A Pro Bono Analysis of the South Carolina Adult Protective Services System

Report and Recommendations

November 2016

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Adult Protective Services Caseworkers Comment on Their Work

What is the best part of your job?

Sample of SC Adult Protective Services Caseworkers' responses:

"The realization that this is a population of our society that deserves respect and dignity, yet seem to be forgotten. The hope is that involvement with our agency, specifically individual case workers, can provide relief, protection and a better quality of life."

> ***"Working with a population who is vulnerable in so many ways and yet overlooked, and being able to make a positive difference in their lives."***

What is the worst part of your job?

Sample of SC Adult Protective Services Caseworkers' responses:

"Witnessing a vulnerable adult lose their independence and wanting to do the things they once were able to do but is no longer able to and then having to discuss with them being placed in a residential facility or nursing home and seeing them cry and pleading not to be taken from their home as this is all they have left."

> ***"Working with mentally ill clients who have become a nuisance to their neighborhood, police, etc. and end up in our care because mental health will not do anything. When service providers drop patients because DSS is involved in their situation. Finding local resources that fit the clients' needs so they do not have to be sent off to other areas where they do not have family or friends to visit. Not having a place to put an adult if they are taken into care."***

INTRODUCTION

In June 2015, the South Carolina Institute of Medicine & Public Health Task Force published a significant and impactful report, entitled "CREATING DIRECTION: A Guide for Improving Long-Term Care in South Carolina," referred to herein as Creating Direction Report. Among other recommendations, the Creating Direction Report included Recommendation 15 (see page 41 of the report):

> Ensure vulnerable adults are protected through an adequate Adult Protective Services Program and have access to preventive services that keep them safely in their homes and from requiring more expensive services.

Using information and data from the SC Appropriations Act, the Creating Direction Report acknowledged the reduction of funding for Adult Protective Services Program ("APS"):

> Notably, the total funds for APS have been reduced by more than half since FY2001:
>
> > Total funds allocated to DSS for APS for FY2001 were $7.5 million, including $1.8 million in state funds;
> >
> > Total funds allocated to DSS for APS in FY2015 were $3.2 million, including $0 of state funds.
>
> Accordingly, there has been a decrease in total full-time equivalents (FTEs) for APS from 133 to 88 statewide. Source: SC Appropriations Act

Note: According to the agency, a number of counties in South Carolina have APS caseworkers who may have other job responsibilities. This could be due to county population, smaller caseloads and other factors. External issues, such as difficulties in finding emergency placements due to limited resources, also challenge staff.

Already acutely aware of and engaged with finding solutions to the issues facing the aging population in South Carolina, Lt. Governor Henry McMaster reviewed the Creating Direction Report and identified AARP SC as a leader in tackling challenging issues confronted by older South Carolinians, including those faced by vulnerable adults. Lt. Governor McMaster called on AARP SC to lead the effort to identify steps to accomplish the goals in Recommendation 15, including the independent review of APS.

AARP SC embraced the mission. AARP SC engaged Nelson Mullins Riley & Scarborough, LLP to assist on a *pro bono* basis, and identified the following areas for research and analysis:

- Analyze trends related to Vulnerable Adults who receive protective services.
- Assess whether early services and intervention could result in better outcomes for Vulnerable Adults.

- Clarify whether a smaller up-front financial investment from the state could result in long-term cost savings to the state's Medicaid system.
- Assess system accountability when protection does not occur.
- Identify flaws in reporting system.
- Assess adequacy of services to protect Vulnerable Adults.
- Identify Evidence-based practices that will improve the system.

AARP SC developed and implemented a six-step process:

STEP 1: Convene Advisory Board and Identify a Cross-Section of Stakeholders Statewide
STEP 2: Conduct Stakeholder Interviews
STEP 3: Analyze the Data from Stakeholder Interviews
STEP 4: Conduct Targeted APS Caseworker Survey (who may also be in a supervisory role in a county office)
STEP 5: Analyze the Results of the APS Caseworker Survey, Best Practices, and Hard Data
STEP 6: Distribute the Report and Recommendations

During a two month period, Nelson Mullins attorneys and staff contacted and conducted interviews of public and private stakeholders across South Carolina. Those stakeholders represented a cross-section of individuals who interact with Vulnerable Adults, service providers, and state agencies and others that work with Vulnerable Adults. The stakeholders included, among others, family members of Vulnerable Adults, APS representatives, public and private service providers, law enforcement, and the courts. The interviews resulted in more than 200 pages of evidence, including anecdotal information and hard data that provide insight into the perceptions and the realities of the current system. Using this data, the APS Caseworker survey was developed and, with the agreement of the South Carolina Department of Social Services ("SCDSS"), was sent to every employee who served as an APS caseworker in any capacity. The survey resulted in an over 95% anonymous response rate. The hard data from the surveys forms the backbone of the Report and Recommendations.

In addition, research on best practices was conducted and included review and analysis of the "Voluntary Consensus Guidelines for State Adult Protective Services Systems," authored by the Administration for Community Living ("Consensus Guidelines"). The Consensus Guidelines include the following Ethical Foundation for APS practice and we recommend using that Ethical Foundation as the compass for developing policy to protect Vulnerable Adults throughout the APS system at SCDSS:

> "A code of ethics provides a conceptual framework and guidance that workers can use when they are challenged by conflicting ethical duties and obligations. Most professions have developed their own codes of ethics, including social work and Adult Protective Services. APS practice is rife with situations that require workers to navigate complicated ethical situations. Key concepts in the ethical foundation for APS practice include, but are not limited to:

Least restrictive alternative:

Least restrictive alternative means a setting, a program, or a course of action that puts as few limits as possible on a person's rights and individual freedoms while, at the same time, meeting the person's care and support needs.

Person-centered service:

Person-centered service refers to an orientation to the delivery of services that consider an adult's needs, goals, preferences, cultural traditions, family situation, and values. Services and supports are delivered from the perspective of the individual receiving the care, and, when appropriate, his or her family.

Trauma-informed approach:

A trauma-informed approach 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seeks to actively resist re-traumatization. A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. Trauma-specific intervention programs generally recognize the following: 1) the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery; 2) the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety; 3) the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

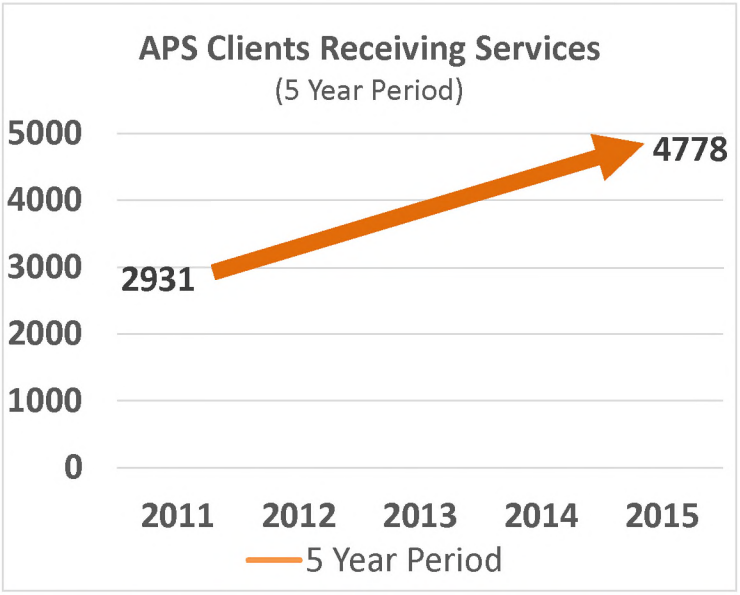
Supported decision-making:

Supported decision-making starts with the assumption that people with intellectual and developmental disabilities and older adults with cognitive impairment should retain choice and control over all the decisions in their lives. It is not a program. Rather, it is a process of working with the person to identify where help is needed and devising an approach for providing that help."

APS services should be delivered in compliance with the Americans with Disabilities Act (ADA), as interpreted by the United States Supreme Court in *Olmstead v. L.C.*, 527 U.S. 521 (1999). All state agencies' facilities and programmatic activities should be part of a state Olmstead plan to provide services in the most integrated setting—that is, to enable individuals to remain in their own homes and communities, rather than in institutions.

APS AT A GLANCE

1. APS clients receiving services increased from 2,931 to 4,778, which is a 63% increase over the five-year period with **no** increase in resources. For an historical perspective, from SFY 99-00 to 03-04, the number of clients receiving services ranged from a low of 3,626 to a high of 4,333. Source: SC DSS Accountability Report.



63% increase in number of clients receiving services over a five year period

$0 increase in appropriated funding over the same period

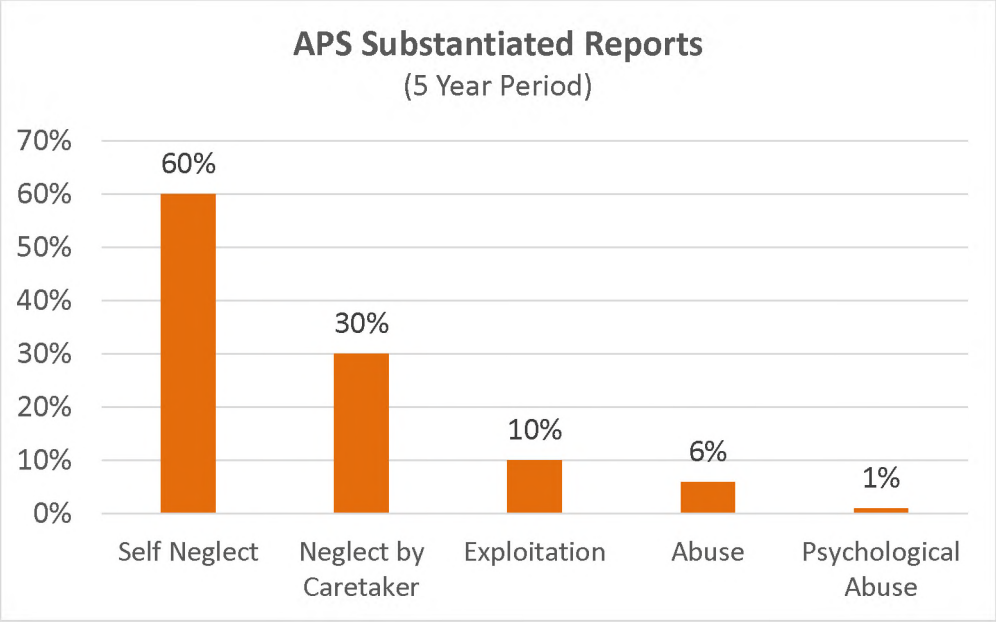
2. Current data collection indicates that the numbers and types of disabilities for clients appear to be underreported. It is suspected that the data on dementia and emotionally disturbed (such as depression) may not be entered into the system. Of the 17,672 clients in a five-year period the following disabilities were recorded:

- 89% had NO disability recorded
- 1.7% were recorded with dementia
- 1.3% were emotionally disturbed
- 3.0% had a hearing impairment
- 4.19% had other medical conditions requiring special care
- 2.83% were physically disabled
- .06% had a visual impairment

Note: The above information (in item #2) indicates the need to determine if data on disabilities is entered in the data collection process.

3. Substantiated reports of abuse, neglect and exploitation constituted 44.5% of all intakes accepted for investigation during the five-year period. The percentages of substantiated reports ranged from a low of 39% in 2015 to a high of 52% in 2012.

4. Self-neglect is the highest category of typology, highlighting the need to ascertain the services that are most needed by clients who report self-neglect and for whom self-neglect is substantiated, as that will drive further recommendations.



Source: SC DSS Accountability Report.

APS SNAPSHOT BASED ON SURVEY DATA

APS Caseworker Demographics:

Caseworker response to the APS survey was high, with 105 respondents, which included supervisors who worked directly with the APS program in their respective counties.

Years of Experience:

Thirty-four percent reported having a year or less of experience, 24% reported 2 to 4 years and 42% reported five or more.

Educational Level:

Seventy-four percent of caseworkers reported having a bachelor's degree and 24% reported having a master's degree.

Caseload information:

Eighty-seven caseworkers reported caseload information:

10 or fewer cases: 51%

11 to 20: 24%

20 to 30: 13%

More than 30: 13%

Fifty-four percent of APS respondents indicated that they handle cases other than Adult Protective Services. The ACL Draft Guidelines state that "when caseworkers are responsible for handling both adult and protective cases, client outcomes suffer.

Source: APS Caseworker Survey

SUMMARY OF RECOMMENDATIONS

1. **Provide additional training for APS Caseworkers and Supervisors.**

2. **Adopt a "Family First" approach for purposes of placing Vulnerable Adults who have to leave their homes.**

3. **Develop an assessment form or structured decision tool to determine maltreatment.**

4. **Ensure valid data collection.**

5. **Utilize a centralized call center to improve data intake process, including use of written standardized screening tool and a live person who is knowledgeable about and trained regarding Vulnerable Adult issues.**

6. **Clarify and ensure consistent application of statutory requirements to qualify Vulnerable Adult.**

7. **Develop a case closure protocol.**

8. **Improve interagency service coordination and communication.**

9. **Explore solutions for placement options and funding to ensure service providers accept and provide services to Vulnerable Adults.**

10. **Improve technology and technological processes to streamline caseworkers' administrative burdens.**

11. **Determine appropriate staffing levels relative to caseloads.**

DISCUSSION OF RECOMMENDATIONS

RECOMMENDATION # 1

Additional training for APS Caseworkers and Supervisors: Develop, implement, and enforce specific annual and quarterly requirements for basic, continuing education, and supervisor/ state office training.

Caseworker comment:
"Continued training in all areas of need would be helpful to staff. Any training on a consistent basis would enhance effectiveness of dealing with the vulnerable adult population."

Rationale:
Stakeholders and APS Caseworkers agreed that there is a need for additional training at all levels of APS, including APS Caseworker basic training and continuing education and APS Supervisor/State Office training. Stakeholders and APS Caseworkers agreed that training is needed to determine who actually qualifies as a Vulnerable Adult and what circumstances give rise to APS or other agency involvement.

Stakeholders and APS Caseworkers identified the following additional topics on which training is needed: the needs of Vulnerable Adults; identifying and assisting with Mental health issues, Physical abuse, Sexual battery/psychological abuse, Neglect, Self-neglect, financial issues and abuse; legal rights of Vulnerable Adults; Alcohol, drug abuse, and homelessness issues under APS; managing issues related to family structures; how to conduct assessments of vulnerable adults and their families, including interview techniques; how to complete paperwork properly; field situations; what resources are available to provide to Vulnerable Adults; policies and processes; cultural issues regarding the communities serviced.

Caseworkers agreed or strongly agreed more training was needed in the following areas:

- 83% of 104 responses - need mental health assessment training
- 80% of 102 responses - need psychological abuse assessment training
- 79% of 100 responses - need self-neglect assessment training
- 78% of 104 responses need sexual battery assessment training
- 77% of 105 responses - need physical abuse assessment training
- 76% of 102 responses - need better training in needs assessment

- 74% of 102 responses - need neglect assessment training
- 69% of 102 responses - need interviewing techniques and information gathering training
- 63% of 102 responses - need cultural and family training

APS Caseworkers indicated that additional training not only would help them become better prepared to serve Vulnerable Adults, but assistance with developing skills and expertise would enhance job satisfaction and retention.

RECOMMENDATION # 2:

Focus on "Family First" or person centered approach for purposes of placing Vulnerable Adults who have to leave their homes. Adopt a "Family First" approach to placement in which APS Caseworkers are statutorily mandated to involve and assess family involvement and/or placement options, rather than defaulting to facility placement (other than for short-term placement while family options are evaluated). Consider interventions and assessments that can assist the Vulnerable Adult in remaining safely in his or her home.

Casework comment:
Facilities should be used if that's what the vulnerable adult requires (skilled nursing care), otherwise we case workers should be trying to find resources and support services that would enable vulnerable adults to remain in the home.

Rationale:
Stakeholders and APS Caseworkers agreed that placement options, service providers, and general resources to assist Vulnerable Adults with basic needs are lacking. Stakeholders reported the impression that, when a Vulnerable Adult is removed from home, APS defaults to placing the Vulnerable Adult in a facility. Stakeholders emphasized that it would be better for Vulnerable Adults to stay home and that Vulnerable Adults routinely want to return home if placed in facilities. Stakeholders also noted that the facility placement default overlooks a potentially better and less costly option—placement with the immediate or extended family, or moving a family member into the home with the Vulnerable Adult.

As noted above, APS Caseworkers indicated that they need more training regarding how to assess Vulnerable Adults and their families/support systems, interview techniques, assessment, managing issues related to family structures, and financial issues. Without these basic skills, it is not hard to understand why the default approach seems to have become placement in a facility—the facially "safer" choice. With the paucity of facility placement options, the burden on the Vulnerable Adult associated with

facility placement (including loss of autonomy, emotional and financial costs related to facility and the home the individual has left either temporarily or permanents, the threat of losing the home and even going into bankruptcy), and increased costs on the State associated with facility placement, it is not clear that default facility placement is the safer or wiser choice.

Out of 102 responders, 81% of caseworkers noted there were not enough resources within their communities to adequately assist Vulnerable Adults. 82% of responders to the caseworker survey indicated the need for foster care homes for vulnerable adults as a care option.

Caseworker comment:
(In response to: I feel like a priority ranking system regarding the vulnerable adult's situation would help us to provide services to vulnerable adults more efficiently.) "Of course, this is an absolute must have because we as the APS worker, we want to know whether or not the vulnerable adult is in eminent danger or not and whether or not there may be other factors, which may make the situation a priority."

RECOMMENDATION # 3:

Develop an assessment form or structured decision tool to determine maltreatment. Develop and require documented and verified use of an assessment form or structured decision tool to determine if someone qualifies as a Vulnerable Adult and to identify and assess issues experienced by the Vulnerable Adult in order to identify and provide appropriate services through APS or, if appropriate, a different state agency.

In addition to enhancing services provided to Vulnerable Adults, uses of such a tool combined with the requirements to document and verify such use will introduce a mechanism for accountability and quality assurance.

Rationale:
Stakeholders and APS Caseworkers agreed that there is a lack of uniformity in applying criteria regarding who qualifies as a Vulnerable Adult and that can lead to provision of inconsistent services. Stakeholders and APS Caseworkers agreed that additional training is needed to identify and assess mental health issues, physical abuse, sexual battery/psychological abuse, neglect, self-neglect, financial issues and abuse. Stakeholders and APS Caseworkers report that the lack of uniformity and training is interfering with providing services to Vulnerable Adults.

RECOMMENDATION # 4:

Enhance data collection. Develop and required documented and verified use of standard intake, triage, and data collection efforts that are accessible electronically by APS statewide.

In addition to enhancing services provided to Vulnerable

Adults, use of such tools combined with the requirements to document and verify use will introduce a mechanism for accountability and quality assurance.

Use DHHS's Phoenix system to track cases and merge data.

Develop an Abuse Registry that balances protection of Vulnerable Adults and due process. This report recognizes that the abuse registry would require interagency cooperation and may not be strictly within the prevue of SC DSS.

Rationale:
Stakeholders and APS Caseworkers agreed that intake, triage, and data collection efforts are not standardized from county to county or, even, within counties. Stakeholders and APS Caseworkers agreed that providing services to Vulnerable Adults would be aided if the data collected were accessible, accurate, and appropriately collected and entered.

To go along with the idea of providing safer care, one question in the APS survey asked how caseworkers would feel about establishing an adult abuse registry. This registry would include family members, caregivers, and even facilities if they had a record of adult abuse being reported related to their caregiving. While only 46% of a hundred responses agreed with that such a registry would be helpful, the majority of commenters wanted to clarify that while they were unsure it would have any benefit in preventing first time abuse, they did feel it would be very helpful in preventing future abuse and Vulnerable Adults being sent to an institution or family caregiver who had a record of abuse behavior.

Caseworker comment:
"There is too little consistency among staff in determining who meets criteria to be considered a vulnerable adult and this can lead to vulnerable adults not receiving help when they should. A centralized call center would provide the ability for staff to become specialized and obtain specialized supervision and training and, in time, would enhance consistency and improve the agency's ability to effectively/efficiently identify vulnerable adults who need our help."

RECOMMENDATION # 5:

Utilize a centralized call center to improve data intake process, including use of written standardized screening tool and a live person who is knowledgeable about and trained regarding Vulnerable Adult issues. Mandate use of a centralized call center to handle, document, and verify intake, triage, and data collection efforts statewide.

Staff the call center with live persons who are well-trained regarding Vulnerable Adult issues, have access to an up-to-date list of available service providers statewide, and are familiar with services provided by agencies other than APS if the individual's issue should not be handled by APS.

In addition to enhancing services provided to Vulnerable Adults, use of such tools combined with the requirements to document and verify, will introduce a mechanism for accountability and quality assurance.

Rationale:
While only 41% of surveyed APS caseworkers reported agreeing or strongly agreeing that a centralized call center would improve the data intake process, the majority of comments indicated that if the staff of the center were specifically trained as evaluators and had access to county resource materials, it could be successful. Stakeholders and APS Caseworkers agreed that the use of a centralized call center would improve the intake process, make it more likely that all reports of Vulnerable Adults are pursued, and improve response time. Stakeholders and APS Caseworkers also agreed that a live person (as opposed to a voice mail box), well-trained regarding issues concerning Vulnerable Adults, should answer the calls and handle the intake. Additionally, Stakeholders and APS Caseworkers agreed that intake, triage, and data collection efforts are not standardized from county to county or, even, within counties.

Caseworker comment:
"Inconsistent understanding of what a vulnerable adult is. What adult abuse looks like or is little understanding of self-neglect, assessing right to choice vs. abuse/neglect (such as taking medications or seeking medical care)."

RECOMMENDATION # 6:

Clarify and ensure consistent application of statutory requirements to qualify Vulnerable Adult. Clarify the criteria to qualify as a Vulnerable Adult, including that a Vulnerable Adult does not automatically include adults over a certain age, adults with disabilities, adults with alcohol or drug abuse issues, homeless adults, or adults who can successfully manage their own lives and are capable of providing for their own care without assistance. Implement the clarified definition statewide, through policy and procedure changes within agencies and, if appropriate, through statutory changes.

Rationale:
Stakeholders and APS Caseworkers agreed that there is a lack of uniformity in applying criteria regarding who qualifies as a Vulnerable Adult and that can lead to provision of inconsistent services.

RECOMMENDATION # 7:

Develop a case closure protocol. Develop and required documented and verified use of standard data collection efforts regarding reports received, cases opened (including the

reason), demographics of vulnerable adult, cases indicated including typography, and cases closed (including the disposition/resolution) that are accessible electronically via the SC DSS website and updated on a quarterly basis.

Rationale:
Validation of reports received, cases opened (including the reason), and cases closed (including the disposition/resolution) was difficult to ascertain and there is a lack of transparency in that regard. Without identifying or enforcing a case closure protocol, it is challenging to assess the timeliness of services provided, among other things.

Caseworker comment:
"Not enough services at all. We need a better working system with other state agencies such as the Dept. of Mental Health and the Dept. of Human Services. We definitely should have a closer working relationship with Medicaid. We should have a Medicaid worker assigned to each county that strictly processes applications for elderly clients. This is one of the biggest problems we are facing in APS, along with a lack of funds and shelters. Medicaid is by far our toughest battle."

RECOMMENDATION # 8:

Improve interagency service coordination and communication. Identify the services provided by APS and those provided by other agencies; identify the criteria for accessing services provided by APS and those provided by other agencies, and implement an accountability tool for ensuring that the appropriate agency handles its designated responsibilities.

Create formal policies and procedures to promote collaboration with other entities during investigation and intervention to facilitate provision of services to Vulnerable Adults. Consider adding the use of multidisciplinary teams in the APS SC State Statute.

Work with DHHS and Lt. Governor's Office on Aging (LGOA) to utilize DHHS's Phoenix Interoperability system to track cases and merge data.

Rationale:
Stakeholders and APS Caseworkers reported that interagency coordination of services is poor. The overall impression is that agencies are cash-strapped, prefer that different agencies or groups handle Vulnerable Adult issues, and engage in coordination efforts that are nominal and ineffective.

68 out of 100 caseworkers felt that one of the largest barriers to providing services to vulnerable adults was a lack of knowledge on which the service providers were, and their actual services. 41 out of 100 caseworkers described the intake process itself being a barrier to services, and 30% of 100 caseworkers said interagency communication was a barrier to providing effective services.

According to the NAPSA Minimum Standards, APS systems should:
"work with other agencies and community partners.... The goal of these intentional and specific collaborations is to provide comprehensive services to alleged victims by building on the strengths, and compensating for the weaknesses, of the service delivery system available in the community, and by avoiding working at cross-purposes.[60]

Formal multidisciplinary teams have been shown to increase effectiveness, satisfaction of workers and rates of prosecution."

Caseworker comment:
"I feel like even with known resources, the resources are not really there. We have state agencies that are designed to help a certain population, but when DSS (a referral agency) contacts them for assistance, they are not able to help. In addition, when law enforcement takes a vulnerable adult into emergency custody, there is no place for that adult to go except the hospital. The hospital in turn, contacts APS and complains when placement is not found quick enough. I feel like there should be a centralized state building (housing) for these clients to go after being evaluated at the hospital until placement has been found. To me, the resources for vulnerable adults are VERY limited."

RECOMMENDATION # 9:

Explore solutions for placement options and funding to encourage service providers to accept and work with Vulnerable Adults. In addition to implementing the "Family First" approach, it is recommended that Adult Foster Care and Adult Day Care options be identified throughout the state.

Identify a list of facilities that are willing to take emergency placements and are willing to contract for such placements.

Create a process with SC DHHS for expedited Medicaid application process.

Require Vulnerable Adults to be placed in a licensed facility if emergency protective custody occurs.

Rationale:
Stakeholders and APS Caseworkers agree that there are inadequate placement options and there are funding challenges that interfere with the willingness of service providers to work with Vulnerable Adults. Stakeholders and APS Caseworkers reported that Vulnerable Adults were placed in hotels or sent out of state.
55% of 100 responders to the caseworkers' survey described finding solutions to Vulnerable Adult problems as large barrier to providing services. Finding service providers willing to take ownership of addressing problems experienced by Vulnerable Adults came in at 67%. Yet 85 people, or 85% of participants, stated funding for services was a major barrier to providing services to vulnerable adults.

Caseworker comment: *"Need foster care for vulnerable adults. Vulnerable adults don't belong in hospitals."*

RECOMMENDATION # 10:

Improve technology and technological processes to streamline caseworkers' administrative burdens. Introduce and implement an electronic system for all documentation and reports, including but not limited to standard data collection efforts, initial and ongoing assessment, services contacted and ultimately used.

The electronic system ideally would be accessible remotely (including while on location with the Vulnerable Adult) so that real time impressions and information can be recorded and information regarding services can be accessed without returning to the physical office.

In addition to enhancing services provided to Vulnerable Adults, uses of such tools combined with the requirements to document and verify use will introduce a mechanism for accountability and quality assurance.

Caseworker comment:
"I am a supervisor for Adult Protective Services and sometimes it is overwhelming for the workers because there is not enough staff to provide adequate care and to address risk effectively. I believe that if APS is well staffed we would be able to have assessment workers and treatment workers; that will allow the workers to focus on the particular situation and address concerns thoroughly."

Rationale:
APS Caseworkers identified the lack of technology combined with the significant paper work requirements as a significant drain on time that they would otherwise spend providing services to Vulnerable Adults. Additionally, the inaccessibility of data electronically inhibits care coordination, identification of services, and accountability.

RECOMMENDATION # 11:

Determine appropriate staffing levels relative to caseloads. APS will develop performance and caseload metrics (including APS workload by county, caseload ratios, training activities, and reports received.

Rationale:
Stakeholders emphasized the impression that additional APS caseworkers are needed. APS Caseworkers also identified challenges regarding the lack of APS Caseworkers, a lack of clarity regarding APS caseworker job expectations, expenditure of time by APS Caseworkers on issues that might be better and more efficiently handled by supervisors, and APS assignments and workload. At this time, there is insufficient data to comment on appropriate staffing relative to caseloads. Using the technology and accountability tools identified in this Report, the data gathered

could be used to make those assessments.

Of the APS caseworkers who participated in our survey, 52% felt they would be able to be more efficient in beginning the assessment of a Vulnerable Adults circumstances within a 24-72 hour period if more case workers were on hand. An additional 51% of responders felt they would be better equipped to complete the assessment of a Vulnerable Adults circumstances within 45 days of official intake. Finally, out of 85 Caseworkers who responded to a question asking how large their case load was, 36% of them said they carried 20-30 or more than 30 cases currently. For comparison, 40% of caseworkers said they carried 1-10 cases, while 24% carried 11-20 cases.

Appendix

AARP Real Possibilities in
South Carolina

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September 19, 2016

Joan B. Meacham
Chief of Staff
SC Department of Social Services
P. O. Box 1520
Columbia, SC 29202-1520

RE: Analysis of the Adult Protective Services System

Dear Joan:

Thank you for talking with AARP SC and our pro bono attorneys about the upcoming report on the state's Adult Protective Services System. We appreciate your willingness to discuss the report's findings. We were pleased to learn that SC DSS is already in the implementation phase with several of the recommendations.

Could you provide us with a status report on the work your agency has already done relative to the following recommendations? Ideally we would like to hear back from you no later than close of business September 29th so that the information can be considered as part of the final report.

1. Provide additional training for APS Caseworkers and Supervisors.
2. Focus on "Family First" for purposes of placing Vulnerable Adults who have to leave their homes.
3. Develop an assessment form or structured decision tool to determine maltreatment.
4. Ensure valid data collection.
5. Utilize a centralized call center to improve data intake process, including use of written standardized screening tool and a live person who is knowledgeable about and trained regarding Vulnerable Adult issues.
6. Develop a case closure protocol.
7. Improve interagency service coordination.

8. Explore solutions for placement options and funding to ensure service providers accept and provide services to Vulnerable Adults.
9. Improve technology and technological processes to streamline caseworkers' administrative burdens.
10. Determine appropriate staffing levels relative to caseloads.

Thank you for your time and attention to this request.

Sincerely,

Coretta D. Bedsole

Coretta D. Bedsole
Associate State Director – Advocacy

DSS Response to AARP Analysis of the Adult Protective Services System

Provide additional training for APS Caseworkers and Supervisors.

In an effort to strengthen the core of APS, the agency has created a more robust training scope with the University of South Carolina, Center for Child & Family Studies which expands basic training from nine days to 16 days to include shadowing experienced workers in the county. Also, under the new contract APS staff and supervisors will receive a refresher training, intake tool training, and a statewide workshop on new policies and practices.

Focus on "Family First" for purposes of placing Vulnerable Adults who have to leave their homes.

It is APS policy to seek the least restrictive placement environment. The current APS policy stipulates that "Most adults prefer to remain in their own homes rather than going into a facility and the philosophy of the Department is to provide and arrange in-home services to delay or prevent placement." The Adult Advocacy Division is exploring the models of COSA and Family Group Conferencing to ensure that all family and community supports are recruited for the care of the vulnerable adult.

Develop an assessment form or structured decision tool to determine maltreatment.

DSS currently has several assessment forms that must be filled out during the life of an APS case. During the Investigative phase, before a case decision can be made, the Case Manager completes the RISK Assessment, during the treatment services phase, a NEEDS assessment is completed, and a Service Plan is completed to ensure that the Case Manager identifies the objectives and service providers that will meet the goals that reduce risks to the client. All three plans are filled out in CAPSS.

Ensure valid data collection.

DSS currently utilizes CAPSS (Child & Adult Protective Services System) to manage caseloads and to produce reports. CAPSS does produce valid data from the system.

Utilize a centralized call center to improve data intake process, including use of written standardized screening tool and a live person who is knowledgeable about and trained regarding Vulnerable Adult issues.

In 2015, DSS implemented Intake HUBs in twenty-two of forty-six counties.

A standardized APS Intake Tool has been developed and statewide training and implementation will be completed by the end of the year.

Develop a case closure protocol.

Currently, there is a case closure policy in the Adult Protective Services manual. It is in the process of being revised.

Improve interagency service coordination

Interagency coordination is a primary goal of the newly established Adult Advocacy Division (APS), the Director of the Adult Advocacy Division and staff have begun conducting meetings with stakeholders.

Explore solutions for placement options and funding to ensure service providers accept and provide services to Vulnerable Adults.

The newly developed Adult Advocacy Division (APS) is currently researching placement options and funding sources.

Improve technology and technological processes to streamline caseworkers' administrative burdens.

DSS currently utilizes CAPSS (Child & Adult Protective Services System) to manage caseloads and to produce reports. The system was designed for workers to manage and track clients and caseloads. Changes are currently underway to streamline policy changes in CAPSS so that the system will be more user friendly.

Determine appropriate staffing levels relative to caseloads.

DSS has determined the appropriate staffing ratio for APS caseloads is 20:1.

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