From Research to Action:

Outcomes from Colorado's Alternative Response Pilot for Tailored APS Intervention

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NAPSA R2P Webinar

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Establishing Community

Please introduce yourself in the chat!
- Name, Organization or Perspective

Who are we?
- Courtney and the Colorado Lab
- Stefanie and APS at the Colorado Department of Human Services

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Mission, Vision, and Goals

Division North Star Goal: Colorado's older & at-risk adults have the support they need to live with dignity & security.

CO APS Mission: To offer protective services to improve the health, safety, and welfare of at-risk Coloradans experiencing mistreatment or self-neglect.

CO APS Vision: At-risk Coloradans are supported through an innovative, collaborative, and client-focused workforce that prevents and reduces negative outcomes, promotes equity, and strengthens support networks.

CO APS Values: Our commitment to our clients is to ensure confidentiality, self-determination, consent, and the least restrictive intervention. In all our work, we value collaboration, client-centered focus, equity, and excellence.

Goals & Flow

Goal: review evidence-based learnings from the Alternative Response (AR) pilot and translate to policy and practice action for participant locales

Flow:
- Summarize the practice innovation and structure in Colorado
- Review the evidence building approach and methodologies
- Present select findings from the AR evaluation
- Highlight opportunities to advance best practices in APS using evidence insights

Understanding the AR Innovation

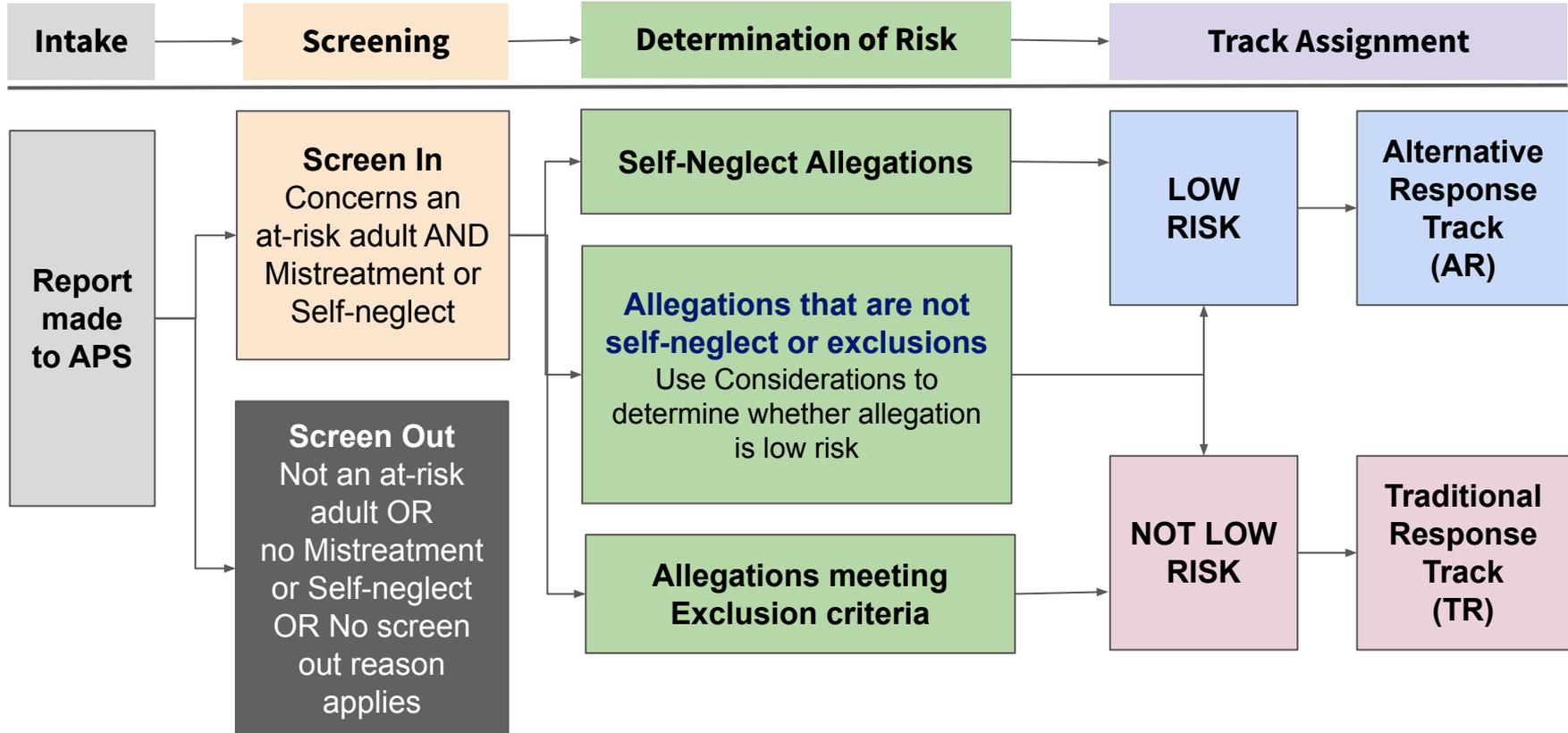**Authorizing legislation:** SB21-118

Dual-track model: to tailor APS response to risk level

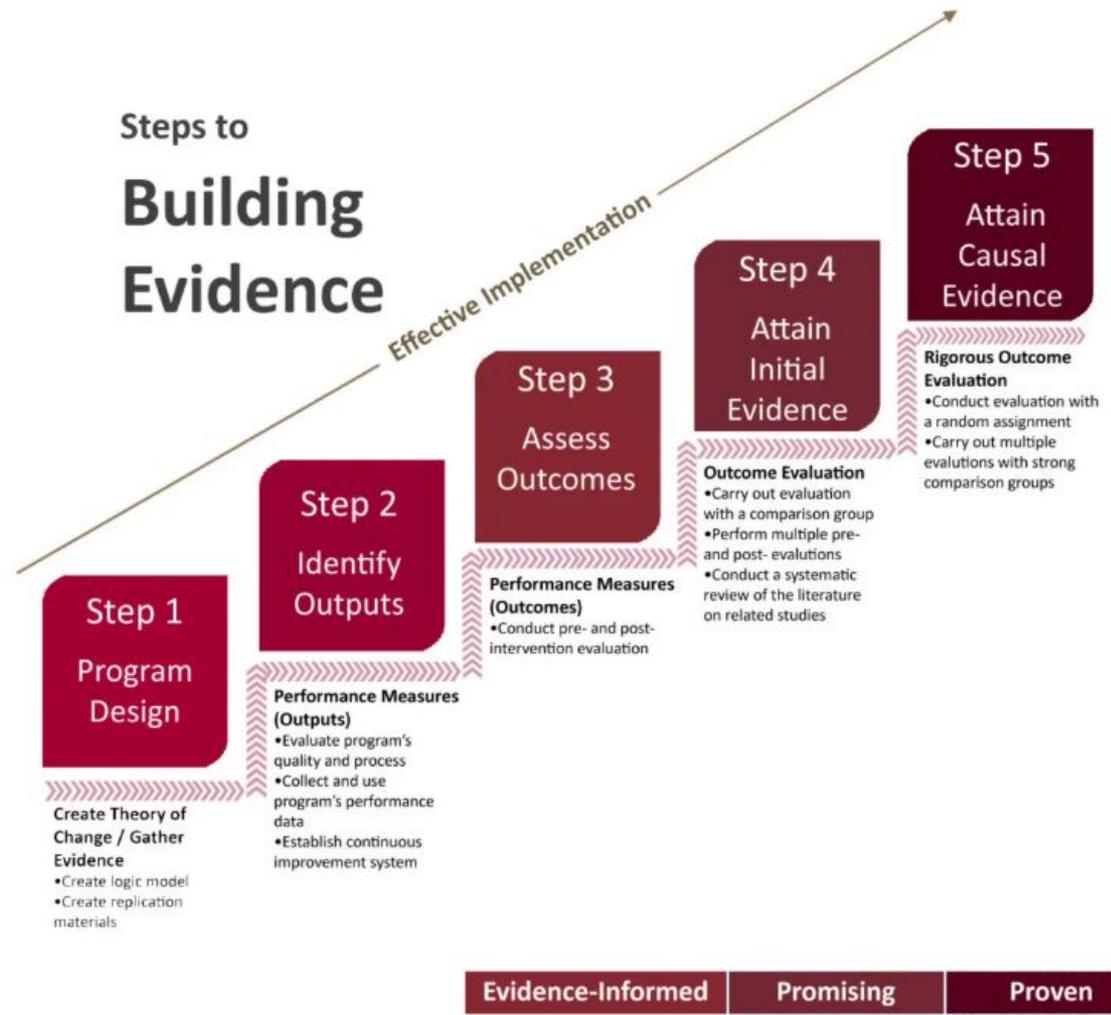| Response Track	Allegation Type(s)	Initial Response	Finding?
Alternative Response (AR)	All self-neglect; low-risk mistreatment	Scheduled (option to)	No
Traditional Response (TR)	All sexual, all paid profs.; high-risk mistreatment	Unannounced (required)	Yes

Other Key Features:

- Track changes can go either direction and are unlimited
- A case can have both AR and TR tracked allegations
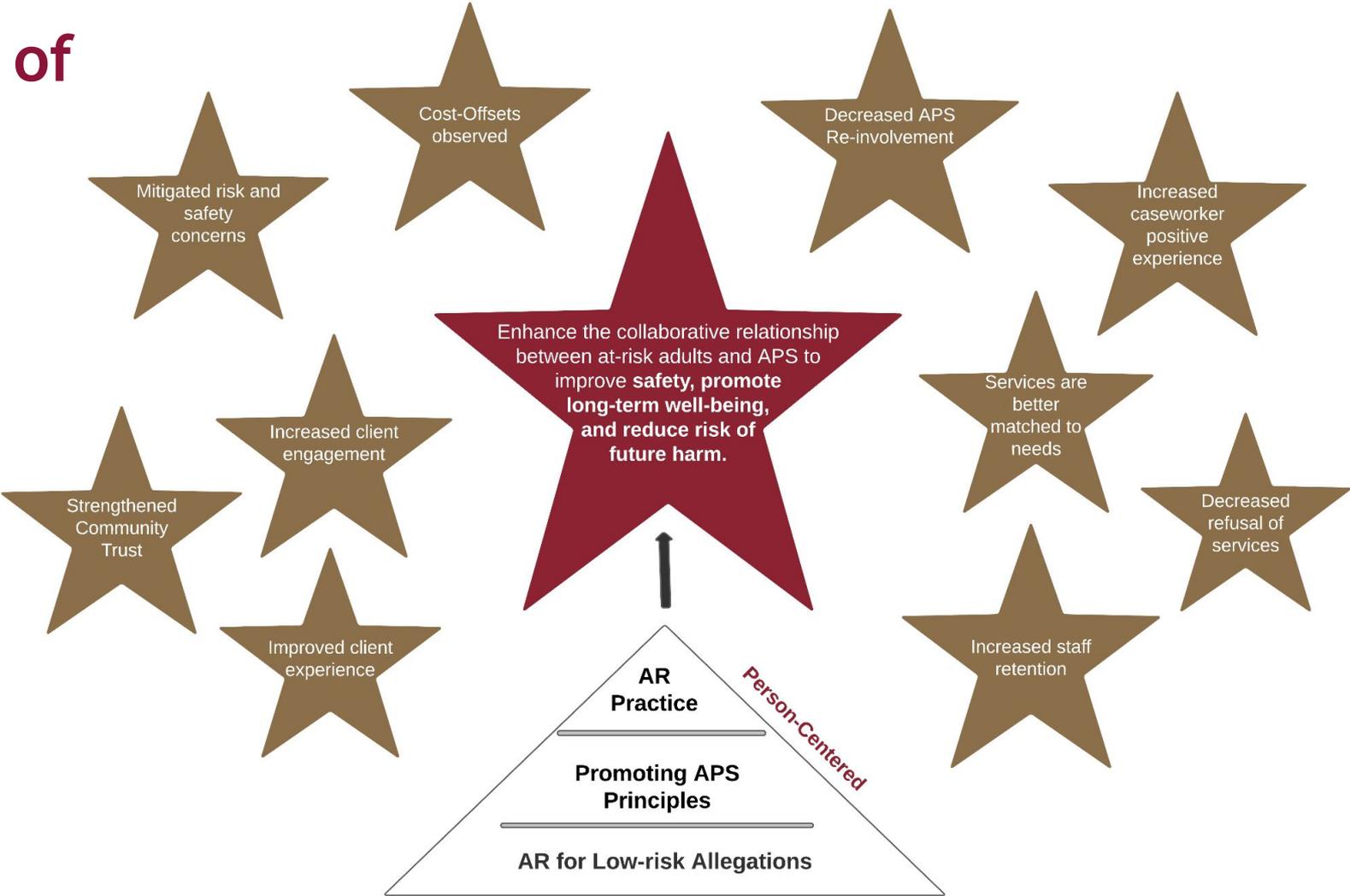- 15 pilot counties (8 urban, 7 rural)

AR Pilot Track Assignment

Intake	Screening	Determination of Risk	Track Assignment

Report made to APS

Screen In
Concerns an at-risk adult AND Mistreatment or Self-neglect

Screen Out
Not an at-risk adult OR no Mistreatment or Self-neglect OR No screen out reason applies

Self-Neglect Allegations

Allegations that are not self-neglect or exclusions
Use Considerations to determine whether allegation is low risk

Allegations meeting Exclusion criteria

LOW RISK

NOT LOW RISK

Alternative Response Track (AR)

Traditional Response Track (TR)

Partnerships, Innovation, and Evidence - Oh my!

Steps to **Building Evidence**

Effective Implementation

Step 1
Program Design

Create Theory of Change / Gather Evidence
•Create logic model
•Create replication materials

Step 2
Identify Outputs

Performance Measures (Outputs)
•Evaluate program's quality and process
•Collect and use program's performance data
•Establish continuous improvement system

Step 3
Assess Outcomes

Performance Measures (Outcomes)
•Conduct pre- and post-intervention evaluation

Step 4
Attain Initial Evidence

Outcome Evaluation
•Carry out evaluation with a comparison group
•Perform multiple pre- and post- evalutions
•Conduct a systematic review of the literature on related studies

Step 5
Attain Causal Evidence

Rigorous Outcome Evaluation
•Conduct evaluation with a random assignment
•Carry out multiple evalutions with strong comparison groups

| Evidence-Informed | Promising | Proven |

Theory of Change

Cost-Offsets observed

Decreased APS Re-involvement

Mitigated risk and safety concerns

Increased caseworker positive experience

Enhance the collaborative relationship between at-risk adults and APS to improve **safety, promote long-term well-being, and reduce risk of future harm.**

Increased client engagement

Services are better matched to needs

Strengthened Community Trust

Decreased refusal of services

Improved client experience

Increased staff retention

AR Practice

Person-Centered

Promoting APS Principles

AR for Low-risk Allegations

"I would say that [with AR], the family is more willing to engage with a care plan. Whereas in the past, if we had to say 'you're going to receive this letter, you're going to go on the registry.' They were like, 'Get out of my house.' There was no engagement after that. I think Alternative Response has supported that [engagement] – the willingness of clients and families to engage in care."

- Pilot County Caseworker

Evidence-Building Approach

- Implementation and reach indicators for the pilot (**descriptive study**)

- Causal evidence on the effectiveness of AR (**outcomes study**)

- Also monitored fidelity throughout to drive CQI (**fidelity measurement)**

- All cases screened in, investigated, and closed between January 4, 2023 – December 31, 2024 across 15 counties (with 6-month follow to June 30, 2025)

- Anchoring to the case-level to reflect how clients are served, while accounting for tracking at the allegation level

Descriptive Study

Descriptive Study – Sample

9,790 cases

14,991 allegations

8,411 unique clients

Insight 1. Close to half (42.9%) of all APS cases have only-AR tracked allegations, showing demand for a dual-track model.

Allegation Breakdown on Cases

	AR-only Cases	TR-only Cases	AR & TR Cases
All Pilot Counties	42.9%	43.3%	13.8%
Rural Counties	62.6%	30.1%	7.3%
Urban Counties	41.9%	44%	14.1%

Percent of Cases

■ AR-only Cases   ■ TR-only Cases   ■ AR & TR Cases

13
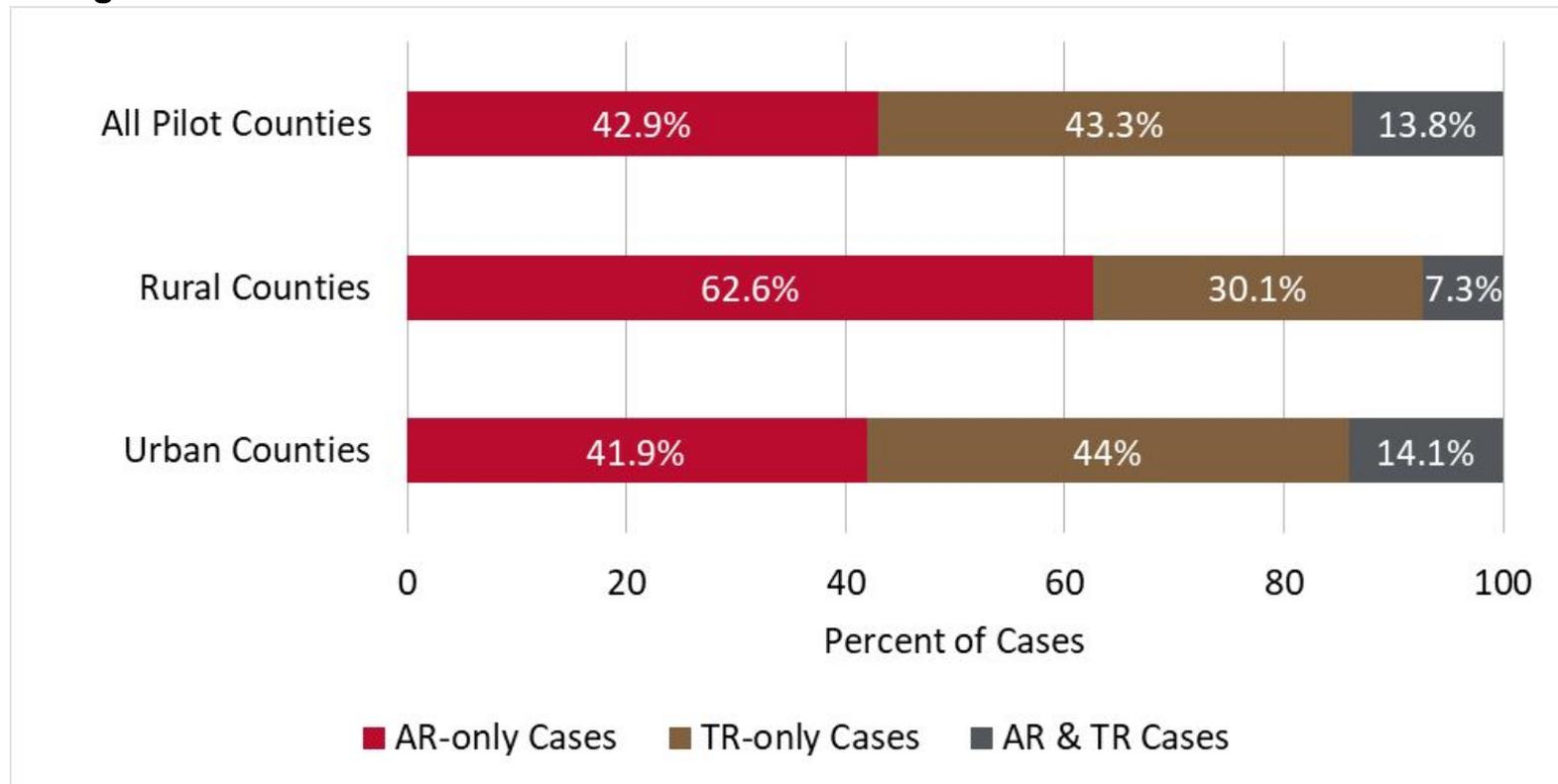
Insight 2: Self-neglect makes up over half (53.4%) of all AR-tracked allegations, showing a significant use case for the AR practice.

Breakdown of AR Allegations by Allegation Type
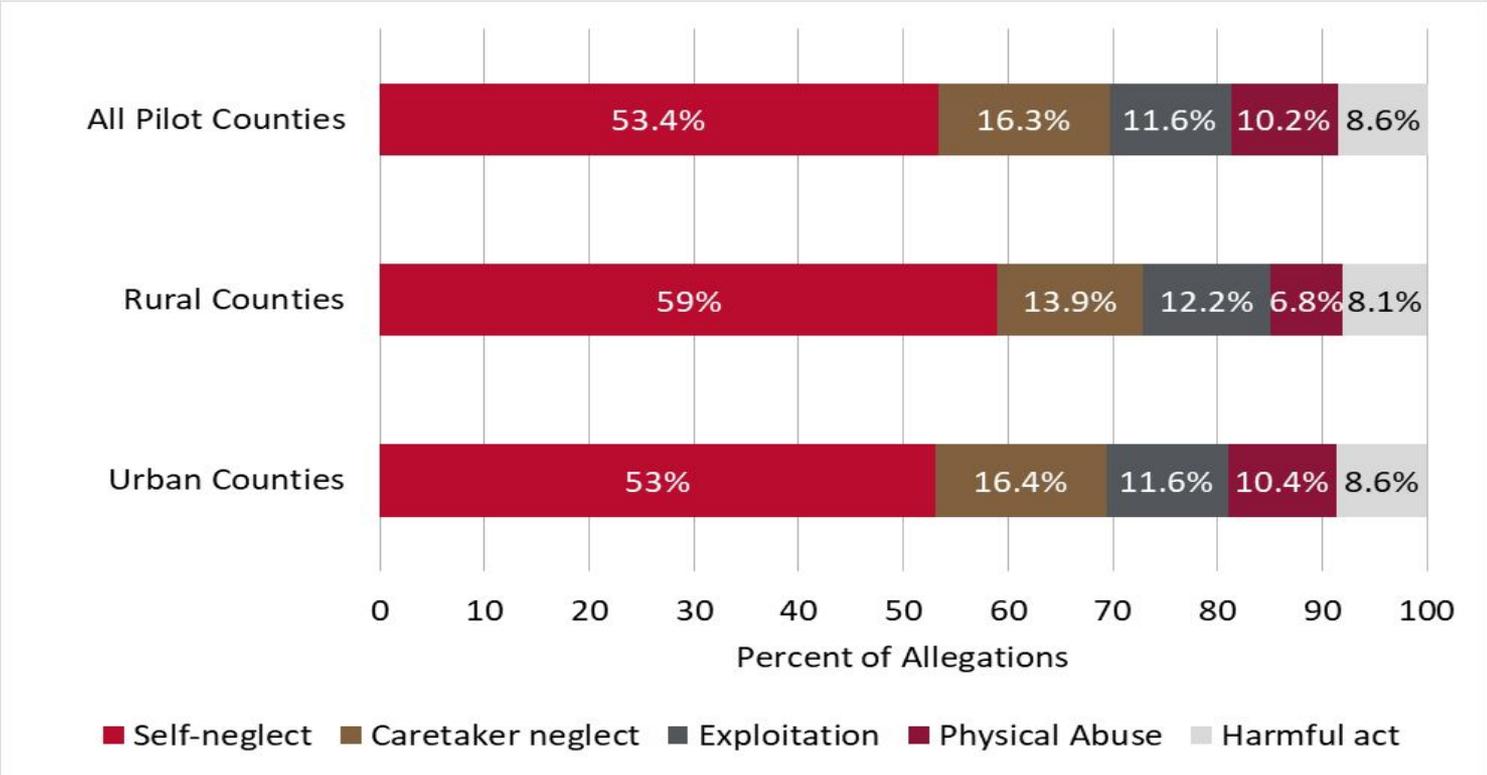
Insight 3: The AR practice reaches a high number of clients who live alone and have few support networks.

Clients Living Alone by Track Type
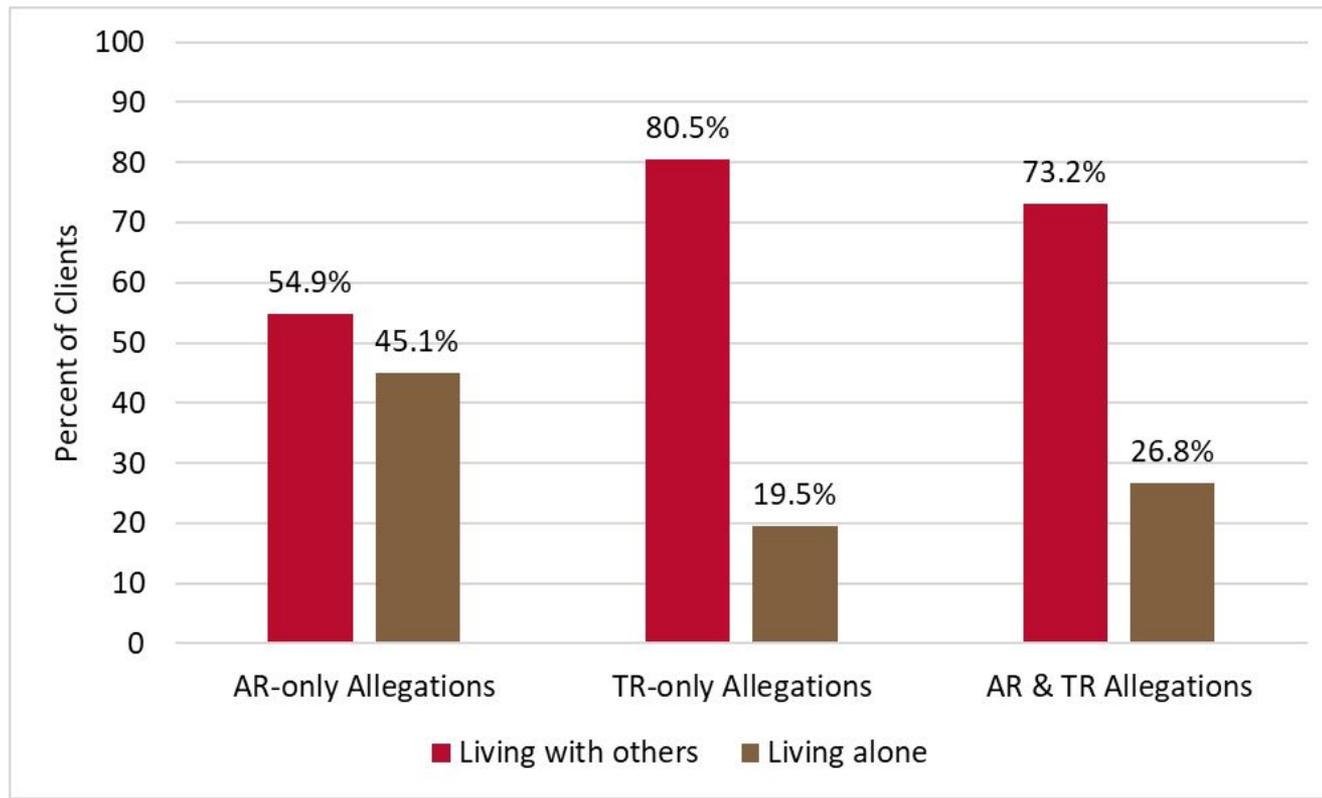
Insight 4: The AR practice reaches a high number of clients with conditions that reflect an aging population (dementia/Alzheimer's, frail elderly)

Leading Conditions for AR-Only Cases
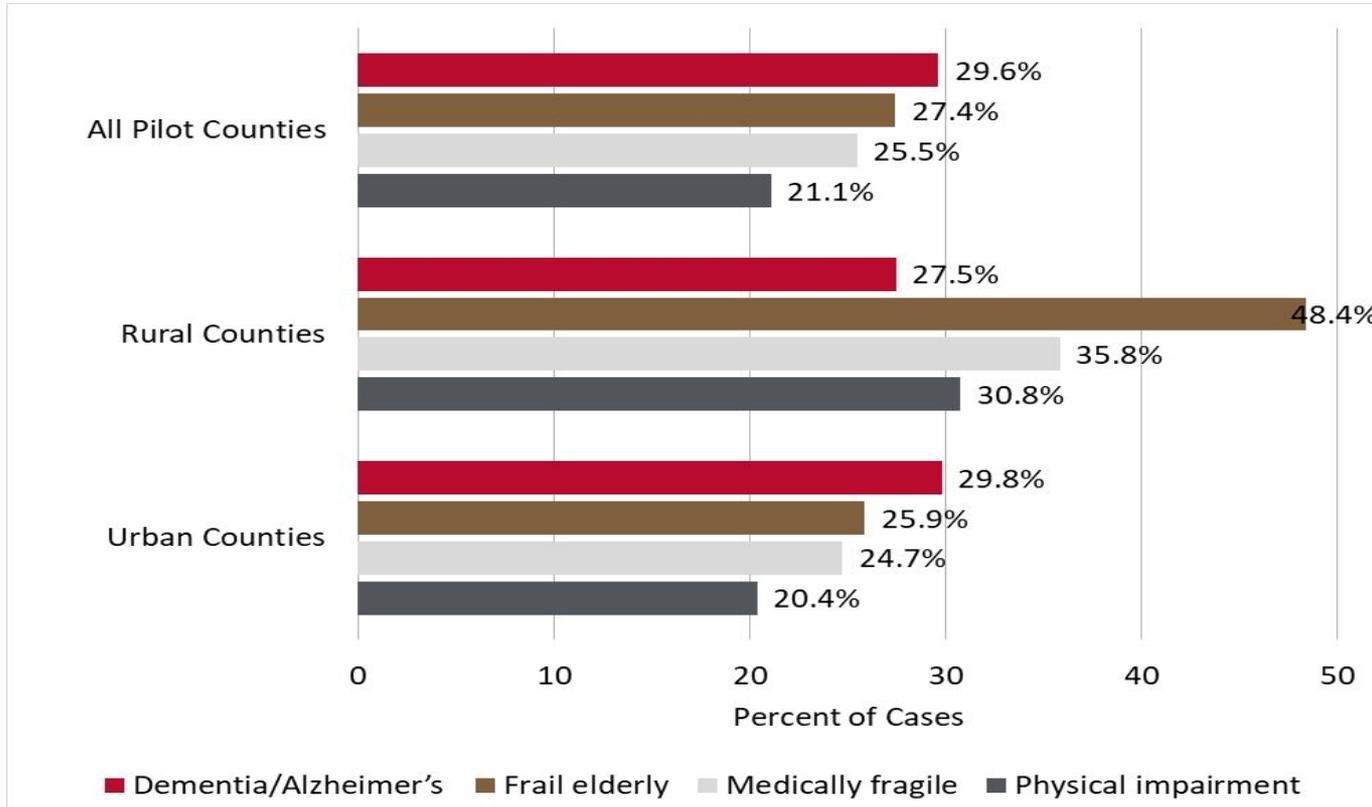
Outcomes Study

Outcomes Study – Sample

- Quasi-experimental design (QED)
  - Matching approach using propensity scores
  - Finding equivalent cases and comparing outcomes
  - Goal: generate causal evidence of effectiveness

The analytic sample (n = 14,641) for the QED is defined as:

- **AR cases: Pilot period cases that contain one or more AR-tracked allegations (n=5,547).**
- **AR equivalent cases ("equivalent cases"): Pre-pilot period cases that would have at least one AR-tracked allegation had a dual-track model existed and are the strongest matches to AR cases in the pilot period (pool of n=9,332)**

Outcomes Study – Comparison Periods

SB21-118 POLICY LEVER ENABLING A DUAL-TRACK MODEL

1/4/2021   12/31/2022   1/4/2023   12/31/2024

Pre-Pilot Period   Pilot Period
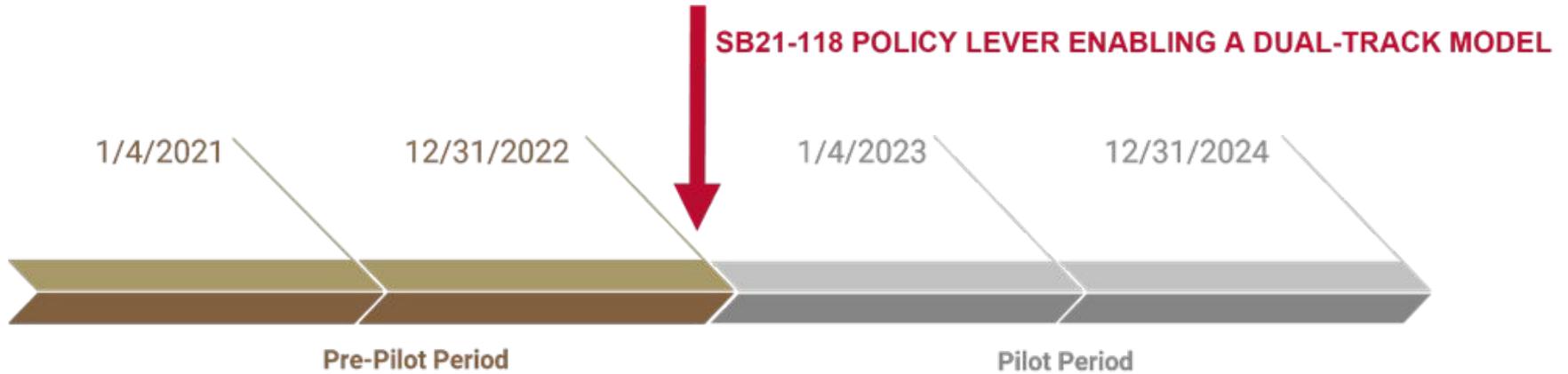
Outcome 1. The AR practice reduces repeat involvement.

Comparison of Estimated Rates of Repeat Involvement for AR Cases and AR-Equivalent Cases
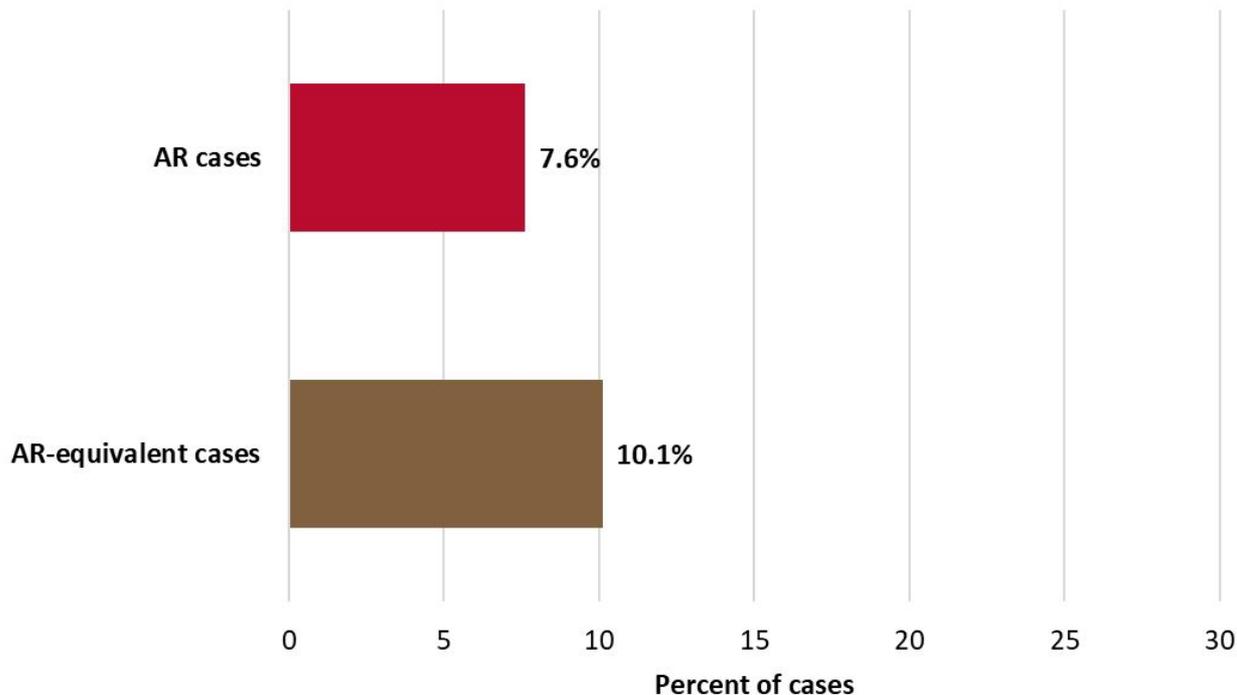
AR cases are **2.5% less likely** to have a second screened-in case within 6-months.

1. The AR practice reduces repeat self-neglect

Comparison of Estimated Rates of Repeat Self-neglect for AR Cases and AR-Equivalent Cases

AR cases — 10.0%

AR-equivalent cases — 17.2%

Percent of cases
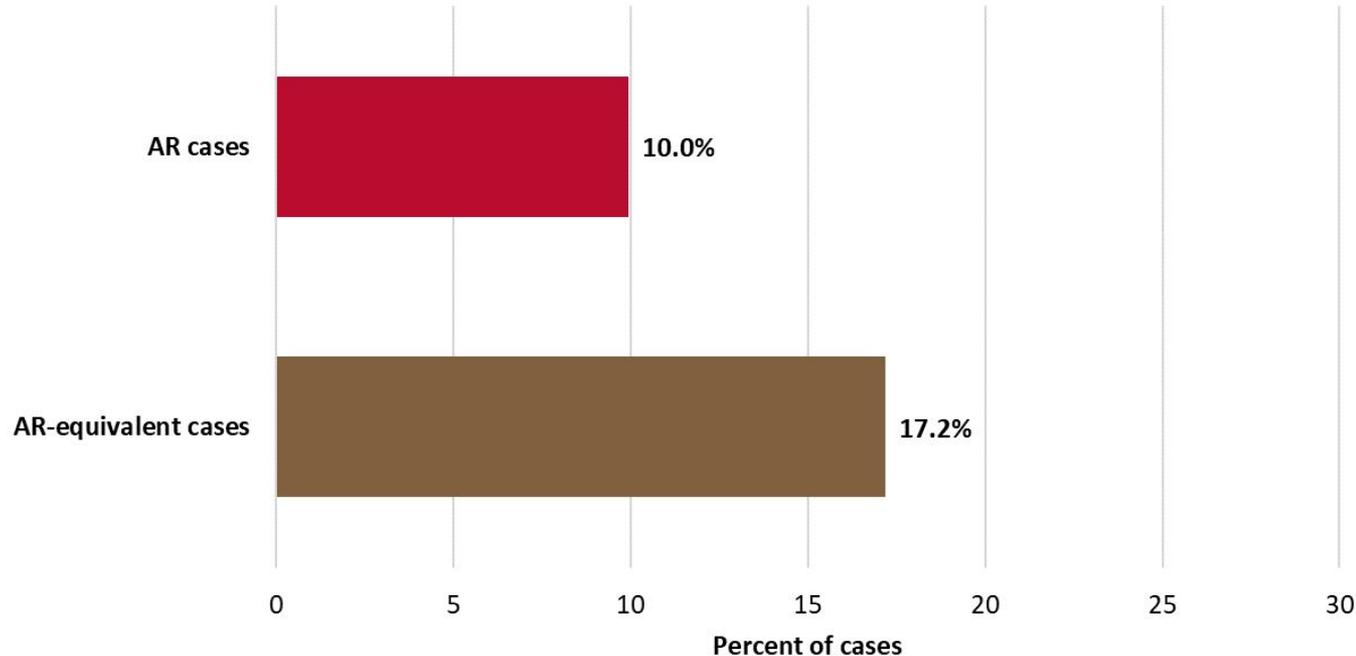
AR cases are **7.2% less likely** to have a second screened-in case for self-neglect within 6-months.

1. The AR practice reduces repeat mistreartment

Comparison of Estimated Rates of Repeat Mistreatment for AR Cases and AR-Equivalent Cases
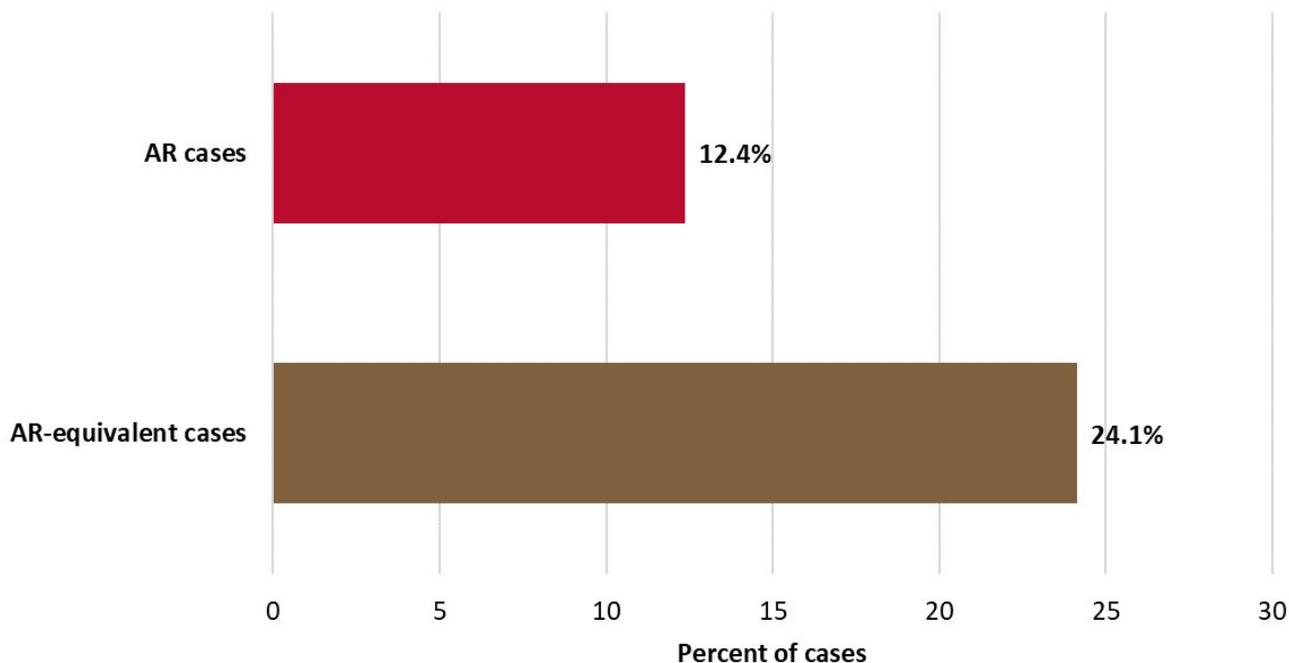
AR cases are **11.8% less likely** to have a second screened-in case for mistreatment within 6-months.
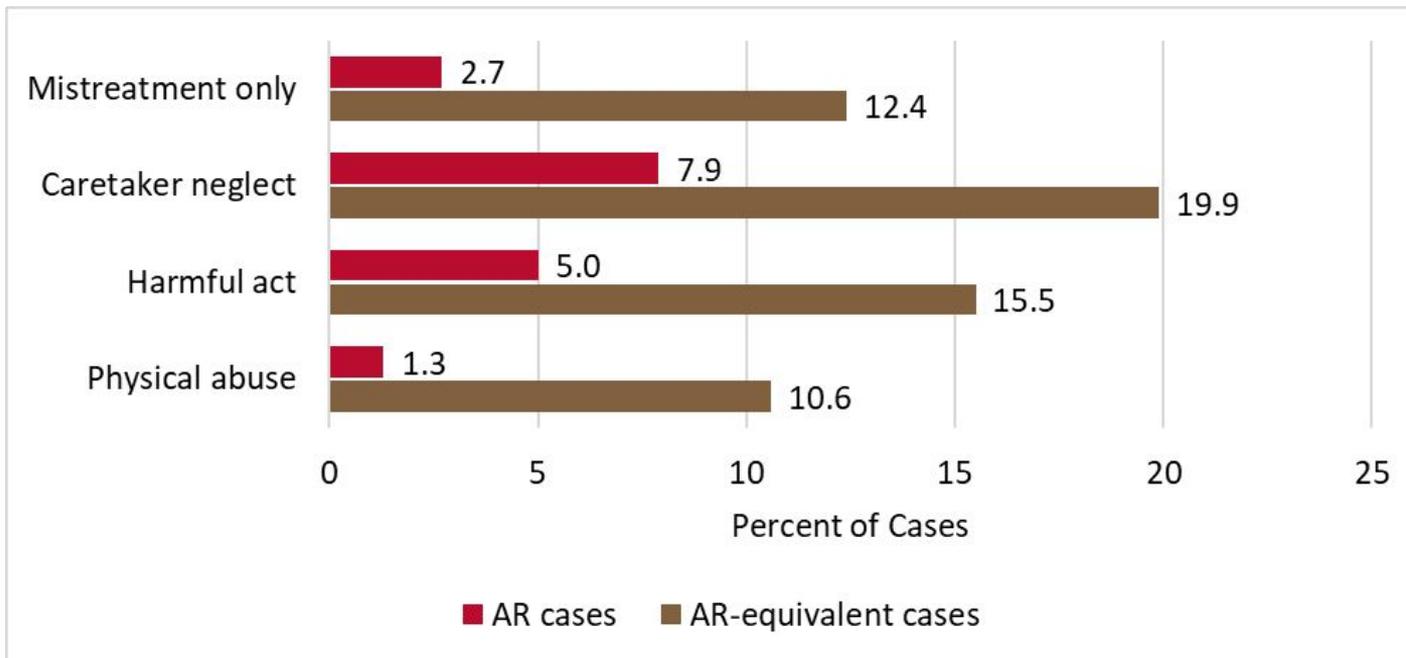
Outcome 2. The AR practice reduces case length.

Breakdown of the number of days from report receipt to case closure
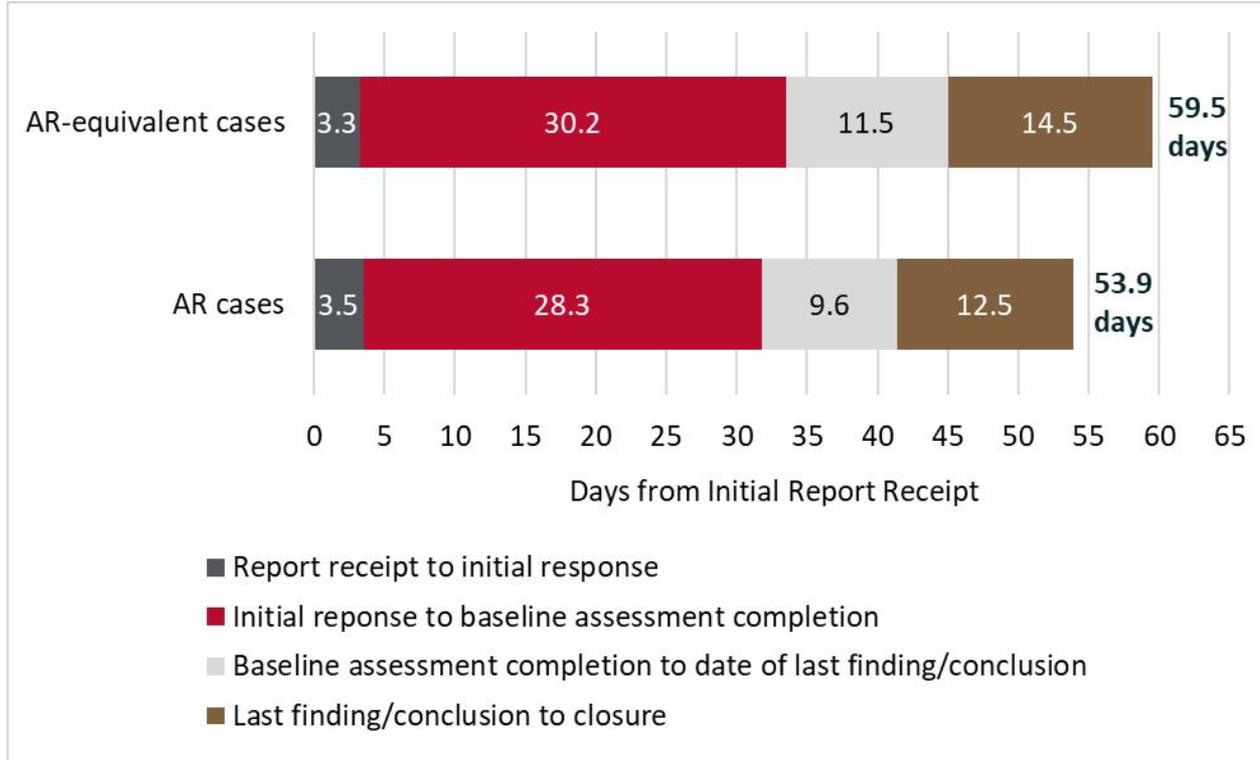
For AR cases, total case length is **reduced by 5.63 days**

Outcome 3. The AR practice is being appropriately applied.

Percent of cases with a severe or substantial rating

This is about tailoring response to level of risk and solid decision making skills by APS staff.

"Our AR tracked allegations for caretaker neglect, a lot of times that is a husband who is struggling…and likely they just need help. They just need Medicaid, or they just need respite."

- Pilot County Caseworker

Outcome 4. Support Networks Increase Engagement

For <u>each</u> additional support, client refusal of contact goes down by ***1.10%***

This is just good practice. Results don't different depending on track.

There is a (worthwhile) trade-off: case length increases by 7.37 days when adding a support.

"I've had people be able to involve their support network in that initial meeting which not only is helpful for them, but also helpful for me."
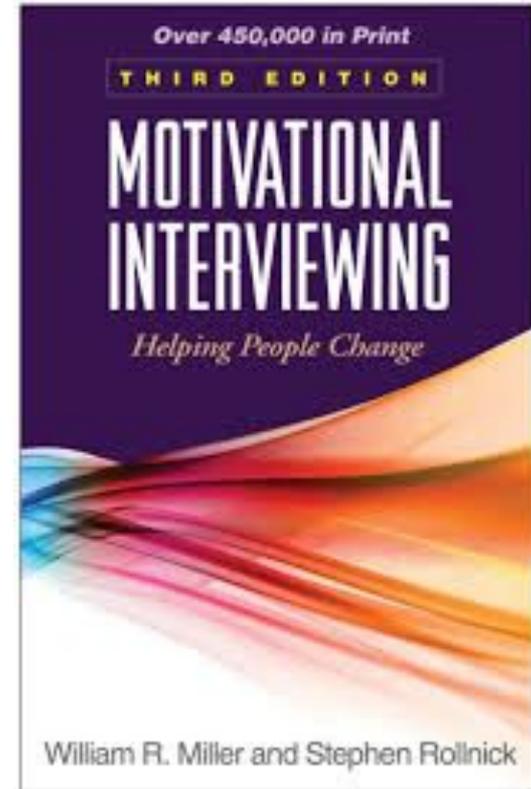
- Pilot County Caseworker

Outcome 5. Contact refusal is higher in rural counties

Urban: 3.85% refusal on average

Rural: 7.21% refusal on average

What's different in rural counties?

- an aging population, reflected in higher rates of frail elderly as an example
- importance of connecting with clients at case start

"I really appreciate being able to build some of those relationships with our clients prior to us going out and seeing them. I think it helps with some of that push back and just being like, 'Oh, my gosh! Someone's here at my door! What do you want?' versus, 'Hey, I would like to come and help you. Is it okay?' . . . I think that's [AR practice] helped build some of those relationships, especially with our self neglect case clients."

- Pilot County Caseworker

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- & the fifteen pilot counties that moved a vision into action!

Policy & Practice Implications (and Q&A!)

- Innovating responses to **self-neglect** is a growing topic nationally. How can the AR practice and evaluation findings inform the conversation?

- **Social isolation** can be a driver of poor health and increase risks to safety for at-risk and older adults. What does the AR practice tell us about combating social isolation?

- **Repeat involvement** in health and human service systems is a key outcome for policymakers. How might the AR practice be reducing repeat involvement? What are the benefits–and to whom–of mitigating repeat involvement?

- With tightening budgets and workforce shortages, identifying efficiencies is top of mind. What do **case length** outcomes tell us about leverage points in an APS case?

- The average participant age was 67.8 years old. How can AR evidence inform care and support of a **rapidly aging population?**

Thank you!

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