
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 6 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). 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 has greatly reduced the average daily caseload for APS caseworkers from a high of 51.3 cases in FY 2006, to 36.4 cases in FY 2007, and 31.2 in FY 2008. HHSC Forecasting projects the following average daily APS In-Home caseworker caseloads: FY 2009 - 31.4, FY 2010 - 31.7, and FY 2011 - 31.9.

Having experienced improvements in worker productivity and an increase in the number of caseworkers statewide, APS has updated this implementation plan to reflect expected future workload and address current and anticipated programmatic challenges. APS continues efforts to reduce caseloads through program improvements. As outlined in this plan, these include enhanced work with state and local partners, continued monitoring by state and regional management of key performance metrics with particular focus on targeted reduction of case durations, and special initiatives to improve casework practice. Future caseload reductions, however, will likely be inhibited by short and long-term growth in APS target populations, high caseworker turnover, lack of availability of community services, and high staff to supervisor ratios.

APS is seeking funding from the 81st Texas Legislature to offset an anticipated reduction in Medicaid funding due to changes in federal regulations that eliminated Targeted Case management as a funding source for APS. Without the additional

funding, APS will likely have to reduce caseworkers which would impact the agency's ability to meet the caseload targets in this plan.

Finally, establishing an appropriate span of control for APS In-Home supervisors through "functional units" is an important step the state can take to help ensure thorough case oversight/supervision and long-term success in maintaining manageable caseloads. Each functional unit would contain five investigators, one supervisor and at least one administrative professional.

The Department of Family and Protective Services is requesting exceptional items in the FY2010-20011 biennium Legislative Authorization Request (LAR) to replace the lost Medicaid revenue and to implement "functional units".

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 services in the community. The Caseload Reduction Plan focuses on reducing caseloads managed by caseworkers in the In-Home Program.

APS is also responsible for investigating abuse, neglect, and exploitation of people receiving services in state operated and/or certain contracted settings that serve adults and children with mental illness or mental retardation. Investigations are conducted in the following settings: state schools; state hospitals; state centers; community mental health/mental retardation centers; and facility/community center contractors (including home and community-based waiver programs).

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 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 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:

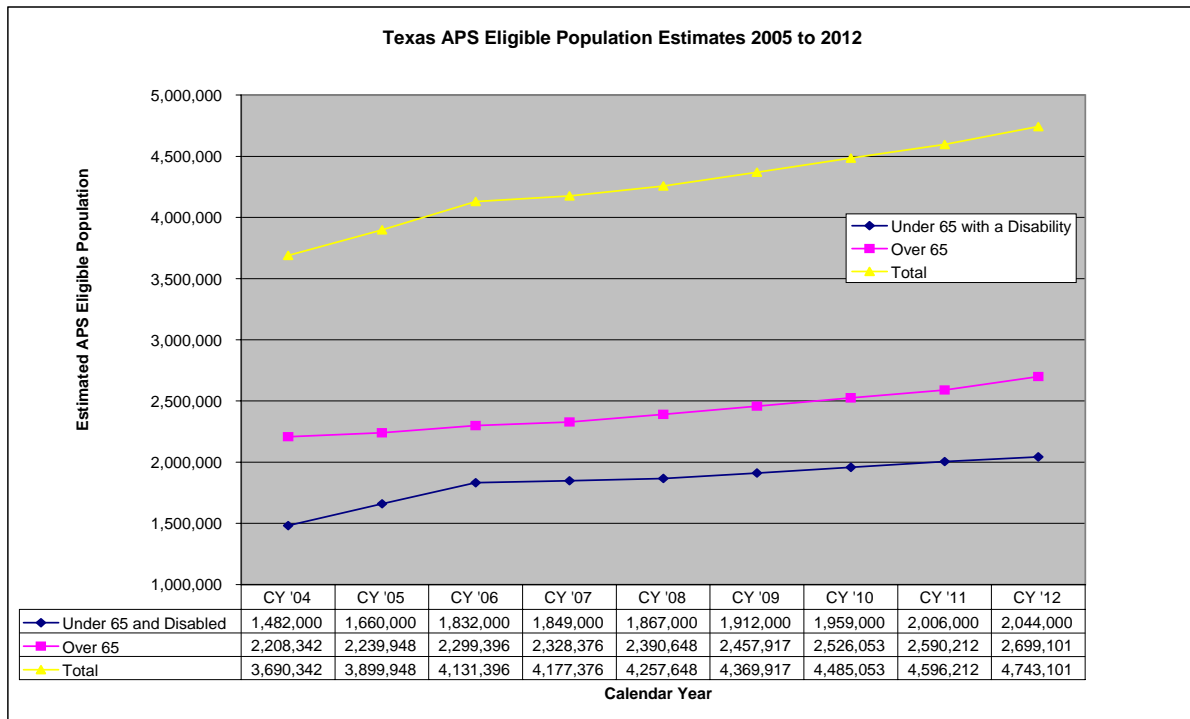
- determined the number of caseworkers needed to ensure case initiation within statutory and policy guidelines;
- focused on client safety and well-being; and
- calculated how many caseworkers are needed to complete key investigation milestones developed by studying the case process from initiation to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

Analysis determined that the probability of 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.

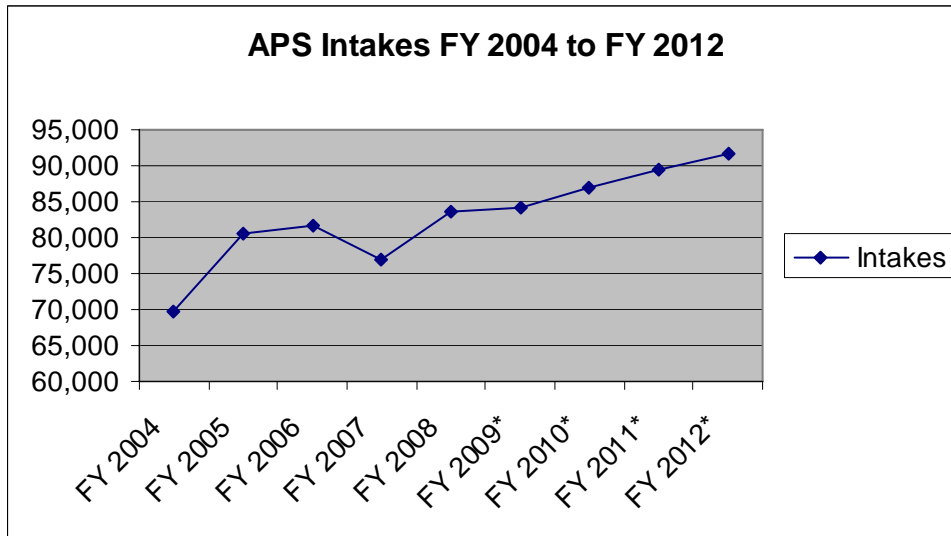
Internal and External Influences on Caseloads

Population and Intake Growth

APS program intakes will grow as the target populations served by the program grow. Between 2008 and 2012, HHSC projects the population 65+ population will grow 12.9 percent, from 2.4 million to 2.7 million. During that same period, HHSC projects the population of individuals 18-64 years of age who have a disability will increase by 9.5 percent, from 1.9 million in 2008 to 2.0 million in 2012. The population served by APS will increase at a higher rate (11.4%) than the population as a whole, which is expected to grow by 6.9 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. Among adults 65 years of age and older, 34 percent reported a disability. Figure 1 shows the growth in APS target populations.



This population growth is the primary driver of intakes. HHSC forecasting staff project that from FY 2009 to FY 2012, intakes will grow from 84,285 to 91,632, or 8.7 percent. Figure 2 shows the historical and projected growth in APS In-Home intakes.



* Projected FY 2009 to FY 2012

Poverty

In 2007, 16.0 percent of the population in Texas was estimated to live in families with annual incomes falling below the poverty level. In 2012, the population of families in poverty is projected to rise to 16.4 percent (a 2.5% 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 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

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 90 percent of APS cases are 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.

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 2007 and 2008, APS continued the year-round 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. Law enforcement, judiciary partners, and service providers are targeted audiences for increasing their knowledge of APS programs and the needs of vulnerable adults. A targeted campaign was coordinated in the fall of 2008 that focuses on potential perpetrators of financial exploitation with the slogan, "If It's Not Your Money, It's a Crime." Campaign materials and conferences throughout the state were aimed at educating potential victims as well as bank personnel about danger signals of 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.

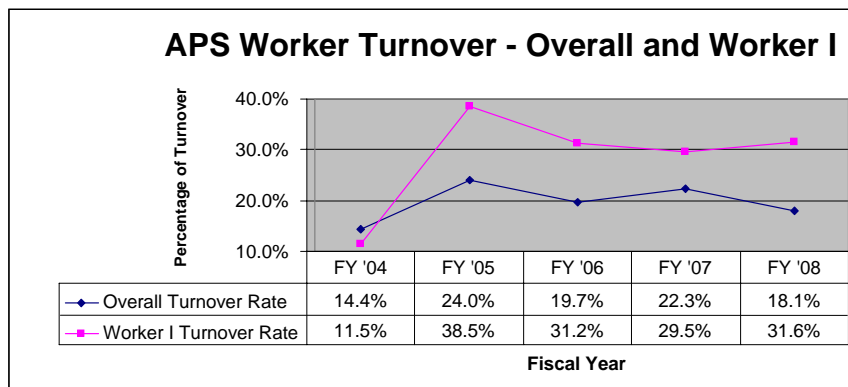
In response to increasing workloads and the demand for quality casework, caseworkers have been given new technology that has fundamentally changed the practice of APS casework. Tablet PCs and Mobile Protective Services (MPS) software allows caseworkers to document their assessment of the client in the 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.



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. APS staff works with DADS staff to ensure that services provided are the least restrictive alternative.

Budget

DFPS has been claiming Medicaid funding for the APS program for more than a decade. During 1994, DFPS (then DPRS) submitted and received approval for a Medicaid State Amendment to implement a Targeted Case Management program. This program and the claiming methodology associated with it were used by the agency until July 1, 2008. DFPS was obligated to discontinue the Targeted Case Management program when a federal interim final rule was published that clarified the definition of targeted case management services as required by the Deficit Reduction Act. To retain a portion of Medicaid reimbursement for the APS program, DFPS developed a new claiming methodology for Medicaid administration and began claiming under the new methodology effective July 1, 2008.

The estimated cost impact of the change from Medicaid Targeted Case Management to Medicaid administrative claiming assumed a certain amount of caseworkers' time would be spent performing Medicaid administrative activities such as Medicaid outreach and facilitating access to Medicaid program services. The results of the first full quarter's time study under the new claiming methodology revealed that the actual amount of caseworkers' time spent performing Medicaid administrative activities was significantly less than assumed. Therefore, the amount of Medicaid administrative reimbursement is significantly less than originally estimated.

This funding issue impacts the APS In-Home Services program in the current fiscal year and, due to the timing of the agency's Legislative Appropriation Request, it also impacts the base funding request for FY 2010-2011.

The use of agency surplus funds and funds from the Health and Human Services Commission have been identified as sources of additional funding for FY 2009 to bridge the gap between the initial projected and actual level of Medicaid administrative funds supportable under the time study. The use of these funds requires legislative approval. Funding is being sought for the base funding shortfall

for FY 2010-2011. Without the additional funding, APS will likely have to reduce caseworkers, which would impact the agency's ability to meet the caseload targets in this plan.

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. 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 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.

Field Management Strategies

The APS Field Operations business plan directs each Regional Director to develop and maintain strategies for reviewing investigations weekly to reduce the number of pending investigations. In particular, there has been a focused effort for reviewing cases open in service delivery over 180 days to either work or close the cases, which has resulted in notable reductions in the last year. Closure of older cases gives caseworkers more time to complete their other cases in a timely manner, which will lead to more manageable caseloads.

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 by Cisco Systems, Inc. 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, facilitating their ability to document case activities concurrent with, or immediately after, client interviews. Improvements in the IMPACT system and the CARE tool will improve the caseworker's ability to use the tablet PC. APS policy

enhancements will reflect IMPACT and CARE tool changes and will require essential case activities to be documented by the end of the next business day. Performance metrics on documentation timeliness will be added to the evaluation of caseworkers and supervisors. Caseworkers who will have completed documentation of their current cases will then be able to fully concentrate on the needs of the next client. Having the capability to complete cases thoroughly and more quickly will improve the quality of work, and over time, should realize a decrease in caseload.

Establishing Appropriate Span of Control for Supervisors

In the FY 2010-2011 Legislative Appropriations Request (LAR), DFPS has requested funds to establish functional units in APS, based on the model currently used by CPS. In a functional unit, the supervisor has a manageable span of control, overseeing five caseworkers, rather than seven or eight as they presently do. APS supervisors will balance requirements for review of cases with other critical duties such as employee development. Each functional unit will also have designated support staff that will complete clerical and basic case management tasks in the office, freeing caseworkers to spend more time investigating cases and assisting clients. This will help to ensure high quality casework, which will lead to better client outcomes, less recidivism, and more manageable caseloads.

Future Caseloads

HHSC has projected the number of intakes for FY 2009-FY 2011. The table below outlines the actual number of intakes and caseload for FY 2006 to FY 2008 as well as the projected intake levels and corresponding caseloads for FY 2009-2011.

Fiscal Year	Intakes	Worker Daily Caseload
FY 2006	81,773	51.3
FY 2007	77,081	36.4
FY 2008	83,480	31.2
FY 2009	84,285	31.4
FY 2010	87,077	31.7
FY 2011	89,514	31.9
FY 2012	91,632	31.9

Projection Assumptions

In determining the projected number of intakes and the Worker Daily Caseload, HHSC Forecasting made the following assumptions for FY 2009 to FY 2012:

- current staffing levels;
- continuation of current casework practice;
- consistent staffing, unit organization, and turnover rates;
- an increase in the APS-eligible population of 11.4% from FY 2008 to FY 2012;
- small, incremental increases in intakes (about 3% a year through 2012);
- small, incremental increases in caseloads (about 0.5% a year totaling 1.5% through 2011 and flat in 2012); 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 the long-term, additional caseworkers will be needed. In the short-term, which includes the next biennium, the most important need is to replace lost Medicaid funding to maintain current staffing levels and to establish functional units with an appropriate span of control for each supervisor.