
Adult Protective Services Caseload Reduction Plan

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

Senate Bill (SB) 6, 79th Texas Legislature, requires the Health and Human Services Commission (HHSC) to develop and, subject to the availability of funds, implement a caseload management reduction plan for Adult Protective Services (APS) and provide a report. Once implemented, state law requires APS caseloads 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. However, the caseload recommended by NAPSA was never adopted as a national standard.

In the absence of a national standard, HHSC System Forecasting and APS developed a new caseload methodology in FY 2006. HHSC and APS determined how many caseworkers are needed to complete key investigation milestones outlined in statute and policy. In response to rising caseloads and using the new model as a standard, the Governor and Legislature authorized APS to hire 184 additional In-Home caseworkers in FY 2007. This increase in staff, combined within improvements in worker productivity, greatly reduced the average daily caseload for APS caseworkers from a high of 51.3 cases in FY 2006, to a low of 30.1 in FY 2009. In FY 2010, caseloads continued an increase that began in late FY 2009, averaging 33.1. In August of 2010, with a rapid rise in intakes, caseloads increased to 35.4, the highest monthly caseload total since February of 2007.

HHSC Forecasting projects the following average daily APS In-Home caseworker caseloads assuming current worker levels:

FY 2011 - 33.6

FY 2012 - 35.1, and

FY 2013 - 37.5.

For the FY 2012-2013 biennium, DFPS has requested 47 caseworkers in FY 2012 and 31 in FY 2013 to hold caseloads constant at 33.6.

APS in-home intakes in FY 2010 were 15 percent higher than in FY 2009. Due to ongoing improvements in casework productivity, this resulted in only a 10 percent increase in caseload. However, if intakes continue to increase at recent rates, caseloads will dramatically increase.

APS has updated this implementation plan to reflect expected future workload and address current and anticipated programmatic challenges. Given the potential for further rapid increases in caseloads, APS continues to focus program improvement efforts on ways to reduce caseloads. As described in this plan, two priority projects in FY 2011 specifically address workload issues. In addition, as outlined in this plan, APS will continue to enhance work with state and local partners, and monitor key performance metrics with particular focus on targeted reduction of case durations.

Background

APS Program Description

Under Chapter 48 of the Human Resources Code, APS is responsible for investigating allegations of abuse, neglect and exploitation of older adults (65 and over) and adults with disabilities who reside in the community. The In-Home division of APS is responsible for investigations and service delivery in the community. 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 county-based APS or EA programs. 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 service delivery 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 significantly in the types of neglect or abuse that meet the state's program eligibility criteria. Many states will not investigate self-neglect, focusing 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 12 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.

APS Caseload Projection Methodology

Beginning in 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 required 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, in response to a rapid increase in intakes, and the absence of a national caseload model, HHSC System Forecasting worked closely with APS to develop a caseload model that:

- determined the number of caseworkers needed to ensure case initiation within statutory and policy guidelines;
- focused on client safety and well-being; and
- calculated how many caseworkers are needed to complete key investigation milestones developed by studying the case process from initiation to closure.

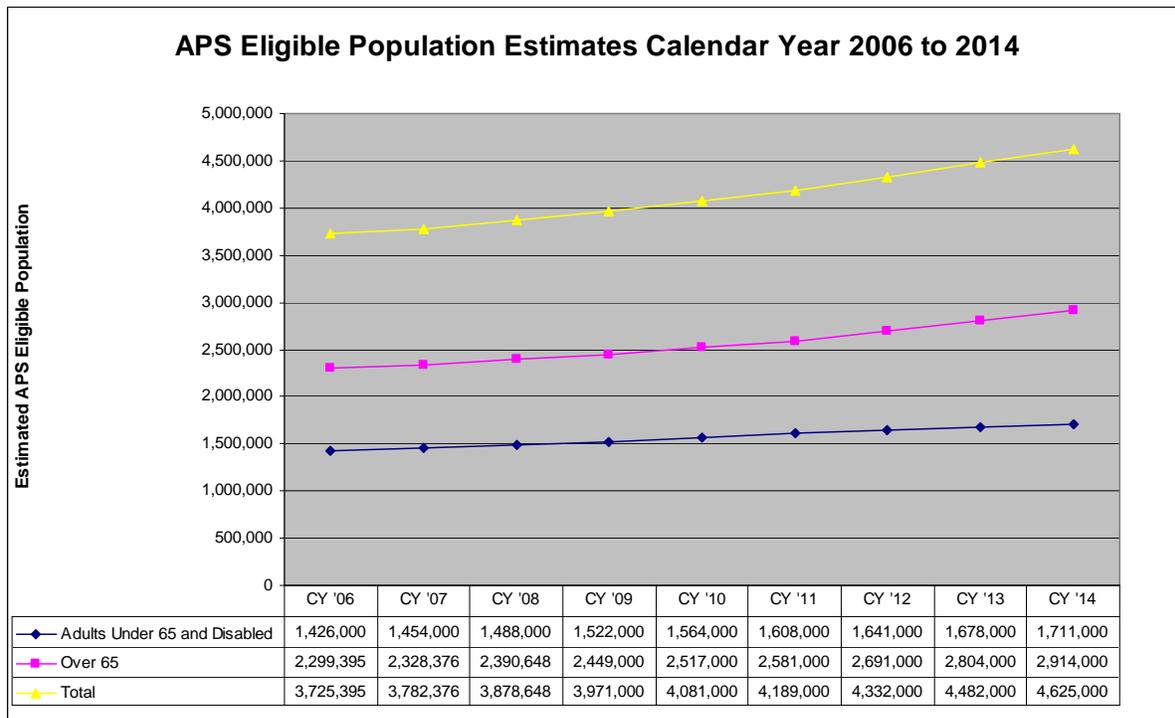
Analysis determined that the probability of investigation duration was related to the initial priority of the investigation, assigned at intake. Research showed that if an investigation was not initiated within the time frames stipulated by the priority, the amount of time that expired before the client was seen was substantially longer, negatively impacting client safety.

Internal and External Influences on Caseloads

Population and Intake Growth

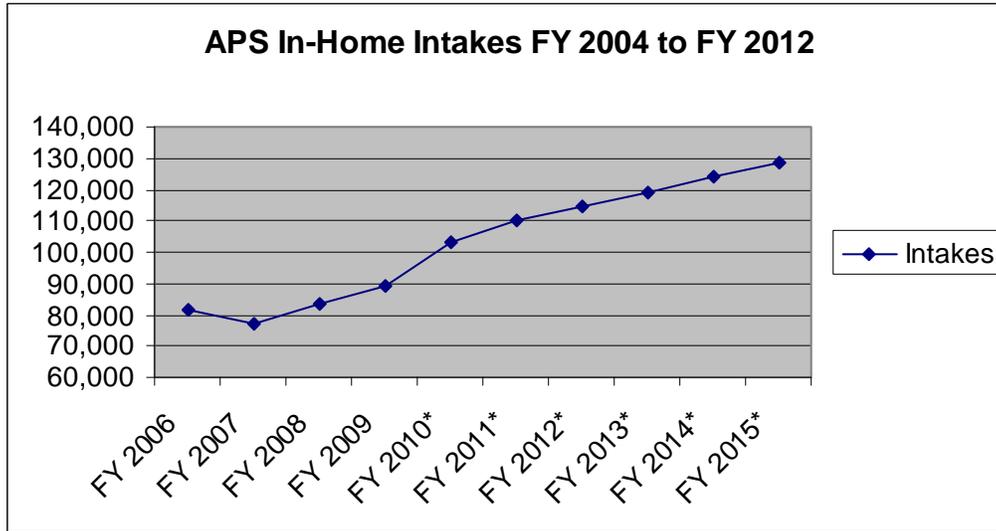
APS intakes will increase as the target populations served by the program increase. Between 2010 and 2014, HHSC projects the 65+ population will grow 15.8 percent, from 2.5 million to 2.9 million. During that same period, HHSC projects the population of individuals 18-64 years of age who have a disability will increase by 9.6 percent, from 1.56 million in 2010 to 1.71 million in 2014. Between 2010 and 2014 the population served by APS will increase at a higher rate (13.33 percent) than the population as a whole, which is expected to grow by 8.3 percent. Statistics show that as people age, the likelihood of having a disability increases. In 2004, the U.S. Census Bureau survey indicated that 55 percent of individuals 75 years of age and older reported a disability. HHSC has estimated that, in 2010, nearly half of adults 65 years of age and older have a disability. Figure 1 shows the growth in APS target populations.

Figure 1



This population growth is a primary driver of intakes. **HHSC forecasting staff project that from FY 2010 to FY 2015, APS In-Home intakes will grow from 103,356 to 128,486, or 24 percent.** Figure 2 shows the historical and projected growth in APS In-Home intakes.

Figure 2



* Projected FY 2010 to FY 2015

Older Adults Living Alone

As medical advances have increased average life expectancy, the number of older adults living independently has increased as well. This population tends to have a fixed level of income centered on employer retirement and Social Security benefits. As more individuals live alone, and incomes remain fairly flat, the likelihood of financial difficulty increases, as does the chance of physical and medical neglect. As the baby boomers age, the percentage of individuals over 65 living alone will increase as well. Adults of advanced age who have children that have retired and living on fixed incomes are also becoming more common. All of these factors serve to drive up the number of intakes among older individuals.

Poverty

In 2008, 15.9 percent of the population in Texas lived in families with annual incomes falling below the poverty level. In 2015, the population of families in poverty is projected to rise to 17.4 percent (a 9.4 percent increase). Older 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 2007, DSHS listed chronic diseases such as heart disease, cancer, and stroke as three of the four most common causes of 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

APS depends on federal, state and local programs for the elderly and persons with disabilities. The availability of these programs affects how long APS must provide emergency client services. Approximately 89.7 percent of all FY 2009 validated In-Home investigations included an allegation of neglect. Many programs 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 older adults and persons with disabilities, utility assistance, transportation and In-Home care are important services for the older or younger adults living with a disability. Crisis stabilization and housing for persons with mental illness - often lacking at the local level - are critical needs for APS clients.

When community resources are scarce, clients turn to APS for assistance with many of these services. In effect, APS often serves as a social services safety net in addition to its primary role as a protective services program, which increases caseloads. **Any future cuts in state and federal programs will increase the demand on APS.**

Community Engagement and Public Awareness

Since the passage of SB 6, APS has emphasized community engagement to promote awareness of the services provided by APS. As public awareness activities have increased, so have the number of intakes received by APS, which has led to the development of additional service delivery partnerships. The increase in APS intakes has impacted the caseloads managed by caseworkers.

In 2009 and 2010, APS continued the public awareness campaign begun in May 2006 - called "It's Everyone's Business" - to help enhance public awareness about the

problems of adult abuse, neglect and exploitation. This public awareness campaign addresses important issues in protecting older adults and individuals with disabilities in Texas. The target audience is law enforcement, judiciary partners, service providers and the general public. The goal is to increase their knowledge of APS programs and the needs of vulnerable adults. Several regions partner with local businesses and non-profit organizations to host community conferences to increase awareness about abuse and neglect of vulnerable adults.

In addition to the May campaign, APS continued a targeted campaign which focuses on potential perpetrators of financial exploitation with the slogan, "If It's Not Your Money, It's a Crime." Campaign materials include posters, brochures and promotional items for banks and financial institutions. APS regions hold conferences throughout the state to educate potential victims as well as bank personnel and law enforcement about the signals of financial exploitation.

Policy and Operational Factors

SB 6 required many changes in policy and procedures, some of which increased workload on case workers and supervisors. Training of new APS staff was overhauled, 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 needs have also increased workload. APS began using a new risk assessment tool in FY 2005. This risk assessment tool is an extensive instrument that APS caseworkers use to assess 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.

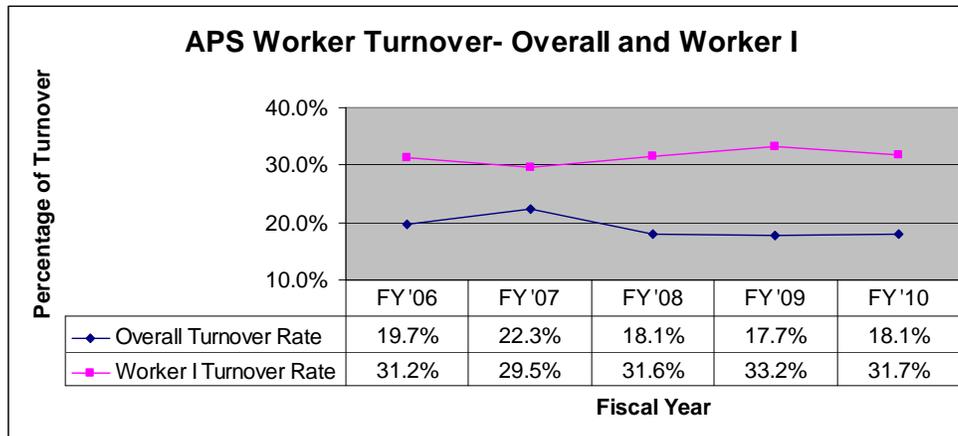
Supervisor Review of Cases

One of the critical changes in APS policy after implementation of SB 6 was the requirement that supervisors review each case before it is closed – both in the investigation stage and the service delivery stage. This requirement helps ensure high quality case work. However, it also requires supervisors on a day-to-day basis to balance efficiently closing cases and providing staff development and staff leadership.

Turnover

APS experiences high turnover, particularly of staff in their initial year of employment. Vacant positions and reduced workloads for new staff result in higher caseloads for more tenured staff.

Figure 3



Guardianship

APS refers clients who may need guardians to the Department of Aging and Disability Services (DADS) Guardianship Program. The Guardianship Program assesses the individual's need for guardianship. The length of the assessment process and whether a guardianship is approved affect how long an individual remains on the APS caseload. In 2009 the Texas Legislature passed HB3112, which requires the DADS Guardianship

program to determine clients' need for guardianship services within 70 days from when it receives the referral from APS. This change should reduce the duration of the guardianship appointment process in the relatively small number of APS cases determined to need DADS guardianship services. APS staff works with DADS staff to ensure that services provided are the least restrictive alternative.

Plan for Caseload Reduction

APS is committed to continuous improvements in the efficiency of case work while ensuring positive client outcomes. To that end, APS has implemented numerous program improvements and is continuing to search for ways to make case workers more productive. This implementation plan has been modified to include programmatic improvements made since 2006, and to address current and future challenges.

Additional Staff

In 2007, APS, using the revised caseload methodology to respond to a higher volume of case intakes, hired 184 additional caseworkers, as well as additional supervisors. This resulted in a dramatic reduction in In-Home caseloads to approximately 30 in FY 2008.

Improving State and Local Partnerships

APS works with other state agencies to improve services for shared client populations. The Department of State Health Services (DSHS) and DADS have both collaborated on research projects with APS to identify mutual clients and search for ways to improve services. APS has an ongoing workgroup with guardianship staff from 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 employees in each region are dedicated to building a network of providers in each region. SB 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 to increase community awareness and support for APS clients.

By building collaborations with state and local service providers, APS hopes to improve services to clients and reduce the time they need services to alleviate their abuse, neglect, or exploitation.

Improving Casework Practice

In FY 2007, APS field recognized opportunities to improve the way APS staff were managing caseloads. The Caseload Management Efficiency Workgroup (CMEW) was formed in September 2007 to develop recommendations to improve the efficiency of APS caseload management and the timeliness and clarity of casework documentation. The CMEW brought together all levels of APS staff, including a Regional Director, three program administrators, a risk/self neglect specialist, two supervisors, four APS specialists, a program policy specialist, a curriculum developer and a functional analyst.

The group recognized that maximizing the use of mobile technology would improve efficiency. At the same time, the CMEW recognized the need to provide tools for supervisors to support and encourage these more efficient methods. The CMEW workgroup, relying on the personal knowledge and experience of its members, a statewide worker survey, the DFPS Mobile Caseworker Pilot experience, and a study conducted on understanding and managing the mobile workforce, made several recommendations that have the potential to help reduce caseloads. These include:

- Improving tablet personal computer (PC) training;
- Improving work processes and expectations;
- Implementing next day documentation;
- Enhancing the APS case management system (IMPACT); and
- Improving the Client Assessment and Risk Evaluation (CARE) Tool.

In FY 2008 APS implemented a new caseload management initiative, known as the “As You Go Concurrent Documentation Initiative.” All APS specialists received training to enhance their skills in using tablet PCs and accessories in a mobile environment, which facilitated their ability to document case activities concurrent with, or immediately after, client interviews. Improvements in the IMPACT system and the CARE tool have improved the caseworker’s ability to use the tablet PC. APS policy was enhanced to reflect IMPACT and CARE tool changes, and to require essential case activity documentation by the end of the next business day. Performance metrics on documentation timeliness were added to the evaluation of caseworkers and supervisors. Caseworkers now complete documentation of their current cases and can

fully concentrate on the needs of the next client. By completing their cases more thoroughly and more quickly, caseworkers are increasing the quality of their work, and should, over time, realize a decrease in caseload.

In FY 2010 and FY 2011, APS has been examining ways to empower supervisors to manage mobile caseworkers. Training in FY 2011 will give supervisors new tools to ensure effective and efficient casework.

Projects to Addressing Increasing Workloads

Two factors in FY 2010 prompted APS to initiate projects to address increasing workloads. The first factor was completion of an internal assessment of the implementation of APS reform. One of the recommendations of the report was that:

APS should consider whether each of these policy requirements add as much value in casework effectiveness as they cost in casework efficiency. This review should be part of a broader analysis by APS to find ways to focus caseworker and supervisor time on those requirements that improve casework and enhance client protection, and eliminate or modify those requirements that do not.

The report found that not all of the requirements implemented during APS reform necessarily add value and may be duplicative, which has the effect of unnecessarily increasing workload on investigators and supervisors. The report recommended that APS undertake an assessment of policy efficacy to determine how to do more productive casework, without negative impacts on client outcomes.

The second factor, discussed in detail above, is the rapid rise in intakes. When this is combined with ongoing high turnover, it creates concerns about staff being able to effectively work cases.

In response, in FY 2011, the APS program is implementing two initiatives.

The **Managing Crisis Workload** project is developing a plan for responding to in-home workload increases that require a short-term modification of program requirements and/or shifting of resources. A workgroup is developing a pro-active, systemic approach to identify:

- The triggers and decision-making process that would prompt implementation of a short-term plan to deal with an unsustainable increase in workload. The key to be addressed is: what is an unsustainable workload?
- The elements of a response plan, including modification of program requirements and shifting of resources, needed to respond to a crisis in workloads.

Historically, the program has responded reactively to crises in workload: the goal of this project is to "get ahead of the curve" and plan for these surges in workload.

The second project is focused on **Re-engineering the APS In-home Casework Practice Model**. The goal of this project is to comprehensively assess APS casework practice, including the policy requirements that drive it, and determine if there are more efficient ways of doing casework. Specifically, a workgroup is focusing on ways to:

- Streamline documentation
- Improve use of CARE tool
- Reduce caseworker workload
- Improve reliance and compliance with policy

Future Caseloads

HHSC has projected the number of intakes for FY 2011-FY 2015. The table below outlines the actual number of intakes and caseload for FY 2006 to FY 2010 as well as the projected intake levels and corresponding caseloads for FY 2011-2015.

Fiscal Year	Intakes	Worker Daily Caseload
2006	81,773	51.3
2007	77,081	36.4
2008	83,480	31.2
2009	89,489	31.4
2010	103,356	32.9
2011	110,204	33.6

2012	114,665	35.1
2013	119,272	37.5
2014	123,879	38.5
2015	128,486	39.6

The DFPS Legislative Appropriations Request indicates that caseloads could be held at FY 2011 levels with the addition of 47 additional staff in FY 2012 and 31 additional staff in FY 2013.

Projection Assumptions

In determining the projected number of intakes and the Worker Daily Caseload, HHSC Forecasting made the following assumptions for FY 2011 to FY 2013:

- current staffing levels;
- continuation of current casework practice;
- consistent staffing, unit organization, and turnover rates;
- an increase in the APS-eligible population described above;
- increases in intakes (about 5 percent a year through 2013);
- increases in caseloads (about 4.6 percent from FY 2011 to FY 2012, and 6.7 percent from FY 2012 to FY 2013; and
- a slight increase in worker efficiency due to greater tenure in staff hired in the 2007-2008 biennium.

APS will strive to reduce these caseload levels through the plan for program improvements outlined in the previous section. Specifically, APS will continue to review our current practice and implement strategies to improve the productivity of case workers while ensuring the best possible outcomes for clients.

If these initiatives are successful, APS will be able to reduce the amount of time needed to provide high-quality, vital services to clients. Productivity enhancements will help offset the inevitable long-term caseload increases in the future due to population growth. In both the short-term and long-term, however, additional caseworkers will be needed to maintain current caseload levels.