



Effectiveness of the Alternative Response Pilot: 2-Year Outcomes

Policy Brief

REPORT HIGHLIGHTS:

- Senate Bill (SB) 21-118 **authorized the Alternative Response (AR) pilot** within Adult Protective Services (APS).
- SB21-118 **requires an independent evaluation** to build evidence for the AR practice and inform the pilot's future.
- This **policy brief** summarizes **pilot reach, implementation, and impact data**.
- Findings illustrate that the **AR Pilot is having a positive impact on at-risk adults** in Colorado by reducing repeat involvement and case length through collaborative engagement.
- Based on outcome findings, the AR practice is **recommended for statewide scaling** with adequate resourcing for strong implementation.

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Abstract

Building Evidence for the Alternative Response Pilot

Senate Bill (SB) 21-118 authorized an Alternative Response (AR) pilot within the Colorado Department of Human Services (CDHS), Adult Protective Services (APS). This pilot creates a dual-track model for tailoring APS response to risk level. Allegations of low-risk mistreatment and self-neglect are tracked to AR and higher-risk allegations are tracked to Traditional Response. The Colorado Evaluation and Action Lab at the University of Denver served as the independent evaluator for the legislatively required outcomes study. The goal of the study was to understand the effectiveness of AR and inform the future of this practice model.

This policy brief highlights reach, implementation, and select impact outcomes for cases opened and closed between January 4, 2023 through December 31, 2024. Results show the AR practice can improve collaborative engagement between APS staff and clients, which can help stabilize the client and improve well-being. Compared to equivalent cases in the pre-pilot period, repeat involvement in APS was significantly decreased by 2.5%. Case length was also significantly reduced by 5.63 days. Descriptive data show the AR Pilot has strong reach in pilot counties, is especially needed for clients experiencing self-neglect, and is helping to support individuals with higher levels of social isolation and vulnerable conditions. Results also show the critical importance of building support networks to improve long-term well-being and maximize effectiveness of the AR practice.

Taken together, findings indicate the AR practice is a person-centered approach that can inform best practices for supporting at-risk adults, including a growing aging population. Based on findings, the dual-track model created by the pilot should be considered by CDHS for statewide scaling. Recommendations for statewide expansion include: a) prioritize rule changes that are responsive to data-informed learnings, such as revisiting the timeline for initial response; b) enable a phased rollout statewide over a period of time to ensure county readiness and to provide the state preparation time; c) provide adequate resourcing at state and county levels to ensure fidelity of implementation; d) advance partnerships within CDHS and across systems in caring for the aging population; and e) apply Colorado's Evidence-Based Decision Making approach in state government to activate results of the 2-year rigorous evaluation—*in commitment to achieving positive outcomes and smart state investments among the APS program and clients served.*

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Acknowledgements

This research was supported by the Colorado Department of Human Services (CDHS), Division of Aging and Adult Protective Services. The opinions expressed are those of the authors and do not represent the views of the State of Colorado, CDHS, or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor's Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor's Office and communicated to the legislature through the regular budget and legislative processes.

Data Sources

The study uses data from three sources:

1. Colorado Adult Protective Services (CAPS) administrative data system.
2. Fidelity of Implementation measures, using CAPS data.
3. Qualitative data collected through focus groups, surveys, and pilot county feedback.

Suggested Citation

Everson, C.L., Boffy-Ramirez, E., & Wickerham, E. (November 2025). *Effectiveness of the Alternative Response Pilot: 2-year outcomes* (Policy Brief). (Report No. 21-09G). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

Introduction

[Senate Bill \(SB\) 21-118](#) (Alternative Response Mistreatment At-risk Adults) passed in the 2021 legislative session, authorizing a pilot of the Alternative Response (AR) practice for responding to reports of low-risk mistreatment or self-neglect of an at-risk adult. Current law allows for only one type of response for a county department of human services, regardless of the risk level reported.

The AR Pilot enables a dual-track model to better tailor the response approach to the unique circumstances of the case and allegations. Track One is called Traditional Response (TR) and is reserved for higher-risk allegations of mistreatment; Track Two is called Alternative Response and is applied to all self-neglect allegations and lower-risk allegations of mistreatment. The AR practice opens the door for more collaborative engagement by establishing a strong partnership from case start to case end, as illustrated in the pilot theory of change (Figure 1).

As an innovative practice in Colorado and nationally, SB21-118 requires a two-year outcomes evaluation to assess effectiveness of the AR Pilot and inform the future of the dual-track model. The Colorado Department of Human Services (CDHS), Adult Protective Services (APS), partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to fulfill this legislative opportunity.

This policy brief summarizes 2-year findings on pilot implementation and provides causal evidence on effectiveness of AR. A full evaluation report with detailed results is found [here](#).

Participating Counties

SB21-118 authorized 15 counties to participate in the AR Pilot, with a requirement for a balance of rural/frontier and urban/suburban counties. Counties applied as interested in participating. The Colorado Lab used a method called random stratified sampling with weighting to select the 15 counties in a fair and balanced manner (Table 1).

Table 1. Participating Pilot Counties and Geographic Designation

Rural/Frontier Counties	Urban/Suburban Counties
Eagle	Adams
Garfield	Arapahoe
La Plata	Denver
Otero	El Paso
Prowers	Jefferson
Pitkin	Larimer
Routt	Mesa
---	Weld

Figure 1. Alternative Response Practice Theory of Change



Description of the Study

The evidence-building approach prioritizes data-informed learning alongside rigorous evaluation methods.

The study period is January 4, 2023 through December 31, 2024, with follow-up data through June 30, 2025.

- Fidelity was measured to ensure pilot counties were delivering the practice as intended to drive outcomes.
- Descriptive analysis illustrates pilot reach and implementation.
- A quasi-experimental design (QED) was used to generate initial causal evidence of effectiveness.
- Qualitative data provide further context and ensure the experiences of APS staff are also elevated.

Evidence-Building Approach

Colorado is committed to data-informed state investments and strategic decision making. As a pilot program, it is imperative that research evidence is generated on AR to inform practice and policy development, scalability, and sustainability. To meet this goal, our evidence-building approach maximizes actionability with rigor. During the pilot, the focus was on data-informed learning and strengthening implementation. At the conclusion of the 2-year implementation period, the focus was on generating causal evidence of effectiveness. In this policy brief, we present select findings on reach, implementation, and impact evidence from a 2-year pilot implementation period (January 4, 2023 through December 31, 2024), with 6-month follow-up data through June 30, 2025. As a result of this evaluation, the AR practice achieved Steps 1 through 4 of Colorado’s [Steps to Building Evidence](#) and the practice is positioned to achieve a “promising” evidence designation according to [House Bill 24-1428](#) (Evidence-Based Designations for Budget).

Fidelity of Implementation

Fidelity monitoring is an essential component of the AR Pilot evaluation. Fidelity monitoring helps to answer the question, “Is the pilot being implemented as intended?” Fidelity monitoring explores what activities actually occurred and contributed to outcomes and is essential to continuous improvement and to creating a cohesive, replicable version of the AR practice. Fidelity measurement is a collaborative process between the Colorado Lab, the AR Pilot Planning Specialist, and the CDHS Administrative Review Division.

Descriptive Analysis

Descriptive analysis is used to understand reach and implementation of the AR Pilot. These analyses are based on cases that were screened in, investigated, and closed between January 4,

2023 and December 31, 2024. In total, there were 9,790 cases, representing 14,991 allegations and 8,411 unique clients. To assess geographic variation, rural-urban county comparisons were done. To explore differences within the dual-track model, comparisons by track assignment were done. We refer to cases with only AR allegations as “AR-only” cases; cases with only TR allegations as “TR-only” cases; and cases with both AR and TR allegations as “AR & TR” cases. Tests of statistical significance were conducted throughout.

Quasi-Experimental Design

The outcomes evaluation employs a quasi-experimental design (QED) approach; specifically, a matching approach using propensity scores called inverse probability weighting. Inverse probability weighting is a well-established and vetted procedure in the [causal inference toolbox](#). Grounded in pilot design and the theory of change, this method identifies cases in the pre-pilot period with similar features to AR cases in the pilot period. This information is combined into a single propensity score representing the probability that a pre-pilot case would have an allegation tracked to AR had the dual-track model existed. Cases with similar scores are considered comparable and are weighted more heavily in the analysis. This method reduces subjectivity and improves the precision of causal estimates.

Defining the Sample

To understand the impact of the AR practice, outcomes of AR cases during the pilot (pilot period: January 4, 2023 through December 31, 2024) are compared with equivalent cases before the policy lever enabled a dual-track model (pre-pilot period: January 4, 2021 to December 31, 2022) as illustrated in Figure 2. We also present 6-month follow-up data through June 30, 2025.

The analytic sample is defined as:

- **AR cases:** Pilot period cases that contain one or more AR-tracked allegations (n = 5,547).
- **AR equivalent cases (“equivalent cases”):** Cases from the pre-pilot period 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 = 9,121 possible cases).

Construction of the Analytic Sample

Figure 2 illustrates how we arrived at the analytic sample for the QED. The analytic sample is taken from all allegations that were screened in, opened, and closed in the pre-pilot or pilot period. Cases with only TR-tracked allegations during the pilot are excluded from the analytic sample. We also excluded 211 cases with only a sexual abuse allegation from the pre-pilot sample because sexual abuse allegations can never be tracked to AR. Twenty-seven cases were lost during the estimation of propensity scores because they do not have valid values for all matching variables. The final analytic sample consists of 14,641 cases.

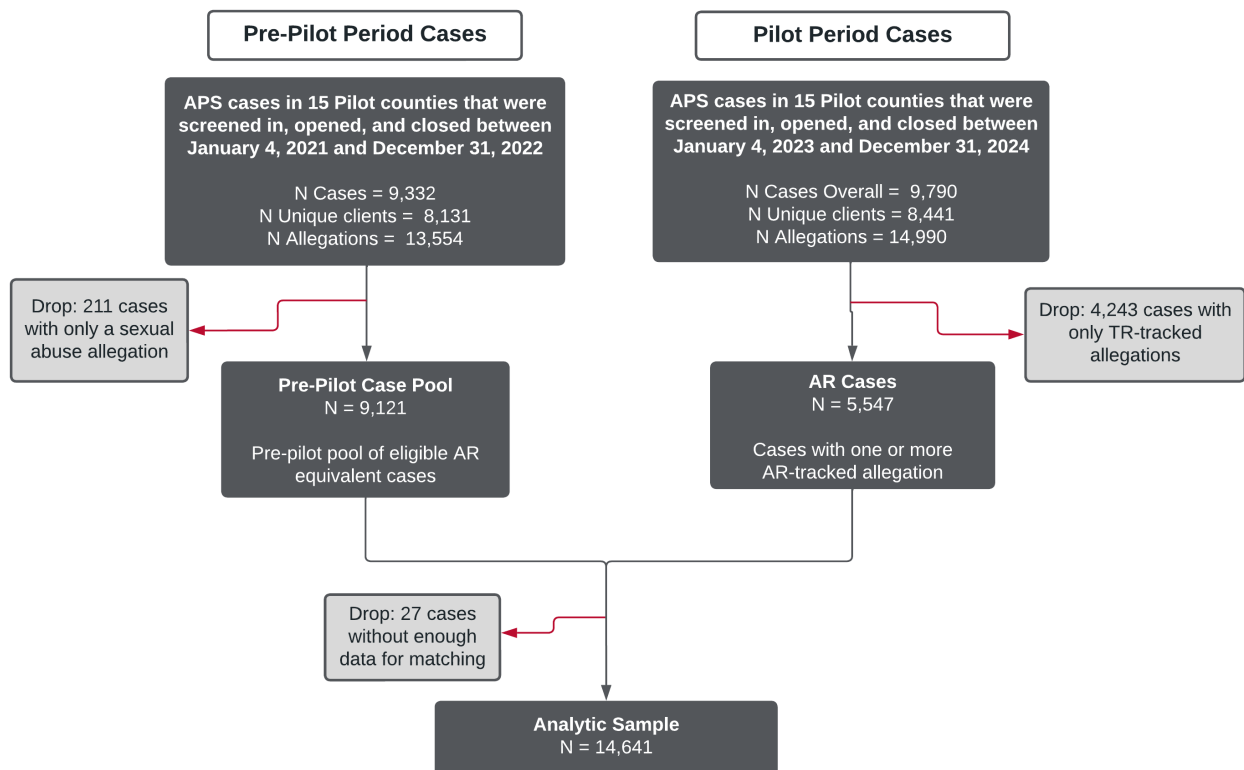
Why define AR cases as “one or more allegations?”

In the QED, the decision to define “AR cases” as one or more AR allegations (versus cases with only AR allegations) reflects a more rigorous, conservative, and inclusive approach to assessing impact of the AR practice. This allows us to detect whether even one AR-tracked allegation in a case makes a difference.

The approach also allows for more detailed analysis to inform implementation decisions and drive precision practice. For example, how do outcomes differ by cases with only AR allegations, versus those with mixed allegations? By defining the pilot sample as cases with at least one AR allegation, the dual-track model can be understood more holistically.

Practically speaking, the majority of AR cases (63.19%) have a single allegation.

Figure 2. Construction of the Analytic Sample



Qualitative Data

Qualitative data was collected throughout the pilot through focus groups, surveys, and feedback sessions, using implementation science principles. Qualitative data provide context to results and speak to caseworker experience with the AR practice. Findings are integrated throughout.

Key Findings

Fidelity of Implementation

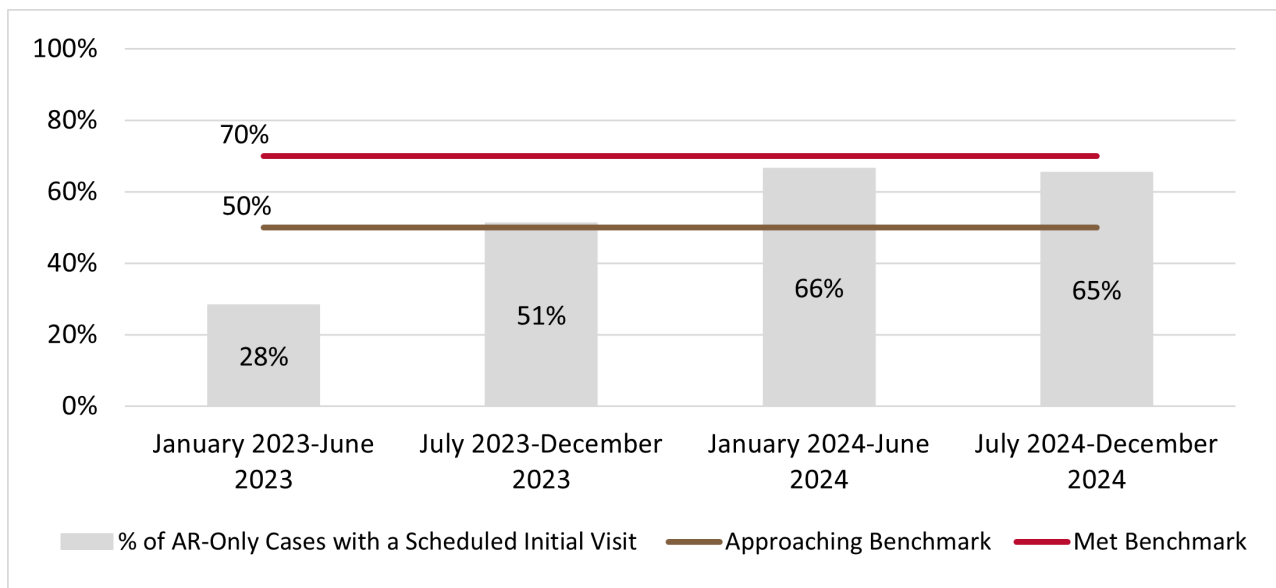
The AR Pilot has seven fidelity measures: initial track assignment, initial response, track changes, investigation and conclusion, matching needs to services, use of data, and continuing education. Fidelity was measured twice during the pilot: once in fall 2023 (initial) for quality improvement and once in late 2024/early 2025 (final) for evaluation reporting. By the end of the pilot, **counties met or approached fidelity** for all indicators except for Indicator 2 on initial response.

Spotlight on Initial Response

The option to schedule the initial response is a hallmark of the AR practice and is a hypothesized driver in the collaborative engagement between clients and caseworkers. Over the pilot period, counties **dramatically improved their adherence** to scheduling the initial response thanks to their investment in continuous improvement. By the end of the pilot, the benchmark of 70% of AR-only cases receiving a scheduled initial visit was nearly reached (65% in final 6 months) (Figure 3).

Qualitative data show that moving from an unannounced to a scheduled initial response is a large culture change within APS and requires caseworkers to adopt new skills to effectively implement. This growth curve is reflected in the data, where pilot counties were slow to start in using the option. CDHS has provided significant guidance and implementation support to counties toward improving the rate over time. This is critical, as qualitative data show caseworkers appreciate the option to schedule an initial visit and feel that, when exercised, it can help accelerate rapport building. The Colorado Lab recommends APS staff adopt Motivational Interviewing as an evidence-based practice to further strengthen initial response and drive at outcomes.

Figure 3. Percent of AR-Only Cases with a Scheduled Initial Visit by Case Open Date



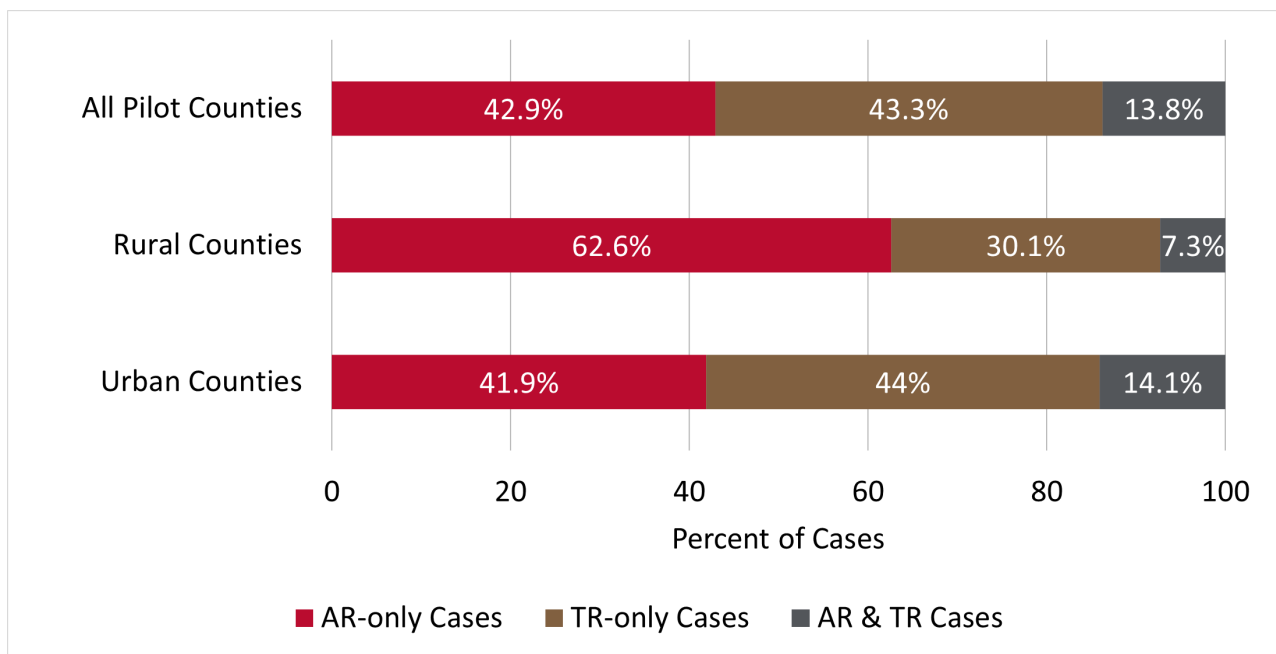
Descriptive Analysis: Reach and Implementation

Five indicators covering reach and implementation of the AR practice in pilot counties are reported below.

Insight 1: Close to half of APS cases have only AR-tracked allegations. This is higher in rural counties.

The AR track is being robustly used by pilot counties (Figure 4), **signaling the need for a dual-track model** that can tailor response to level of risk. Use of the AR track is significantly higher ($p < 0.01$) in rural counties. Qualitative narratives indicate that especially in small-knit communities, the AR track can improve collaboration, particularly for older adults who are strongly independent and desire to age in place. The average age of clients served by pilot counties is 67.8 years old.

Figure 4. Allegation Breakdown on Cases

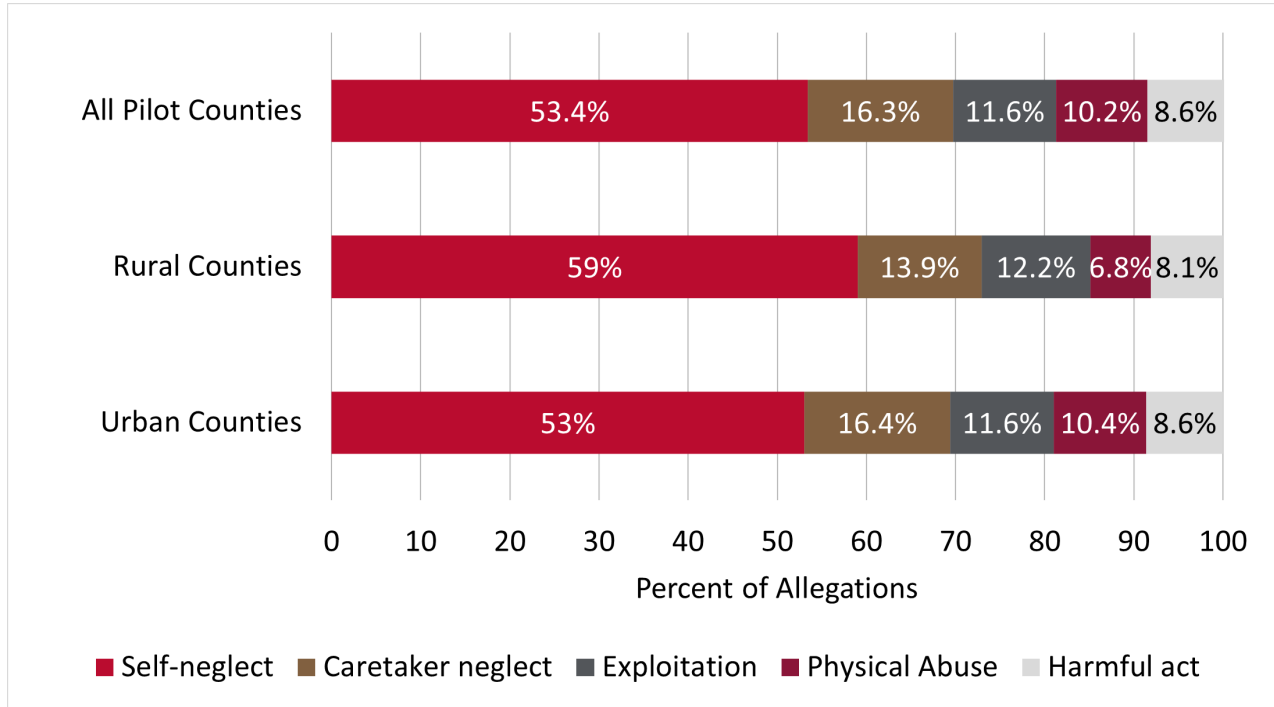


Insight 2: Self-neglect makes up over half of all AR-tracked allegations.

Understanding **what is driving track assignment** can help inform understanding of the model. Data show that self-neglect makes up over half of all AR-tracked allegations (Figure 5). This aligns with the theory of change and the underlying philosophy of the dual-track model to match response approach to risk level.

“I really like the AR track for self-neglect so I can focus on helping and support...which feels more client-centered [than making a substantiation].”

- Pilot County Caseworker

Figure 5. Breakdown of Alternative Response Allegations by Allegation Type


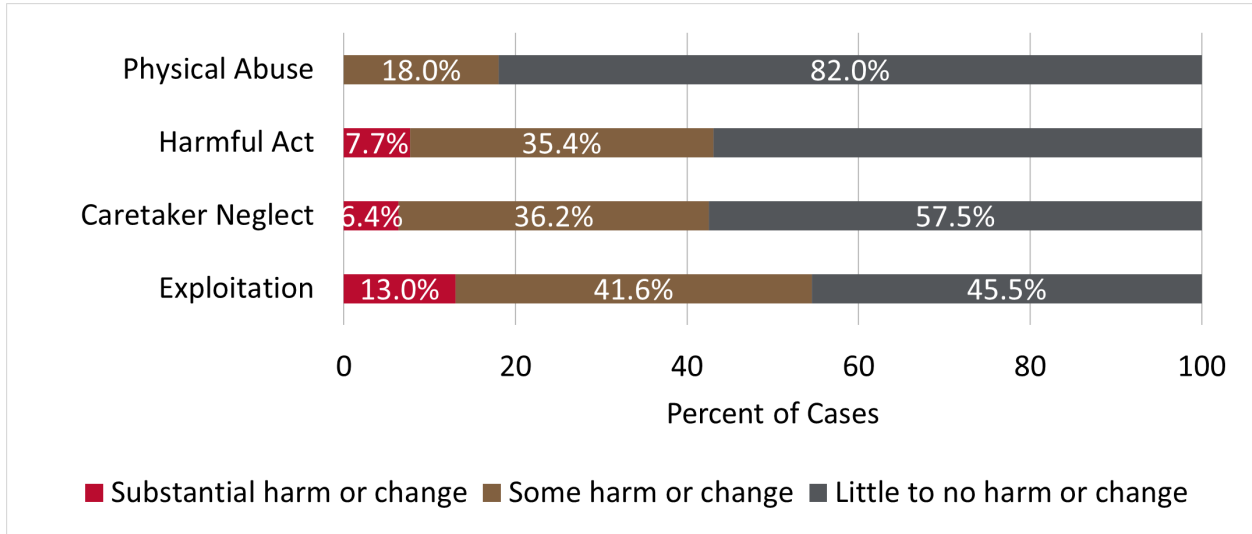
Insight 3: Conclusions for AR-tracked allegations reflect the low-risk nature of the AR track and signal that the AR track is being used appropriately.

A hallmark feature of AR is that there is no finding for AR allegations, but rather, a conclusion. It is still important to understand the extent of impact that occurs in AR allegations and to assess whether this pattern aligns with the intended low-risk nature of the AR practice. For allegations of mistreatment tracked to AR, **conclusion data show an appropriate use of the AR track** (Figure 6). All cases of substantial impact are reviewed by the AR Specialist to confirm whether the track was appropriately used.

“For me, it [AR] does feel better to not be doing substantiations on things that are educational opportunities, especially for caretaker neglect.”

- Pilot County Caseworker

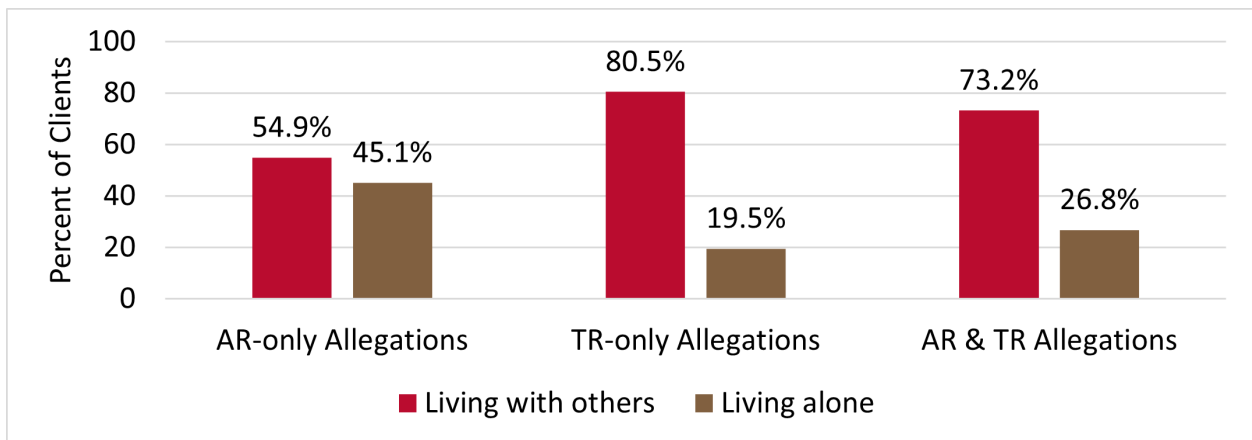
Qualitative narratives show that especially in cases of caretaker neglect involving a spouse, the AR track is well-suited to support not only the client, but the relationship and can stabilize the whole family by addressing root causes of involvement (e.g., husband having difficulty caring for wife with Alzheimer’s; needs respite twice a week). Being able to support a client and their family through such best practices in social work in turn improves caseworker satisfaction—and satisfaction is a key driver of workforce retention in APS.

Figure 6. Extent of Harm for Alternative Response Allegations with a Conclusion


Note: There is a very small percentage of physical abuse allegations tracked to AR; these are suppressed for privacy. To prevent identifying the exact number of cases, both remaining categories are rounded up.

Insight 4: Clients with only-AR tracked allegations are significantly more likely to live alone and have fewer support networks.

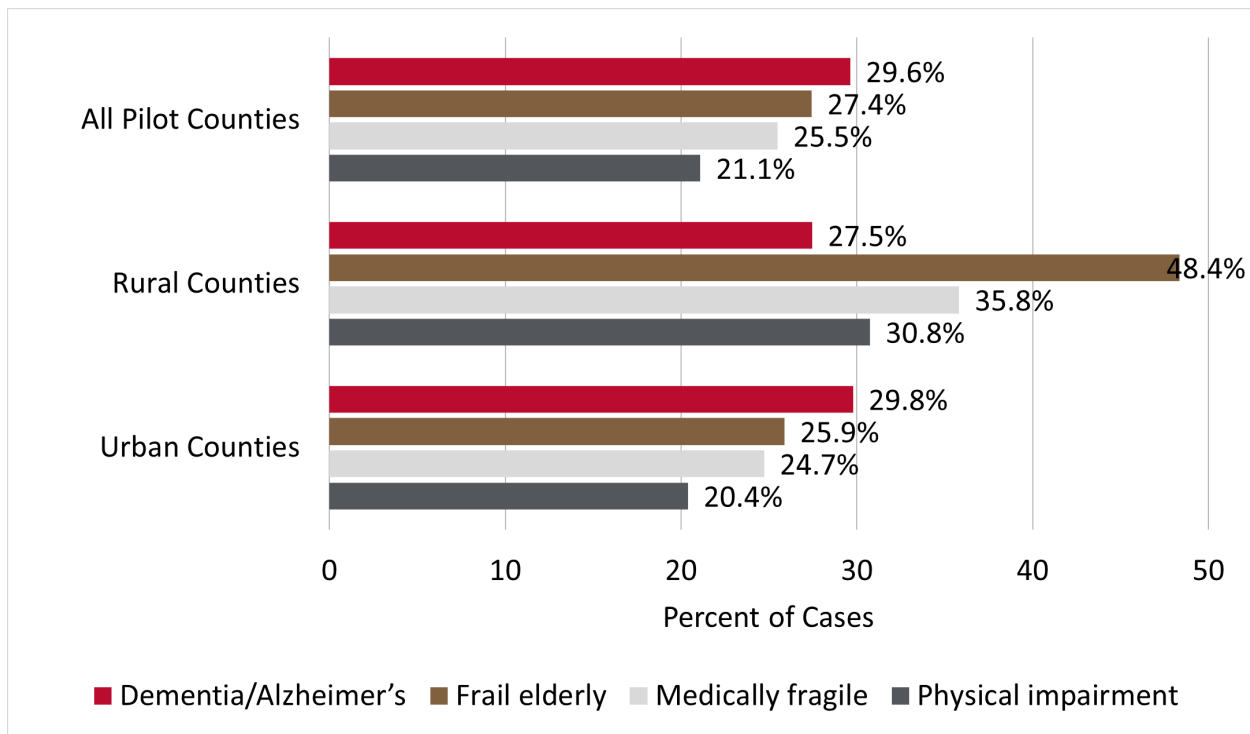
Caseworkers can collaborate with clients to **strengthen their support networks and stabilize the client in the home to help prevent future involvement and escalation of mistreatment or self-neglect**. Anticipatory practice guidance is best developed from an understanding of client situations at case start. Clients with only AR-tracked allegations are significantly ($p < 0.01$) more likely to live alone (45.1% of clients) compared to clients with only TR-tracked allegations (19.5% of clients) (Figure 7). Living alone status is a proxy for social isolation. Social isolation is heightened by a lack of support networks, which are significantly ($p < 0.01$) lower for clients with AR-only cases than for clients with TR-only cases (2.61 persons for AR vs. 2.91 persons for TR).

Figure 7. Clients Living Alone, by Track Type


Insight 5: Leading conditions vary with geography and reflect an aging population.

Understanding client conditions can further inform anticipatory guidance and identify who the AR practice is most appropriate for. **Leading conditions also directly interact with social isolation** (Insight 4) and can influence both why a client is involved with APS and how best to serve them. In cases with only AR tracked allegations, the leading conditions are dementia/Alzheimer’s, frail elderly, medically fragile, and physically impaired (Figure 8). The latter three conditions are significantly higher in rural communities ($p < 0.05$), with frail elderly nearly double compared to urban counties. Qualitative narratives show the AR practice enables caseworkers to better help the client build support networks and connect with community-based services, which are essential to managing these conditions long-term and to meet the needs of a growing older adult population.

Figure 8. Leading Conditions for Alternative Response-Only Cases



“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’ [CAPS Checks]. They were like, ‘Get out of my house.’ There was no engagement after that. I think Alternative Response has supported that willingness of clients and families to engage in care.”

- Pilot County Caseworker

Inferential Analysis: Confirmatory Outcomes

The outcomes reported in this policy brief cover repeat involvement, case length, and client engagement. For repeat involvement, the QED estimates the average difference between AR cases and equivalent cases on the likelihood of a client having a subsequent screened-in case within 6 months of previous case closure. For case length and client engagement, the QED estimates the average difference between AR cases and equivalent cases. Together, these results speak to client- and system-level outcomes.

Outcome 1. The Alternative Response practice reduces repeat involvement.

For all three measures of repeat involvement, **having at least one AR-tracked allegation on the initial case reduced the likelihood of having a subsequent screened-in case.** The estimated differences in repeat involvement are all statistically significant. Qualitative narratives indicate that the AR practice can lead to more collaborative case planning, which in turn can help address root causes and reduce the need for repeat involvement for the same issue.

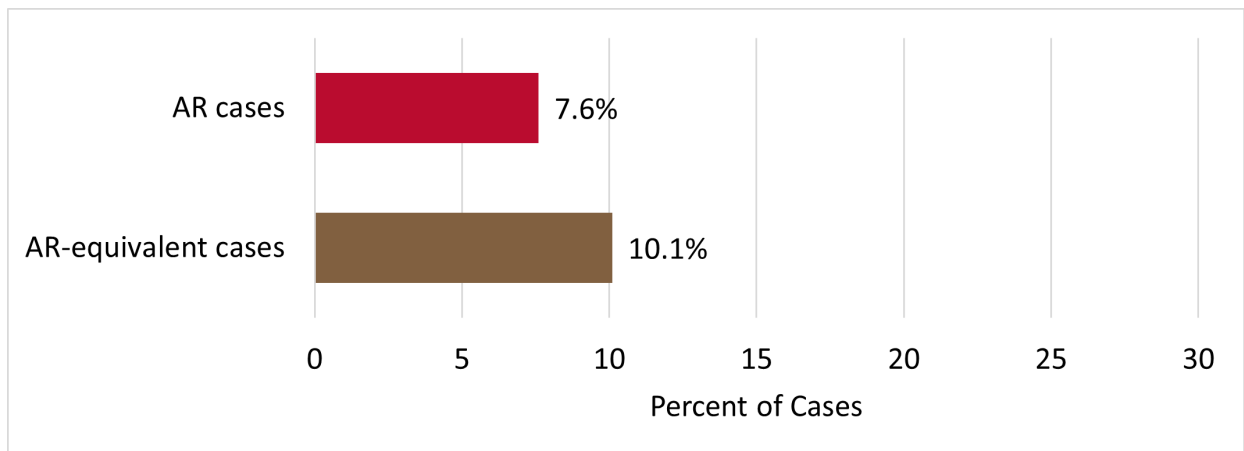
Making Meaning of Results

Reducing repeat involvement in APS has implications for long-term cost savings. There is a cost for every open case, largely driven by personnel time. By reducing repeat system reliance for the same client and issue, cost-savings can be realized and caseworker time re-directed to new or more acute cases.

Outcome 1a. Repeat Involvement

Finding: Compared to equivalent cases, AR cases were 2.5% less likely to have a second screened-in case within 6 months of closing ($p < 0.01$). The estimated repeat involvement rate for equivalent cases was 10.1% and 7.6% for AR cases (Figure 9).

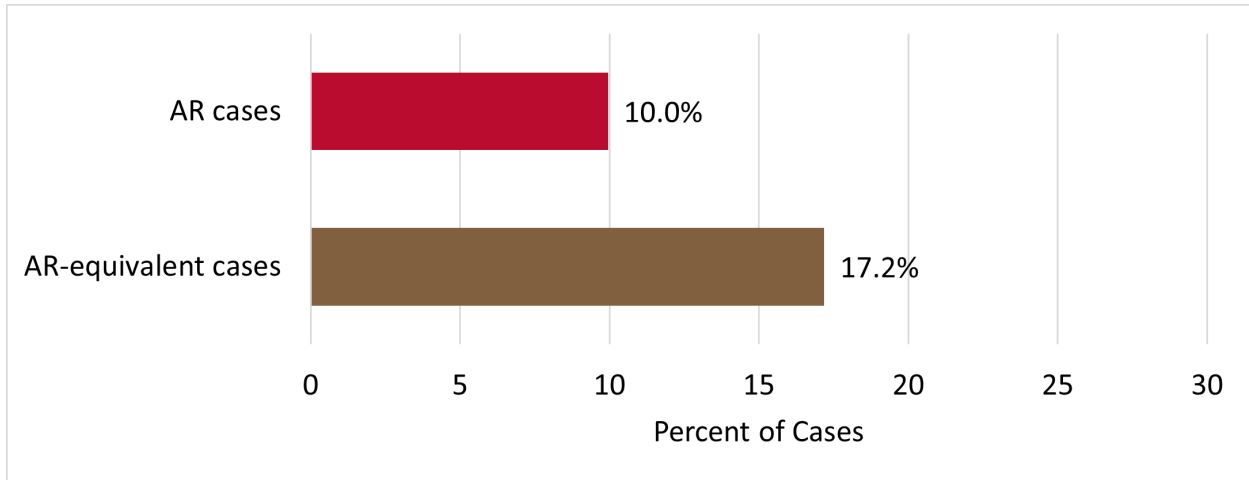
Figure 9. Comparison of Estimated Rates of Repeat Involvement for Alternative Response Cases and Equivalent Cases



Outcome 1b. Repeat Self-Neglect

Finding: Compared to equivalent cases, AR cases with a self-neglect allegation were 7.2% less likely to have a second case with a self-neglect allegation ($p < 0.01$). The estimated probability of repeat self-neglect in equivalent cases was 17.2%, and the estimated probability of repeat self-neglect in AR cases was 10.0% (Figure 10).

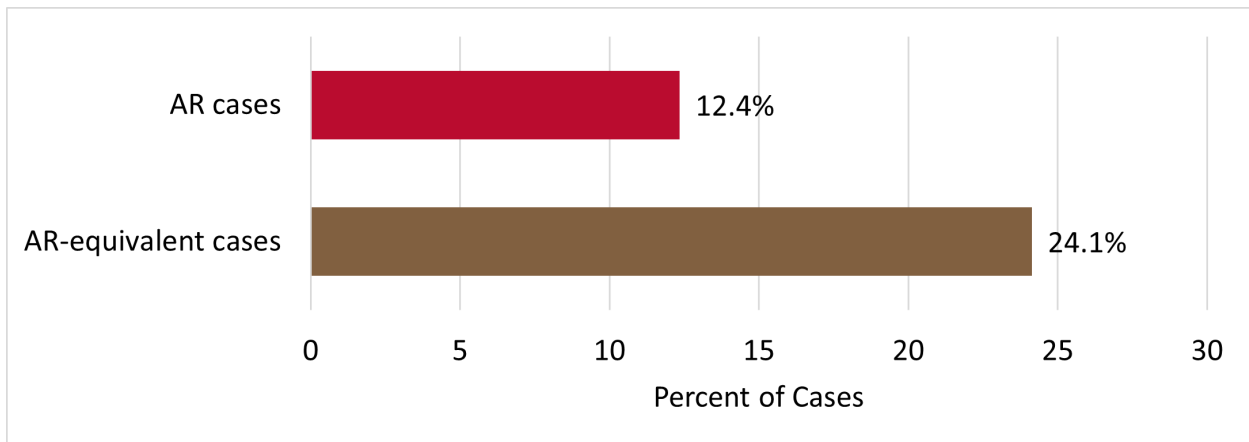
Figure 10. Comparison of Estimated Rates of Repeat Self-Neglect for Alternative Response Cases and Equivalent Cases



Outcome 1c. Repeat Mistreatment

Finding: Compared to equivalent cases, AR cases with a mistreatment allegation were 11.8% less likely to have a second case with a mistreatment allegation ($p < 0.01$). The estimated probability of repeat mistreatment in equivalent cases was 24.1%, and the estimated probability of repeat mistreatment in AR cases was 12.4% (Figure 11).

Figure 11. Comparison of Estimated Rates of Repeat Mistreatment for Alternative Response Cases and Equivalent Cases



Outcome 2. The Alternative Response practice reduces case length.

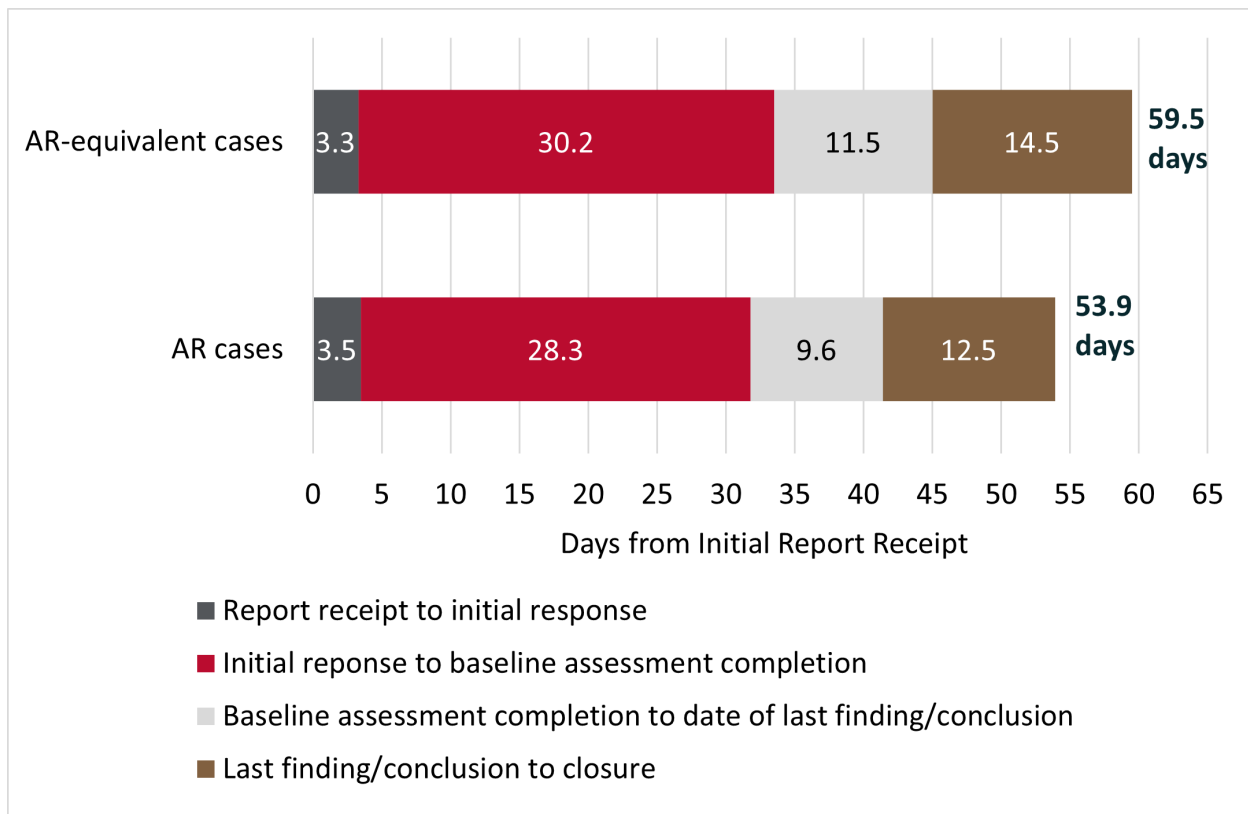
Having at least one AR-tracked allegation shortened the time it took to manage and progress through a case. **For AR cases, total case length was significantly ($p < 0.01$) reduced by 5.63 days compared to equivalent cases.** This reduction comes from quicker completion of client baseline assessments, fewer days in determining findings/conclusions, and a shorter window between the date of last finding/conclusion and case closure. Figure 12 summarizes these changes by showing where cases are getting shorter.

Making Meaning of Results

Reduced case length illustrates system efficiencies that are introduced when response can be tailored to level of risk through a dual-track model.

Qualitative narratives indicate several factors influencing the shorter case timelines. These include improved rapport building using the AR practice that increases trust and can help uncover strengths and needs quicker, as well as a reduced documentation burden that is alleviated through the no finding requirement.

Figure 12. Breakdown of Number of Days from Report Receipt to Case Closure



Outcome 3. The Alternative Response practice has the potential to improve client engagement.

For five of the six engagement measures (Table 2), the estimated differences between AR cases and equivalent cases were not statistically significant and were small in magnitude. The only significant result showed that AR cases had a slightly smaller number of caseworker notes on file. This can be attributed to the shortened length of AR cases and implementation efficiencies introduced with the AR practice ([see Outcome 2](#)).

Making Meaning of Results

Client engagement is best measured with a mixed methods approach. Promoting best practices for initial scheduled response and client collaboration—such as Motivational Interviewing—can improve client engagement and maximize positive outcomes.

Table 2. Client Engagement Outcomes

Measure Name	QED Estimate	P-Value
Refused contact	0.61% points	0.14
Refused contact: self-neglect only	0.75% points	0.33
Refused contact: mistreatment only	0.50% points	0.38
Refused all services	-1.45% points	0.17
Percent of services refused	-1.27% points	0.24
Services deemed ineffective	0.09% points	0.75
Total number of case notes	-0.22 notes	<0.01
Case notes per month	0.01 notes	0.64
Number of interviews	<0.01 interviews	0.86

Behavioral and relationship-based changes are difficult to quantify in administrative data systems. As such, it is important to leverage qualitative research and the theory of change to better understand client engagement outcomes. **Caseworkers consistently report that a major value of the AR practice is the ability to engage collaboratively from case start.**

Empowering clients and communicating that AR-tracked allegations do not result in a finding can foster a more productive relationship between caseworker and client. Conversely, empowerment can also mean a client chooses not to engage APS and leans into their right to autonomy. Client engagement findings from the administrative data system—taken in conjunction with qualitative narratives and the [fidelity results](#) on initial response—show the need to advance best practices in client engagement to maximize value.

“That [collaboration] is an important aspect of AR. We are not judging, we are helping and supporting.”

- Pilot County Caseworker

To this end, the Colorado Lab recommends training for all APS staff in Motivational Interviewing as a best practice for AR.

Inferential Analysis: Exploratory Outcomes

Exploratory analyses look at the role of client support networks, track changes, and contact refusal. In the client support network analysis, we estimate the impact of more supports by track assignment. In the analysis of track changes and contact refusal, we report descriptive statistics.

Support networks increase engagement.

Additional **supports tend to decrease the probability of client refusal**, regardless of track. Refusal goes down by 1.10% points per *each* additional support ($p < 0.01$). This is of high practical significance. If APS caseworkers can better involve support networks, the opportunity for collaborative engagement with clients increases, making APS intervention more effective. The earlier engagement with support networks is done in the case, the better.

Additional supports do tend to lengthen cases, however, adding 7.37 days to a case ($p < 0.01$). Engaging support networks requires the caseworker make additional efforts to establish contact with the support and coordinate care. These results highlight a trade-off inherent in widening a client's support network. Lengthier case timelines are worth it if building support network capacity results in sustained safety and improved client health in the long term. Engaging support networks does not necessarily increase the burden on a caseworker—even if overall case length is increased—and a result of this upfront investment is the cost savings that can be realized via a lower likelihood of reinvolvement in APS (see [Outcome 1](#)).

Track changes are uncommon, appreciated, and increase case length.

In the pilot period, an allegation can change tracks. Track changes were very uncommon though, with only 199 cases experiencing a track change in the analytic sample. There were a total of 240 track changes (combined AR to TR and TR to AR), and **most track changes were TR to AR** (79.58%), illustrating a more conservative approach initially when handling a new case. Track changes are most common in cases with caretaker neglect (130 cases), exploitation (75 cases), or physical abuse allegations (62 cases). Cases with a single change take approximately **9 days longer** compared to cases with no track change.

Qualitative narratives show that **caseworkers appreciate the option to change tracks as new details emerge** in the case and that a longer case length is a worthwhile trade-off for flexibility. The low frequency of track changes supports the solid decision making by counties during initial response, especially when paired with fidelity data on initial track assignment. Decision making during Review, Evaluate and Direct (RED) team is critical to sound decision making and best

Making Meaning of Results

Across APS, caseworkers should heavily invest in involving client support networks to improve collaborative engagement, increase client agreement to a care plan, and accelerate the positive impacts observed with AR.

practices in RED team should be continuously promoted. Allowing for track changes in any direction, and without limit, structurally supports the AR philosophy of tailoring response to level of risk, while not increasing workload.

Contact refusal is higher in rural counties.

On average, 3.85% of urban clients refused contact, while 7.21% of rural clients refused contact. Higher refusal rates in rural counties may reflect higher rates of frail elderly clients who commonly have a cultural mindset of autonomy in aging, as well the need to improve scheduling rates for initial visits (an underlying driver of the AR Philosophy). **Encouraging best practices for engagement**, such as Motivational Interviewing, **is thus even more vital in rural counties.**

“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

Legal Authority

The Colorado Office of Public Guardianship (OPG) is a public agency established by the Colorado General Assembly in 2017 within the Judicial Department. In 2023, SB 23-064 extended the office indefinitely and requires the office to operate in every judicial district in the state by December 31, 2030. The Colorado OPG provides guardianship services for indigent and incapacitated adults when other guardianship possibilities are exhausted. Given this, the OPG and APS may sometimes hold interest in a shared population. As such, we provide a spotlight on legal authority.

Spotlight on Legal Authority

This analysis includes both county and non-county legal authority. However, among APS cases in the 15 pilot counties, **a county-held legal authority is very rare.** Of the 9,790 screened-in cases opened and closed in the pilot period, **only 14 cases had County Legal Authority** listed as a support. The type of authority is guardianship—temporary or permanent. As such, **results below largely reflect non-county held legal authority.**

For the 1,042 cases with only AR-tracked allegations where a support had *any* legal authority (conservatorship, guardianship, medical proxy, representative payee, power of attorney), 43.28% closed because no needs were identified, 34.64% closed because the intervention was completed, 6.05% closed because the client was not at risk, and 5.76% closed due to death.

Nearly 45% of cases had at least one professional support and one family support. The types of professionals included Home Health Agency/Providers, Social Work Practitioners, Nurses, and Law Enforcement. The types of family supports included aunts, brothers, and sons. Cases with one or more professional supports is similar to cases with one or more family supports at ~72%.

Recommendations

The effective repeal date of SB21-118 is July 1, 2027. Prior to this date, CDHS must make recommendations on the future of AR in Colorado.

Based on favorable findings—alongside support by implementing county partners—the AR practice and dual-track model should be recommended for statewide scaling.

1. Areas for Priority Rule Change

Rule promulgation will establish the regulations governing a statewide dual-track model, such as criteria for track assignment and timelines for APS. During rule-making, we recommend revisiting initial response timelines to reflect pilot learnings and strengthen implementation.

2. Phased Rollout

Innovations that become permanent practice benefit from a phased rollout to ensure county readiness and provide the state adequate time to build the structural and cultural conditions necessary for success. CDHS should develop a clear plan for how counties can opt into the dual-track model and a feasible 3- to 5-year timeline to achieve statewide implementation.

3. Adequate Resourcing

The AR practice represents collaboration at its core—and that collaboration is true for caseworkers to clients, as well as between counties and the state. Implementing a dual-track model with fidelity to drive outcomes requires adequate resourcing at the state level (e.g., maintain AR Specialist position) and at the county level (e.g., provide professional development opportunities in Motivational Interviewing).

4. Advancing Partnerships for the Aging Population

While evidence building for AR was focused firstly on APS response, evaluation results have implications for the aging population across units at CDHS, including the State Unit on Aging. The state's first-ever [Multi-Sector Plan on Aging](#) provides a prime opportunity to advance partnerships and leverage results of the 2-year outcomes evaluation toward statewide infrastructure in caring for older adults.

5. Applying the Evidence-Based Decision Making Approach

Colorado's [Evidence-Based Decision Making \(EBDM\) approach](#) for state government exists at the intersection of the best available research evidence, decision-makers' expertise, and community needs and implementation context. The EBDM approach provides a leading-edge framework to activate results from the 2-year rigorous evaluation.