

## Adult Protective Services Caseload Management

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### Purpose

This brief addresses Adult Protective Services (APS) caseload management from the state administration perspective, focusing on caseload size. Additional materials on other aspects of caseload management (supervision, etc.) will be provided in the future as the NAPSRC TA Team conducts in-depth technical assistance with states.

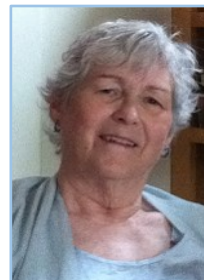
While the responsibility for effective APS caseload management is shared by all administrative levels, most APS programs are administered at the state level. In those locales in which the program is administered at the local level, the state usually retains responsibility and provides oversight for program administration. Although the state in these situations generally does not have the authority to determine local worker/number of cases ratios, the policies and procedures determined by the state have a direct impact on the activities performed by local workers and thus affect caseload management.

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### Why Caseload Management Matters

Effective APS caseload management is essential at every administrative level. Victims' safety, wellbeing and even lives depend on a prompt and effective APS response. Being able to provide this response is the motivating factor for APS workers. The knowledge that they have helped victims prevents burnout and increases job satisfaction. Effective case management practices also increase community cooperation and collaboration. When an APS program is perceived as responsive and competent, community agencies make appropriate referrals and work together towards client-centered successful outcomes. Finally, effective APS caseload management can reduce legal challenges, which are stressful, time consuming and expensive, and may not result in significant positive outcomes for victims.

When workers struggle to carry too many cases, waiting lists may result. There is an increased possibility that reports that should prompt an investigation will be screened out, rather than tagged for a thorough assessment. Knowing that workers are already overloaded, screeners may use increasingly stringent and often inconsistent criteria for



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*The NAPSRC provides monthly Technical Assistance (TA) Calls for state APS administrators on challenging subjects identified by them. The TA is designed to increase APS effectiveness in the secondary prevention of violence against older and vulnerable adults. This brief summarizes the information provided during the call on February 27, 2014.*

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turning away reports. Stressed workers may start taking short cuts by omitting home visits; relying on phone contacts with victims rather than face-to-face interviews; accepting suspicious explanations of how injuries occurred; omitting important information in case records and closing cases prematurely. Not only do these practices increase the danger to current APS clients, but all of them will, over time, create an increasingly negative perception of APS in the community, leading to fewer appropriate reports, and more victims being harmed. The word on the street will be, “Don’t bother to report to APS. They don’t do anything.”

### **NAPSA’s Caseload Management Recommendations**

Until 1997 there were no existing APS caseload standards. Frustrated with this lack, members of the National Association of Adult Protective Services Administrators (NAAPSA, since changed to NAPSA) conducted a survey of state programs. Based on information from 11 states, the District of Columbia and two counties, NAPSA recommended that caseloads that focused only on investigations be limited to 15.7 cases per month, ongoing caseloads be limited to 26.5 cases per month and mixed case- loads of both investigation and ongoing cases be limited to 24.6 cases per month. Absent any subsequent national APS caseload studies, 25 APS cases per month has become the de facto standard. However, the NAPSA study was conducted by volunteer APS state administrators who were not re- search professionals; based on a small sample of state programs, and did not conform to accepted research standards. In addition, in the 18 years since it was first introduced, it has often been interpreted as “at least 25 cases per month” rather than the intended limit of “no more than 25 cases per month”.

Every state APS program is unique and shaped by a number of factors including demographics, geography, urban/rural focus, and administrative structure. Therefore, setting specific national APS caseload standards would be a challenging goal; a range of caseload sizes may be needed to reflect various realities facing APS. However, an important role of state APS leadership is to develop state specific, reasonable caseload standards based on sound research and practice: standards that reflect the special challenges in their area.

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### **Developing Caseload Standards**

One such approach combines the use of expert panels combined with a state-wide time study. The use of expert panels, referred to as the Delphi technique, makes use of the expertise of APS supervisors, caseworkers and researchers to develop a comprehensive list of all supervisor and caseworker tasks. These tasks are then categorized based on established program policies and procedures. This process creates standardized benchmarks for all APS supervisory and caseworker activities and is used to develop a specific, task-oriented study instrument.

The second phase of the Delphi technique involves conducting a state-wide time study which includes the random selection of APS supervisors and caseworkers from every area of the state and the random selection of study dates. On the selected dates, the randomly chosen participants are expected to complete the study instrument in 15 minute intervals.

While the participants will probably complain about the process, the resulting data will give state administrators a clear and realistic understanding of the time it takes to complete each activity, from the first phone report, to traveling to the victim's home during a driving rainstorm, to arranging for home delivered meals, to sitting quietly listening to a frail and frightened victim's story. It also includes the time needed for paperwork, meetings, training and community outreach.

The Delphi study findings must be carefully analyzed. The average time needed for each activity and for cases as a whole needs to be calculated, including the time for travel and administrative needs as listed above. The results can provide information broken down in different ways: by type of case (e.g. facility vs. community); by type(s) of abuse; by region of the state; by average cost per case; per capita staff ratios compared to other states, etc. Some factors to take into consideration include greater geographic distances vs urban area traffic congestion; the type(s) of abuse and the levels of case complexity and severity; the ratio of experienced to newer caseworkers; the availability of supervisors; whether some situations require more than one worker to respond; and the degree to which community resources are available. Also important are the state's policies regarding the length of time available for investigations and casework.

The valuable findings that result enables and energizes state staff to advocate vigorously on behalf of the people doing the work. Obtaining adequate funding for APS programs is an ongoing challenge for states. While state administrators may have limited control over funding allocations for APS staff, it is important to set reasonable caseload standards and hold all APS professionals and units accountable for meeting measurable objectives.

### **Factors That Can Influence the Demand for APS Services**

- **Demographics:** It is also important for administrators to understand the demographics of their state which have a direct impact on APS. Regional trends, such as urban decay, the increase of aging populations in isolated rural areas, and an influx of retirees all create different demands on APS services. So do cultural shifts, such as the increase of specific immigrant populations, as well as economic trends which may create heightened stress on those with fixed incomes. Awareness of current demographics as well as projections for the future help administrators plan realistically for APS programs.
- **Legislative Initiatives:** As part of an effective APS caseload management system, state administrators need to be aware of legislative initiatives which may impact APS services. Developing or participating in a coalition of state level service agencies helps to increase the awareness of other service providers about the impact that proposed legislation may have on a variety of service delivery systems including APS. For example, a reduction in community support services such as home-delivered meals could make it more difficult for APS to keep clients safely in the community, or a change in mandated reporting requirements to law enforcement may impact APS as well. Coalitions are often an excellent way to initiate collaborative grant applications and resource sharing as well.

**Data Management:** Having an effective, efficient data management system is also essential for assessing program activities at every level. Data collected should be specific to APS clients and case-work activities, not subsumed into a larger system that also collects information on child welfare activities or other programs such as aging services. In evaluating and/or designing an APS data management system it is important to remember that “what gets measured gets done.” For this reason, the information that is collected should relate directly to the activities identified in an APS Delphi study. Think about how useful each data element will be at the state level, as well as how significant the resulting information will be for regional and local program managers. Too much information is just as useless as too little. Some questions to consider: Do all levels of management have the equipment and software needed to collect the data? Do all levels have access to technical assistance and support? Who will interpret the findings and how will they be shared? How secure is the information?

**Training:** Training for APS workers and supervisors is an ongoing challenge at every level of the program. Training provided by the state should be based on state statutes, policies and procedures as well as basic APS casework principles and values, with the emphasis on consistency in service delivery across the state. Since funding for training is always needed, and statewide training events are expensive, using technology such as televised training events, videos and Skype sessions can be useful, cost effective tools to disseminate information on a regular basis. Having staff at the state level with primary responsibility to develop and provide training is essential. These trainers need a solid grounding in adult learning theory and techniques. Many high quality APS training materials have been created around the country. Training staff are encouraged to consult with the National APS Resource Center and NAPSA about existing materials most appropriate for their state’s needs. In addition, by collaborating with other state agencies, APS programs can stretch their training budgets through joint grant applications to provide cross training.

**Performance Monitoring:** Monitoring the performance of the all aspects of the program is an essential role of the state. In addition to evaluating data and reading case records, state staff can use the monitoring process as a way to evaluate the local organizational climate. What are the expectations of the local community regarding the APS program? Are other community agencies critical of APS, or is there a sense of collaboration? How are local demographic shifts impacting the demand for APS services? What are the safety issues faced by APS workers, and is there a worker safety plan/protocol in place? What is morale of the local APS workers and what steps are local administrators taking to address workload and morale issues? How has the local office responded to increased caseloads? Are some offices more successfully responding to higher demands for APS services? How can successful local programs share their knowledge and resources with other communities? Are there local APS/Elder Abuse Multi-disciplinary Teams, and what is their role vis a vis APS?

***A primary role of state APS administrators is to constantly be advocating on behalf of their programs, staff and the victims they serve.***

### **Summary**

Effective caseload management is dependent on open two-way communication between the state and regional and local services. A top down approach cannot be effective, as it does not recognize the realities of local practice. Communication between state staff and locals should include regularly scheduled meetings either in person or through video conferencing technology. Setting the agenda for the meetings should be a shared responsibility of all the participants with free discussion open to everyone. Action steps should be recorded, with the group conducting frequent check-ins to follow up on agreed activities. One way that state staff can support regional and local programs is to provide a free call-in line to provide immediate consultation and support regarding local case management. Having state staff visit local offices, attend case consultations and community review team meetings, as well as shadow workers on home visits are all helpful ways to learn more about the realities faced by local APS service providers, and to identify needs for additional training and support.

And finally, a primary role of state APS administrators is to constantly be advocating on behalf of their programs, staff and the victims they serve. As one worker wrote recently “Our work has become incredibly exhausting, so I find that while I see a need for advocacy, I am overwhelmed and lack the energy to try to advocate myself.” State leaders must step in to help fill this void.

### **Reference**

National Association of Adult Protective Services Administrators, *APS Compilation of Workload Studies and Caseload Data*, 1997.

### **Further Reading**

Hsu, C-C. & Sandford, B.A. *The Delphi Technique: Making Sense of Consensus*. Practical Assessment, Research & Evaluation, Vol. 12, No 10 2. <http://pareonline.net/pdf/v12n10.pdf>.

Child Welfare Information Gateway. *Caseload and Workload Management*. US Dept. of Health and Human Services, Administration for Children and Families. (Note: this website contains studies and tools used by specific states to establish child welfare caseload standards.)

[https://www.childwelfare.gov/pubs/case\\_work\\_management/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubs/case_work_management/case_work_management.pdf)

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