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# **Adult Protective Services Caseload Reduction Plan**

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Texas Health and Human Services Commission  
Department of Family and Protective Services  
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## Executive Summary

Senate Bill 6 amended the Government Code, Section 531.048, requiring the Health and Human Services Commission (HHSC) to develop and, subject to the availability of funds, implement a caseload management reduction plan. The plan will provide for the reduction of Adult Protective Services' (APS) caseloads to a level that does not exceed professional caseload standards by more than five cases per caseworker by January 1, 2011. The plan must provide specific annual targets for caseload reduction.

APS Programs across the nation have different recommended caseloads based on varying methodologies. In 1997, the National Adult Protective Services Association (NAPSA) used survey data to document a recommended caseload. The caseload recommended by NAPSA was never adopted as a national standard.

In the absence of a national standard, the APS Caseload Reduction Plan outlines a new caseload methodology developed during FY 2006 by HHSC System Forecasting and APS. In order to develop the new model HHSC and APS researched how many caseworkers are needed to complete key investigation milestones outlined in statute and policy. These milestones were developed by studying the case process from the point of case initiation to the point of case closure. Research showed that if an investigation was not initiated within the time frames for the initial milestones, the amount of time that expired before the client was seen was substantially longer, thus, negatively impacting client safety. Employing sufficient staff ensures that cases are initiated within the timeframes stated in statute and policy.

Based on the new methodology, the Department of Family and Protective Services (DFPS) is requesting an exceptional item in the FY 2008-2009 Legislative Appropriations Request (LAR) that would continue to fund the additional APS caseworkers authorized for FY 2007. With these additional staff, APS would meet the annual targets for FY 2007-2009. The average daily caseload per caseworker would be reduced from 42 in FY 2007 to 39 in FY 2009.

## APS Program Description

The APS Program under Chapter 48 of the Human Resources Code is responsible for investigating allegations of abuse, neglect and exploitation of elder adults (65 and over) and persons with disabilities who reside in the community. The In-Home division of the APS Program is responsible for investigations and services in the community. APS also conducts investigations of abuse, neglect, or exploitation of persons with disabilities served by state operated mental health and mental retardation facilities and/or state contracted settings (state contracted Intermediate Care Facilities for the Mentally Retarded (ICF-MR), Home and Community-Based Services (HCS) and Texas Home Living Waiver Programs. The Caseload Reduction Plan focuses on reducing caseloads managed by caseworkers in the In-Home Program.

## National Caseload Recommendation

Between 1996 and 1997, the National Adult Protective Services Association (NAPSA) conducted a survey of all 50 states to collect preliminary information on workload studies completed by APS programs and Elder Abuse (EA) Programs. Some states had APS or EA programs that were county-based. Surveys were also sent to local programs in several states. Eleven states, two counties and the District of Columbia submitted caseload information based on caseload studies conducted in those states and the accompanying workload recommendations. In addition, ten states and two counties provided information on current caseloads that were not based on caseload studies. As a result of the information collected, NAPSA reported a recommended caseload not to exceed 25 cases, consisting of both investigations and on-going cases.

While the NAPSA survey reported the current state of workloads in 26 APS programs, the ability to control for variations in eligibility for each state program was limited. State APS programs vary to a significant degree in the types of neglect or abuse that will meet the state's program eligibility criteria. Many states will not investigate self-neglect, but rather focus on perpetrator driven abuse cases. Abuse cases involving perpetrators require a lower caseload due to the complexity often associated with the investigation. In addition the survey was unable to account for the differences in state run programs versus county run programs. States with locally run APS programs have an even greater degree of variability in program eligibility.

In addition to variations in client eligibility and program design, the survey was conducted approximately 10 years ago and only 18 percent of states provided survey data that was based on caseload studies. NAPSA reported that the recommended caseload of 25 was based on responses from nine programs.

## Internal and External Influences on Caseloads

### *Population Growth*

The Health and Human Services Commission has released projections for the Texas population age 65 and older. In FY 2007, this population is projected to reach slightly over 2.3 million and in FY 2011, approximately 2.6 million. This change represents an 11 percent growth in the number of persons ages 65 and older.

Projections released by the Health and Human Services Commission also included the population of individuals 18-64 years of age who have a disability. In FY 2007, Texas is projected to have over 1.7 million persons 18-64 years of age who have a disability. In 2011, this population is expected to be approximately 2 million. This change represents a 10 percent growth in the number of persons ages 18-64 with a disability.

Between 2007 and 2011, the percent of adults ages 65 and older will increase at a higher rate than the percentage growth of the population as a whole. The Texas population as a whole is only expected to grow by eight percent between 2007 and 2011. Statistics show that as individuals age, the likelihood of an individual having a disability increases. In 2004, the U.S. Census Bureau released survey data on persons with disabilities. Among individuals 75 years of age and older, 55 percent reported a disability. Among adults 65 years of age and older, 34 percent reported a disability.

### *Poverty*

In 2007, 16.5 percent of the population in Texas will live in families with annual incomes falling below the poverty level. In 2011, that figure will rise to 16.9 percent. Elder adults and adults with disabilities make up a significant percentage of families living in poverty.

### *Health Status*

As APS attempts to protect and provide services for more aging adults and adults with disabilities, it is important to note that in 2003, chronic diseases such as stroke, cancer and heart disease were the number one cause of illness, disability and death in Texas. Many of the adults served by APS suffer from chronic diseases and require assistance with activities of daily living. These individuals often struggle to pay for utilities, medications, and supportive services that keep them living in the community.

### *Community Resources*

As the population of Texas increases, the demand on local community resources grows. State and federal programs for the elderly and persons with disabilities often have waiting lists and local communities have limited funds with which to provide support services until a client is off the waiting list for a state or federal program. Meals for home-bound elderly adults and persons with disabilities, utility assistance, transportation and in-home care are important services for the elderly or younger adults living with a disability.

When community resources are scarce, clients turn to APS for assistance with many of the services mentioned above. APS is often utilized as a safety net for elders and persons with disabilities and, as such, may function as a “social services” provider in addition to its primary role as a protective services program.

### *Community Engagement and Public Awareness*

At the federal, state and local level there has been a consistent emphasis on engaging the community in order to promote awareness of the services provided by APS. As public awareness activities have increased, so have the number of intakes received by APS. The increase in APS intakes has impacted the caseloads managed by caseworkers.

### *Policy and Operational Factors*

The Governor’s plan for reform of APS and corresponding legislative action brought many changes in policy and procedures. Training of new APS staff was significantly revised requiring extensive on-the-job and classroom training before a new employee could be assigned an investigation. While critical and

beneficial, the enhanced training extended the amount of time between new caseworkers being hired and tenured caseworkers being relieved of high caseloads.

More thorough analysis of client risks and need have also increased workload. APS began using a new risk assessment tool in FY 2005. This risk assessment tool is an extensive instrument and assesses 57 items related to a client's safety and well-being. The comprehensive nature of the risk assessment tool enhances the likelihood that all risk factors will be uncovered and better service plans will be developed to address issues of abuse, neglect or exploitation. However, due to the length of the tool, caseworkers are required to spend more time completing their initial assessment of the client's environment, health, finances and social supports.

In response to increasing workloads and the demand for quality casework, caseworkers have been given new technology that has fundamentally changed the practice of APS casework. Tablet PCs and Mobile Protective Services (MPS) software allows caseworkers to document their assessment of the client in the client's home. The tablets enhance the ability of a caseworker to document detailed case information in a more effective manner. As with any change, caseworkers have experienced a learning curve with the new technology and attended extensive training on the use of the risk assessment tool in conjunction with the tablet PC.

## Plan for Caseload Reduction

### *Improving State and Local Partnerships*

APS has been working with several state agencies to increase services for shared client populations. The Department of State Health Services (DSHS) and the APS Program are identifying mental health clients served by both agencies and acknowledging services needed to prevent maltreatment or neglect. APS has an ongoing workgroup with guardianship staff from the Department of Aging and Disability Services (DADS). This group meets regularly to resolve issues associated with clients referred for guardianship services. APS is working with Area Agencies on Aging and long-term care programs sponsored by DADS.

APS has staff employed in each region dedicated to building a network of providers in each region. Senate Bill 6 established the Special Task Units in

counties with a population of 250,000 or more which work with APS staff to resolve complex cases. Community Initiative Specialists are establishing APS volunteer boards and coalitions in an attempt to increase community awareness and support for APS clients.

By building collaborations with state and local service providers, APS hopes to identify services, which can be provided to clients before they fall into a state of abuse, neglect or exploitation.

#### *Revised Caseload Recommendation*

Since the late nineties, APS used a caseload model that incorporated a work measurement approach to estimate the number of staff required to meet a target caseload. The model included three variables, two of which were the projected number of intakes and a targeted caseload. The third variable was derived using a work measurement study and had two main components: the number of hours required to complete an investigation and the number of hours to provide services in confirmed investigations. The number of new staff considered necessary was driven by these variables and was generally represented in two ways: the number of staff needed to maintain current caseload and the number of staff needed to reduce current caseload to some predetermined level.

During FY 2006, HHSC System Forecasting worked closely with APS to develop a reasonable caseload standard by researching how many caseworkers are needed to complete key investigation milestones rooted in statute and policy. These milestones were developed by studying the case process from the point of case initiation to the point of case closure. Staff found that the probability of a longer or shorter investigation duration was related to the initial priority of the investigation assigned at intake. Research showed that if an investigation was not initiated within the time frames stipulated by the priority, the amount of time that expired before the client was seen was substantially longer; thus, negatively impacting client safety.

Using this information, a new caseload model was developed based on the premise that a sufficient number of caseworkers must be present to ensure cases are initiated within statutory and policy guidelines; whereby ensuring client safety and well-being. The targeted caseload is the by-product of this model and will vary based on the number of projected intakes and their priority.

Using the new caseload model detailed above HHSC identified a need for 155 more caseworkers than appropriated for FY 2007, based on the projected number of intakes and the face-to-face requirements outlined in statute and APS policy. The table below outlines the actual number of intakes and caseload for FY 2006 as well as the projected intake levels and corresponding caseloads for FY 2007-2009. The FY 2007-2009 caseload projections are based on the addition of 155 caseworkers in FY 2007.

<b>Fiscal Year</b>	<b>Intakes</b>	<b>Caseload</b>
FY 2006	82,029	51.3
FY 2007	87,546	42.3
FY 2008	91,924	37.5
FY 2009	96,520	39.2

HHSC System Forecasting and DFPS are recommending the adoption of the caseloads derived using the new caseload model. The model emphasizes safety and well-being for the client based on the initial contact policy. If there are enough caseworkers to initiate cases within the required timeframes, then clients will receive necessary services and cases will have a timely resolution.

*DFPS Exceptional Item Request for APS*

In the FY 2008-2009 Legislative Appropriations Request (LAR), DFPS has requested additional funding to maintain the additional caseworkers that were allocated in FY 2007. Without these additional staff, the projected average daily caseload per caseworker is projected to be 45.4 for FY 2008 and 47.5 for FY 2009. At this level, caseloads will prohibit staff from consistently initiating all cases according to program policy. The inability to initiate cases timely would have a negative impact on client outcomes.

Stakeholder Involvement

The FY 2008-2009 LAR process provided an opportunity for feedback from stakeholders, including the DFPS Council. A public hearing was held on April 25, 2006 outlining the exceptional items under consideration for inclusion in the LAR. The LAR is available on the DFPS website. APS Advisory Board members were given the opportunity to comment on the plan at a separate meeting held during the 23<sup>rd</sup> Annual Adult Protective Services Conference.



## Conclusion

Effectively managing caseloads is a key component to ensuring client safety and well-being. In this plan, HHSC and DFPS have outlined several steps that will enable APS to achieve a reasonable caseload standard for FY 2007-2009. The key components of the plan are: 1) enhancing collaborations with state and local partners; 2) adopting a new caseload model based on compliance with statutory requirements for initiating a case; and, 3) maintaining the additional staff funded in FY 2007. If each of these initiatives is successful, APS will be able to initiate cases within the required timeframes, thereby ensuring clients will receive necessary services and cases will have a timely resolution. The average daily caseloads representing the reasonable caseload standard are estimated to be 42 (FY 2007), 37 (FY 2008), and 39 (FY 2009).