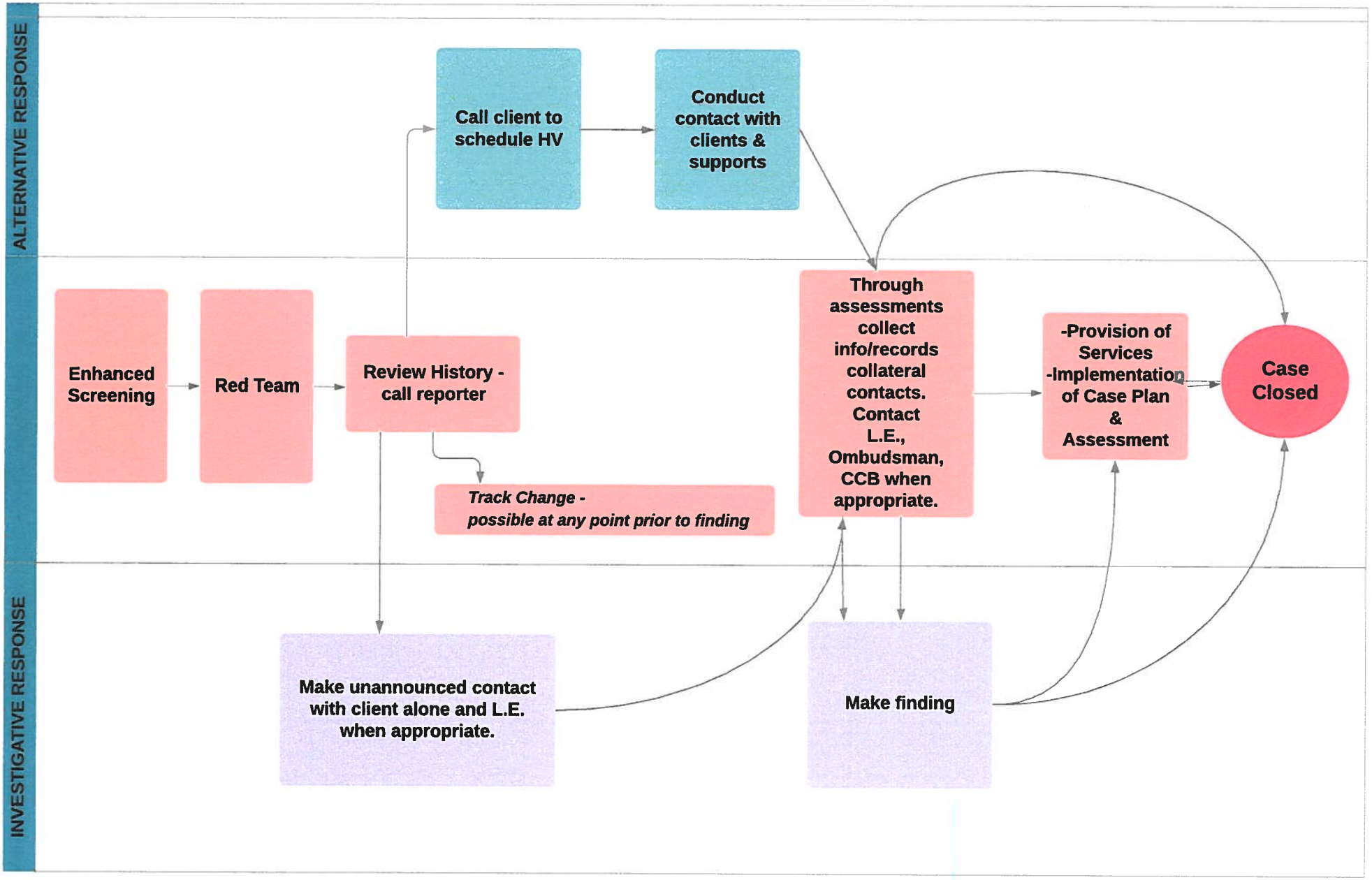
ALTERNATIVE RESPONSE
INVESTIGATIVE RESPONSE
Call client to schedule HV
Conduct contact with clients & supports
Enhanced Screening
Red Team
Review History - call reporter
Track Change - possible at any point prior to finding
Through assessments collect info/records collateral contacts. Contact L.E., Ombudsman, CCB when appropriate.
-Provision of Services -Implementation of Case Plan & Assessment
Case Closed
Make unannounced contact with client alone and L.E. when appropriate.
Make finding

Proposed Differential Response Model

NEGLECT

Investigative Response

- Institutional/facility/paid caretaker
- Chronic neglect/ lack of supervision by non-professional
- Failure to provide medical care resulting in serious medical consequences
- Hostile/fearful environment

Alternative Response

- Self-neglect
- Client found wandering from home
- Client has minor bruise or injury
- Condition of home

PHYSICAL ABUSE

Investigative Response

- Institutional/facility/paid caretaker
- Non-accidental severe injury
- Life-threatening injury
- Unreasonable confinement
- Excessive/pattern of physical injury

Alternative Response

- Pain with no injury
- Accidental injury (minor bruising, skin tears, sores, broken bone, etc.)

SEXUAL ABUSE

Investigative Response

- Always Investigative Response

Alternative Response

- n/a

EXPLOITATION

Investigative Response

- Institutional/facility/paid caretaker
- Unauthorized financial change with adverse effect
- Forced services

Alternative Response

- Minor, poor money management, misunderstanding of responsibility
- Exploitation with an unnamed perpetrator

RED Team Framework for APS

Differential Response (DR): Best Practice Guideline for APS

Team Members

- First and Last name of staff involved in RED Team process

Danger/Harm

- Enter the date report called in, RP and what mistreatment is being reported.
- Outline specific altercations including a summary of the concern reported.
- *Note any safety concerns (guns in home, suicidal, etc.)*

Complicating Risks & Vulnerabilities

- Include evidence of what makes client at risk (e.g. diagnosis, age, observable medical needs, help with medications, IADL's and ADL's, etc.)
- *The majority of the summary belongs in this area*

Current Strengths & Supports

- Identify services already in place
- List supports provided from family or neighbors or professionals

Client & Alleged Perpetrator History

- Review CAPS, CBMS, CO Courts, Denver Courts; other data systems (TRAILS, Property Search, etc.)
- Prior referrals include # of prior referrals, outcomes of referrals (screened in or out and outcome of investigation) and any patterns of mistreatment

Gray Area

- Identify what is an opinion or subjective information in the report.
- Identify any gaps or information that doesn't make sense.
- Does the report state information that has no basis (e.g. mention of dementia but no formal diagnosis, etc.)

Cultural Considerations

- Ethnicity
- Language / need for interpreter services
- Other cultural or background information that could be relevant (e.g. former military, immigrants, etc.)

Disposition/Next Steps

- Heart of the RED Team discussion belongs in this section. Include how the team came to final decision
- Include whether client is an at-risk adult. If client is not an at-risk adult, screen out.
- If client is an at-risk adult, team must determine if a mistreatment occurred. If no mistreatment occurred, screen out.
- If mistreatment occurred, screen in; assign a response time.

Consult/Group Supervision Framework for APS

Differential Response (DR): Best Practice Guideline for APS

Client/Purpose of Group Supervision

- First and Last name Client
  - Age of Client
- Purpose of consult; i.e.: next steps, timeframe of involvement, findings etc.

Reason for Referral & Danger/Harm

- Enter the date report called in, RP and brief summary of initial concerns called, i.e. mistreatment
- Note any ongoing safety concerns (guns in home, suicidal, etc.)

Complicating Risks & Vulnerabilities

- Information about what makes client at risk (e.g. diagnosis, age, observable medical needs, help with medications, IADL's and ADL's, etc.)
- Include what concerns continue to exist since APS involvement (cancelling home health services, refusing transport by EMS)

Strengths and Supports

- Identify services in place, both at time of referral and since APS intervention
- List supports provided from family or neighbors or professionals
- Include information about income/insurance/other benefits or subsidies, if known

Gray Area

- Identify areas that are still unknown, due to client being unwilling/unable to share and/or caseworker is not able to confirm with other supports
- Identify any gaps in information

Disposition/Next Steps

- Heart of the discussion belongs in this section.
- Listing out next steps, including who is responsible for what actions
- If supports are to be contacted, what do we want to know; listing out specific questions
- If consult purpose was findings, include what finding decision was the consensus, including severity level is necessary