## Proposed Differential Response Model

### NEGLECT

<table>
<thead>
<tr>
<th>Investigative Response</th>
<th>Alternative Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional/facility/paid caretaker</td>
<td>Self-neglect</td>
</tr>
<tr>
<td>Chronic neglect/ lack of supervision by non-professional</td>
<td>Client found wandering from home</td>
</tr>
<tr>
<td>Failure to provide medical care resulting in serious medical consequences</td>
<td>Client has minor bruise or injury</td>
</tr>
<tr>
<td>Hostile/fearful environment</td>
<td>Condition of home</td>
</tr>
</tbody>
</table>

### PHYSICAL ABUSE

<table>
<thead>
<tr>
<th>Investigative Response</th>
<th>Alternative Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional/facility/paid caretaker</td>
<td>Pain with no injury</td>
</tr>
<tr>
<td>Non-accidental severe injury</td>
<td>Accidental injury (minor bruising, skin tears, sores, broken bone, etc.)</td>
</tr>
<tr>
<td>Life-threatening injury</td>
<td></td>
</tr>
<tr>
<td>Unreasonable confinement</td>
<td></td>
</tr>
<tr>
<td>Excessive/pattern of physical injury</td>
<td></td>
</tr>
</tbody>
</table>

### SEXUAL ABUSE

<table>
<thead>
<tr>
<th>Investigative Response</th>
<th>Alternative Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always Investigative Response</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### EXPLOITATION

<table>
<thead>
<tr>
<th>Investigative Response</th>
<th>Alternative Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional/facility/paid caretaker</td>
<td>Minor, poor money management, misunderstanding of responsibility</td>
</tr>
<tr>
<td>Unauthorized financial change with adverse effect</td>
<td>Exploitation with an unnamed perpetrator</td>
</tr>
<tr>
<td>Forced services</td>
<td></td>
</tr>
</tbody>
</table>
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 alterations 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