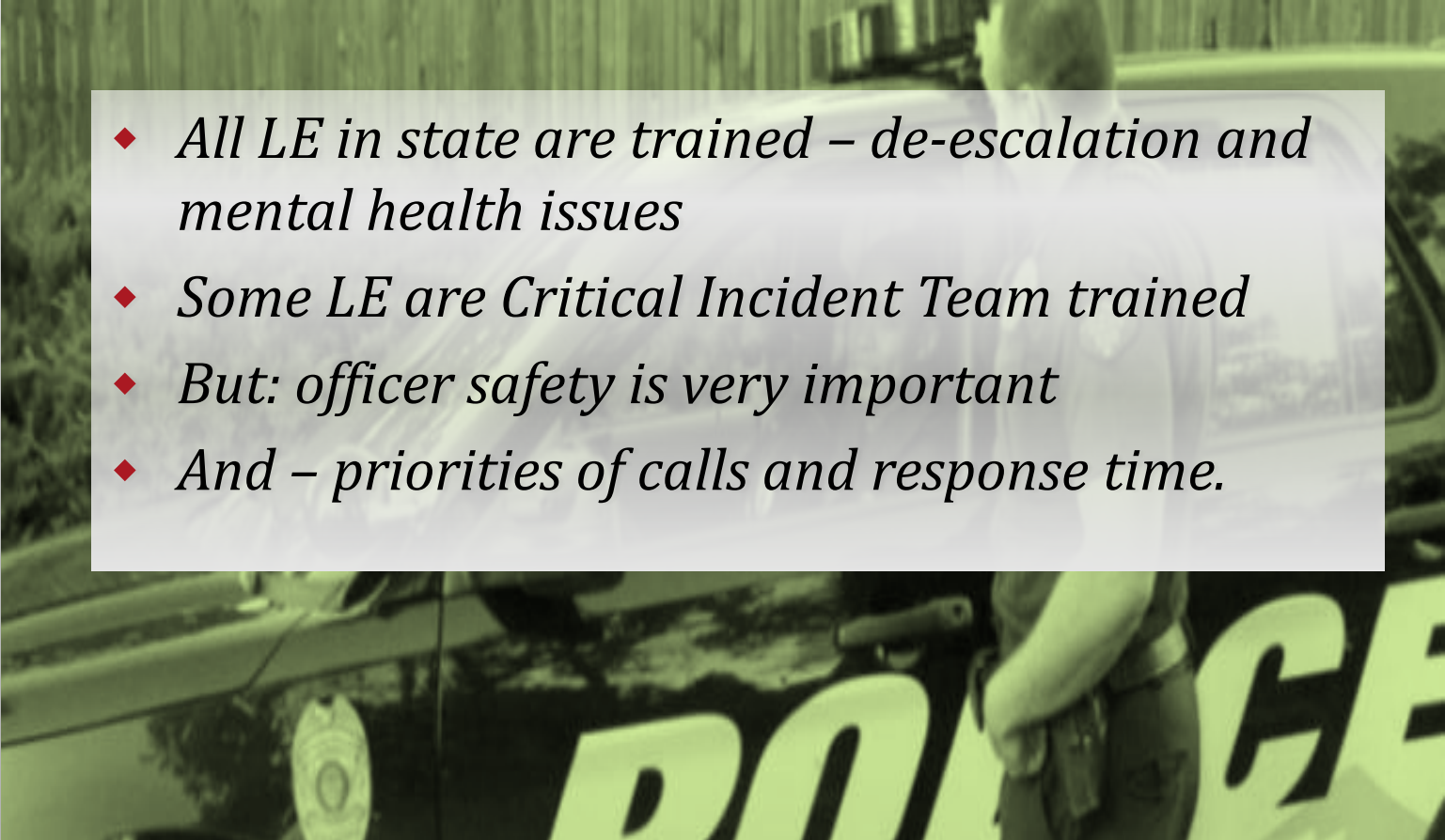
- ◆ Weapons or other dangers to first responders.
- ◆ Suspect on scene – continuing danger?
- ◆ Responding to at-risk adult (or Host-Group home/facility) with I/DD present?
- ◆ Mental state/capability
- ◆ Guardian/Caregiver on scene?
- ◆ Communication style(s) of person(s)?
- ◆ Safety plan in place?





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First Responders – You should know:

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



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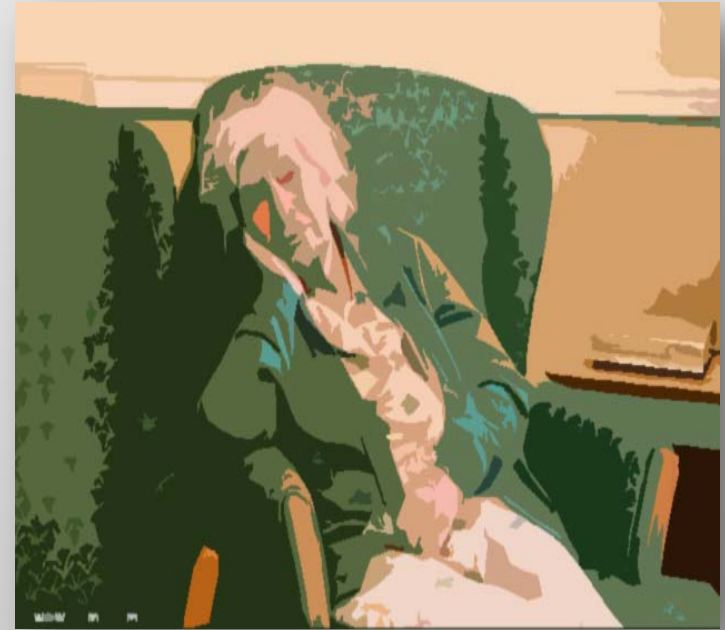
Once on scene:

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



Investigation

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



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HIPAA...

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

Health
Insurance
Portability
Accountability
Act



Custody issues

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



Mandatory reporting

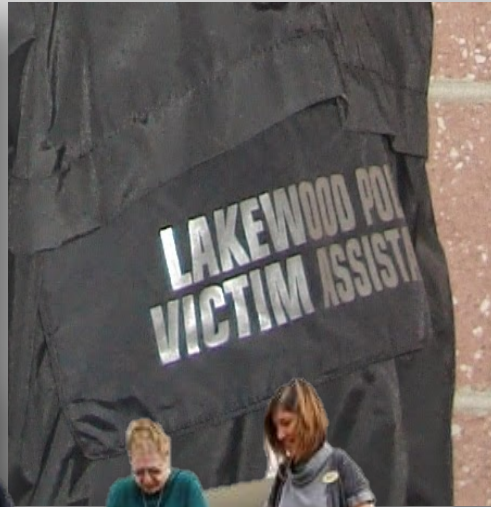
- ❖ Law enforcement required to report “mistreatment of an at-risk elder or an at-risk adult with I/DD”...
 - ◆ *24 hours*
 - ◆ *To DA (and County Adult Protective Services)*
- ❖ Law provides immunity from suit and liability for “good faith” reports
- ❖ Provides punishment for knowingly false reporting,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



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Summary of LE response

❖ *We're all about service....*





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Investigations

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

Initial Reports

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

Investigation Process

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

Charges Filed

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



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Mandatory Reporting

Jefferson County Adult Protection



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Remember....

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

Company policies DO NOT trump the law!





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Mandatory Reporters Are Not Investigators

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



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

What Happens next?

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

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

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

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

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

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



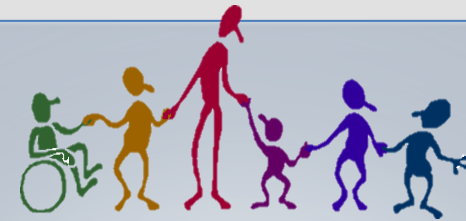
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Roles of Law Enforcement vs APS



Law Enforcement

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



APS

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

Process After an APS Report is Made



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

Right to Refuse Services

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





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APS Priorities

Confidentiality

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

Consent

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

Self-Determination

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

Least Restrictive Intervention

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



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Developmental Disabilities Resource Center



Community Center Board

serving

Jefferson, Gilpin, Summit, and Clear Creek

What is DDRC?

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

Program Approved Service Agencies

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

CCB Incident Reporting

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

CCB Incident Reporting Process for MANE

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

CCB MANE Investigation

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

Role of CCB during investigation

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



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Documentation needed for CCB investigation

- ❖ Service Plan or Individualized Plan
- ❖ Health and safety assessment
- ❖ Behavioral ISSP and tracking
- ❖ Medication support plan
- ❖ Protocols specific to the person
- ❖ Agency policies and procedures

For more information

Health Care Policy & Finance rules & regulations

www.colorado.gov/pacific/hcpf/department-program-rules-and-regulations

8.600-8.699 pages 50-54

DDRC - www.ddrcco.com, 303.233.3363

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

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

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



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Regional Centers

Wheat Ridge Regional Center, Pueblo Regional Center, Grand Junction Regional Center

Regional Centers

- ❖ The Regional Centers are state operated with oversight under The Colorado Department of Human Services
- ❖ Americans with Disabilities Act (ADA) and Olmstead v. L.C.
 - ◆ Ensures that individuals with disabilities receive services in the most integrated setting that meets their needs (provider of last resort).
 - ◆ Regional Centers have worked really hard over the years to deinstitutionalize individuals:
 - 1970 – 2,100 residents
 - 1986 – 745 residents
 - 2003 – 391 residents
 - 2016 – 260 residents
 - ◆ Regional Centers now offer a short-term stabilization treatment model with the goal of getting people ready to receive services with a private provider in the community in 120 days.

Regional Centers

- ❖ The Regional Centers serve people with intellectual and developmental disabilities who have the most intensive needs.
 - ◆ The Regional Centers currently have 356 licensed beds across the state; currently 130 through the WRRC.
 - ◆ 168 are Home and Community Based Services – Developmental Disabilities waiver (HCBS-DD) and 188 are licensed as Intermediate Care Facilities/Intellectual Developmental Disabilities (ICF/I/DD).
 - ◆ Placements available at Wheat Ridge Regional Center, Pueblo Regional Center, and Grand Junction Regional Center.

Admissions for Regional Centers

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

Emergency Admission for Regional Centers

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

Regional Centers

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



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***Mistreatment, Abuse,
Neglect, Exploitation
(MANE) Reporting and the
Investigation Process***

Wheat Ridge Regional Center (WRRC) Incident Reporting

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

Reporting of MANE

- ◆ Staff who witnesses, suspects, or hears of any form of alleged MANE is the Mandatory Reporter and reports to the Duty Officer immediately.
- ◆ In the case of a life-threatening physical injury, staff calls 911 for emergency medical assistance and notifies nursing.
- ◆ The Duty Officer ensures the safety of the alleged victim(s) and other residents in the home.



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Reporting of MANE (continued)

- ◆ The Mandatory Reporter contacts law enforcement (non-emergency), and completes and submits an Incident Report
- ◆ The following are notified: Duty Officer, Nursing, guardians, the Primary Care Physician (PCP), the CDHS Executive Management Team (EMT), and QA.

Investigation Process

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

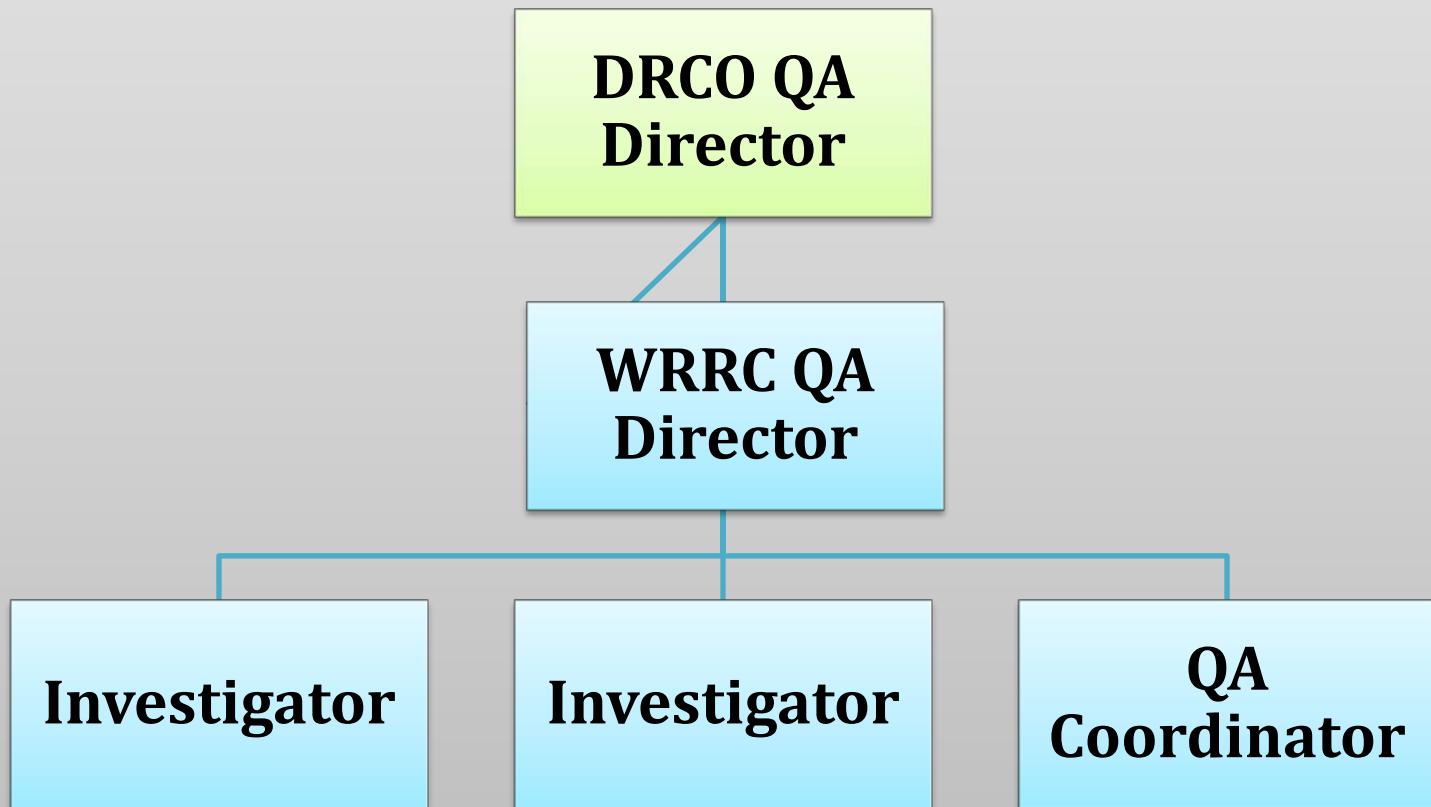
Investigations Process *(continued)*

- ◆ Completed final report is sent to WRRC Management for review and action plan development.



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WRRC Quality Assurance (QA) and Investigations Department





MANDATORY REPORTING



Jefferson Center
for mental health



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Concern for Victims & Caregivers

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

Providing Support

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



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



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How to Contact Jefferson Center



303-425-0300 (24-hour number)

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

303-432-5540 (TTY hearing impaired)



www.jcmh.org



info@jcmh.org



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Colorado Crisis Services

How to Access Colorado Crisis Services Programs:

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

