



February 28, 2023

Dear Stakeholders:

Over the past decade, Colorado's Adult Protective Services (APS) program has grown in size and scope due to a variety of legislative and policy initiatives which support better outcomes for at-risk adults. This evolution has driven varied programmatic and practice changes, resulting in a cumulative workload increase for state and county program staff beyond what was anticipated during the onset of the various initiatives.

In 2022, the Colorado Department of Human Services (CDHS) commissioned its first-ever APS workload study out of growing concern that counties do not have sufficient staff or resources to ensure effective implementation of the APS program. The intent was to explore the factors driving APS workload and develop recommendations to assist CDHS in pursuing adequate resourcing of the program at both the county and state level. The workload study recommendations are broad, allowing for further feasibility analysis, thus avoiding the pitfalls of a one-size-fits-all approach for all 60 county APS programs. As a result, the study will support our ongoing efforts to establish appropriate resources for the APS program into future years.

The recommendations are not prescriptive and each deserves additional exploration. Implementation of these recommendations may require various levels of additional funding; changes in statutes, regulations, and policies; and community support. The State APS team will facilitate discussions with counties to collaboratively prioritize recommendations and plan for implementation, ensuring adequate attention to feasibility for counties of all sizes. Once feedback has been gathered, the State APS team will develop an action plan related to all recommendations and lead the APS program in the related work to come.

Sincerely,

Kara Harvey

Kara Harvey, Director
Division of Aging and Adult Services



Executive Summary

Over the past decade, Colorado's Adult Protective Services Program (CO APS), has grown in size and scope due to a variety of legislative and policy initiatives to support better outcomes for at-risk adults. This evolution has driven varied programmatic and practice changes, resulting in a cumulative workload increase for state and county program staff beyond what was anticipated during the onset of the various initiatives. Given the increase in reports and cases over recent years, as well as anecdotal evidence from the field that case management has become more challenging and resource-intensive through this growth, CO APS contracted with RTI International to complete a mixed-methods, data-driven evaluation to develop operational recommendations on (1) factors related to workload and program infrastructure, and (2) methods to pursue optimal resourcing of the program at both the county and state level.

Methodology

RTI employed several primary data collection activities, including: an environmental scan of APS program rules and regulations literature; interviews with state and county APS staff; focus groups with county APS staff; a case file review; a statewide web-based survey of APS workers; and, a time-tracking study to provide insight into the strains of APS casework. RTI produced two reports, differentiating between findings and recommendations at the county and state level for ease of reference. Further methodological details are provided in **Appendix A** of the "County-Based Workload Findings and Recommendations Report."

Summary of Findings

At both the state and county level, workload exceeds available resources. Rising case complexity has led to increased county worker burdens. Some drivers of case complexity include resource scarcity, clients with complex/multiple needs, cases with multiple allegations, cases in regulated residential settings, and client refusal or resistance to APS services. Additionally, reliance on community partners who are not well informed about APS presents added time pressures. Further, program changes over recent years have increased time spent on all aspects of casework. County programs are further impacted by a significant reliance on part-time APS staff, many of whom face challenges balancing APS with other programs.

Complexity and volume increases for county programs in turn result in more frequent and complex requests for support from state staff. Program changes and new initiatives drive additional state efforts related to stakeholder engagement, development, implementation, and ongoing support for each change. State workloads leave insufficient time for innovation, efficiencies, and professional development efforts that would benefit the program, and state teams are increasingly required to delay or decline beneficial county-requested projects due to lack of capacity. Unmet staffing needs are impacting workloads at both the state and county level, as insufficient state support to counties can directly impact workload drivers, and insufficient staffing at the county level results in rising caseloads and challenges imposed on workers and supervisors in times of turnover and staff absences. Both state and county staff are

facing increased stress levels, related to overworked staff, vacancies, burnout, compassion fatigue, and secondary traumatic stress.

Recommendations

CO APS will need to work collaboratively with county departments to identify which recommendations to pursue by conducting a comprehensive analysis of potential costs, statutory and/or regulatory changes needed, and challenges/benefits of each recommendation.

Increase County-Level APS Staffing

RTI recommends that CO APS **consider creating a minimum FTE status requirement for all APS caseworkers and supervisors**. Limited hours dedicated to APS can present challenges to staff as they navigate program requirements to support clients. In addition, the high caseworker vacancy rate of 16% (n = 32) needs to be further explored. RTI also recommends that CO APS **explore the feasibility of eliminating shared generalist positions between APS and other programs**. Doing so ensures that staff are adequately trained, have adequate time to address their responsibilities, and are free from conflicting priorities. Additionally, it is recommended that CO APS **contemplate a minimum number of personnel for each county program to ensure depth of staffing and adequate coverage**. Specifically, RTI recommends all counties have two active caseworkers and two supervisors (one active and one backup) at minimum. CO APS will need to further explore the feasibility of these recommendations, taking into consideration county size, geographic location, and/or their frequency of reports and cases. CO APS should also consider whether these recommendations can be accomplished jointly; and where feasibility concerns arise, identify which recommendation may be the higher priority. **RTI also recommends CO APS explore a reduction to the current recommended caseload average of 20:1**. Despite an average caseload of 13:1, staff reported feeling overburdened by their casework responsibilities, with more than half of time-tracking participants working outside of their funded hours. Data suggests that even caseloads between 9-14 require more work than can be accomplished within standard working hours.

Increase State-level APS Staffing

RTI recommends additional state-level positions to offset currently unsustainable workloads and burnout concerns within the state teams supporting the APS program. Increased staffing is needed to support innovation, implement initiatives long-desired by county programs, provide more proactive engagement with counties, and improve development, morale, and work/life balance for state staff. A minimum of 6 FTE is recommended to support APS functions within the Division of Aging and Adult Services (AAS) as well as the Administrative Review Division (ARD). Specific recommendations are further detailed in **Chapter 4** of the “State Staffing Challenges and Recommendations” Report.

Program Funding and Allocation Modifications

RTI recommends CO APS conduct periodic review of the program’s funding levels and allocation strategies to ensure adequate funding for the APS program. This includes

periodic analysis of how funding levels account for Colorado's aging population. Colorado has one of the fastest growing older adult populations in the country, thus understanding predicted growth is crucial to inform whether APS funding is keeping pace with the needs of the population. **RTI also recommends CO APS exploring revisions to the APS allocation formula**, including consideration of adjustments for unique county characteristics, minimum county allocations to support minimum staffing levels, and/or integration of client demographics to complement the age-related data that is currently used in the allocation formula.

Additionally, CO APS should explore a method to quantify case complexity, which is not adequately accounted for in current funding or allocation methods. Analysis could create metrics to integrate in future funding allocation models or other estimates of workload and funding levels needed for the program.

Improvements to Operational Efficiency

RTI recommends that CO APS explore providing increased support to county APS programs through additional training opportunities. County staff requested additional training on numerous topics. Although staff also reported lacking time for training, reducing caseloads and/or increasing county would likely provide time to for the training opportunities they seek. **Additionally, RTI recommends CO APS review and streamline required case documentation and documentation-related practice standards whenever possible.**

Additional Considerations

Additional suggestions were identified for future exploration with other entities or partners to help alleviate systemic challenges in the APS program. These include: further examination of turnover and retention at the county level; evaluation of statewide investments in APS worker well-being and burnout prevention; examination of nationwide best practices and policies in the field, exploration of opportunities to collaborate with other State Departments or community partners to identify resource gaps and advocate for improved access to services, and further refinement of community education efforts to improve understanding of APS scope and role for key local partners. These suggestions rely on improved resources and collaboration with external partners; but would help support improved workload in multiple areas. Further discussion is found in Chapter **Section 4.4** of the "County-Based Workload Findings and Recommendations Report."

Colorado Adult Protective Services 2022 County-Based Workload Findings and Recommendations

Final Report

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Introduction

The following report highlights findings from a workload study conducted in 2022 for the Colorado Adult Protective Services Program (CO APS), housed within the Colorado Department of Human Services (CDHS). RTI acted as an independent evaluator under contract to CO APS. This introduction describes the CO APS program and why this study was needed. **Section 1** provides a brief study overview. **Section 2** briefly describes the study design, data collection methods and response rates. **Section 3** details all of the study findings, organized by key themes. **Section 4** highlights recommendations for the CO APS Program and the Colorado Department of Human Services to consider. **Section 5** concludes the report.

Brief Overview of the Colorado Adult Protective Services Program

CO APS was created in statute in 1983 (Section 26-3.1-101, C.R.S.). CO APS regulations were later updated to include at-risk adults 18 and older (CO Rev Stat § 26-3.1-101, 2016). The program is designed to intervene on behalf of at-risk adults to prevent or alleviate situations involving actual or imminent danger of abuse, caretaker neglect, exploitation, harmful acts, or self-neglect (Green, 2021). CO APS must accept reports of alleged or suspected mistreatment and self-neglect of alleged or suspected at-risk adults 18 years of age or older, investigate the allegations, and implement protective services for the client. On average, APS serves approximately 9,000 at-risk adults annually.

CO APS is state-supervised and county-administered. The tiered structure of CO APS means the CDHS is responsible for oversight of the program through training, policymaking, monitoring, technical assistance, and quality assurance, while the county departments administer the APS programs locally by hiring and supervising the caseworkers who conduct APS casework. County departments are required to adhere to state statutes, regulations, and policies, as well as to the guiding principles of the APS program, which include consent, self-determination, and the least-restrictive interventions that best serve at-risk adults.

State APS programs are not federally regulated programs or required under any federal regulation. Rather, each state must establish its own statutes and regulations for the operation of APS and provide the necessary funding to support the work associated with meeting those requirements. In addition to state funding, CO APS receives a small amount of federal funds from the Social Services Block Grant Program annually; it has also received federal stimulus grants from H.R. 133 and H.R. 1319 on two occasions over the past few years; however, those funds are not ongoing. In Colorado, the State General Fund provides 80% of non-federal funding for CO APS and the county Departments of Human Services (county departments) must provide 20% as a match from their local funds.

Impetus for the Study

Over the past 10 years, CO APS has evolved into a more robust program due to a variety of legislative and policy initiatives—consequently, it has grown in size and scope. These changes

have been accompanied by varied programmatic and practice changes that have modified APS procedures and processes. Although these changes were designed to lead to better outcomes for at-risk adults, they have also precipitated a cumulative increase in the volume of APS work and related practice expectations for both state and county department staff beyond what was anticipated during the onset of the various initiatives.

Given the increase in reports and cases over recent years, as well as anecdotal evidence from the field that case management may have become more challenging and resource-intensive, CO APS contracted RTI International to implement a workload study to provide crucial information about the APS program.

1. Brief Study Design Overview

RTI conducted a mixed-methods, data-driven evaluation of CO APS to understand APS staff's workload burden and develop operational recommendations on (1) factors related to optimal workload, staffing, and training necessary to maintain a strong, well-trained, and stable workforce; and (2) resources needed to sustain and improve CO APS and client outcomes across Colorado. This report focuses on studying and making recommendations related to the workload for APS county staff.

2. Study Methods Approach and Response Rates

2.1. Study Methods

RTI examined the issues noted above using a phased approach that leveraged existing CO APS data and documentation, as well as several primary data collection activities, including:

- an environmental scan of APS program rules and regulations, and literature;
- secondary analysis of CO APS program data;
- interviews with county APS leadership;
- focus groups with APS workers in management and non-management positions;
- a case file review to examine case-specific indicators of workload;
- a statewide web-based survey open to all county-based APS workers; and
- a time-tracking study to provide insight into the strains of APS casework, also open to county-based staff.

All study components are outlined in [Figure 1](#), and further methodological details are provided in [Appendix A](#).

Figure 1. Study Components



2.2. Primary Data Collection Efforts and Response Rates

Stakeholder Interviews

RTI conducted 12 one-hour interviews in April and May 2022 with county department APS supervisory/management staff. The priority was to conduct interviews with staff in both rural (inclusive of rural, rural frontier, and rural micropolitan core¹) and metropolitan (inclusive of metro, metropolitan, metropolitan with rural areas) counties.

Stakeholder Focus Groups

Four focus groups were conducted between May and June of 2022. As with the interviews, we considered county characteristics when planning. The focus groups included management and non-management staff.

Case Reviews

Using an Excel-based case abstraction tool, RTI reviewed the case notes of 14 cases that CO APS provided. CO APS pre-selected the case files according to different factors (e.g., complexity and allegation type).

Statewide County Survey

All county-based CO APS staff received a web-based survey. The response rate was 69%. State staff were not included in the survey, as most questions focused on county-level workers.

Time-Tracking

As a complement to the statewide APS survey, RTI developed and implemented a time-tracking study to investigate the nature and complexity of APS casework. This task used daily diaries administered via the smartphone application LifeData.² A total of 73 county-based staff participated. Staff from 20 counties agreed to participate in the one-week time-tracking study.

3. Thematic Findings

Section 3 presents six key issues related to CO APS workload burden that emerged from the different study components. These issues are as follows:

- Increasing complexity of cases
- Growing APS reports and case volume
- Challenges associated with community partners and stakeholders
- Perceived increases in administrative case time: documentation and travel duties
- Increased burden and stress
- Unmet staffing needs

¹ This study adopted classifications developed by the Colorado Evaluation and Action Lab to reflect variations in urbanicity/rurality of county APS programs.

² ©LifeData, RealLife EXP app; www.lifedatcorp.com/

The next sections describe the findings related to each issue, aggregated across relevant data collection approaches.

3.1. Increasing Complexity of Cases

One of the key findings of this study is that rising case complexity has led to increased worker burden. Both initial interview and focus group participants discussed the increasing complexity of cases and their insights are supplemented with findings from our analysis of the CO APS secondary data and findings from the survey of county APS workers.

Results of Interviews and Focus Groups, and Secondary Data Analysis

During interviews with county staff (including caseworkers and supervisors), case complexity was discussed in several ways, including the workload challenges related to (1) addressing different allegation types; (2) working with community partners and stakeholders; (3) client resistance to engaging with APS; and (4) recent COVID-19-related changes to clients' risk and need profiles.

Addressing Different Allegation Types

Several interview participants described increased variability in the types of cases that are screened into APS and that caseworkers must address. This perception is supported by the secondary analysis quantitative case data and the number of allegations by type from 2017 to 2021. Although trends for sexual abuse allegations have remained relatively stable, there have been meaningful variations regarding other types of allegations. For example, the total number of caretaker neglect, exploitation, self-neglect, and physical abuse allegations all increased sharply in fiscal year (FY) 2017–18, and then decreased somewhat in FY 2019–20, due to the onset of the COVID-19 pandemic. Since that time, reports have begun increasing again, with total reports in FY 21-22 exceeding any years prior. Moreover, allegations of self-neglect saw further increases from 2019 to 2021 and showed steady increases from 2018 to 2021. The increases in self-neglect and exploitation cases are particularly important to highlight because it is well documented that self-neglect and financial exploitation allegations (Adult Protective Services Technical Resource Center, n.d.; Aurelien et al., 2019) can be complex and require more resources—including increase caseworker time—to investigate.

Managing and Coordinating Complex Service Needs

Interview participants described that coordinating responses to clients with complex service needs can be very time-consuming, particularly when staffing is inadequate and when partners are not fully aware of APS guidelines and screen-in criteria. Moreover, such challenges are compounded in areas with limited community-based infrastructure, which makes it difficult to find and link clients to adequate resources. Focus group participants discussed that scarce resources could both increase referrals and case complexity. Interview participants specifically noted the lack of nursing homes, assisted living facilities, home-health providers, health care providers, and resources to make client capacity determinations. Limited community resources

also means leaving cases open longer, which requires increased documentation and continued visits, adding to caseworkers' workload. Interview participants reported that guardianship is also a challenging client need to navigate and identifying guardianship services can be challenging. Additionally, some caseworkers noted that clients who must wait for needed services, due to lack of availability, may develop increasingly severe issues with isolation, mental illness, physical disability, or substance use.

In some well-resourced counties, there may be strategic responses to offset the burden of coordinating multiple service providers. As an example, an interviewee shared their county's initiative that links providers to reduce duplication of services, improve transitions between levels of care, and ensure fewer gaps in treatment for individuals with mental health, substance use disorder, or intellectual and developmental disabilities (IDD). However, in less well-resourced areas, caseworkers often do not have such services and may rely on more informal resources to support APS clients adequately. For example, some interview participants described engaging in strategic efforts to involve the informal social networks of a client in their care to ensure adequate supervision. Of course, such efforts require significant time investments from APS caseworkers. Our interviews did not yield many similar initiatives across other counties.

Client-Level Resistance to Engaging with APS Increases Time Pressures

There are several client-level characteristics and factors that may increase the time required for casework, including the challenge of engaging clients who may be resistant to working with APS.

Interviewees described the need for significant time investments to build rapport and foster buy-in from APS clients who are resistant to engaging with APS services. As several interview participants emphasized, APS clients hold a right to self-determination.³ In cases where the cognitive capacity of a client is in question, clients may be more resistant or unable to engage with APS caseworkers, who, in turn, may be required to spend more time than usual on understanding the client's status, establishing least-restrictive interventions, confirming consent, and linking them to appropriate services. Focus group participants also discussed the impact of resistance from clients, though they did not specifically relate it to cognitive capacity.

COVID-19-Related Changes to Clients' Risk and Needs

The COVID-19 pandemic has necessitated many changes to the APS landscape since 2020. Several participants described challenges presented by COVID-19 in relation to client risks and needs. For example, participants stated that they have seen widespread deterioration in clients' mental health, which was often ascribed to the isolation precipitated by the pandemic. Such isolation may have a direct adverse impact on clients' wellbeing; additionally, mental health

³ Self-determination is the right of an adult to choose his or her own course of action and/or outcomes without compulsion. The APS caseworker is required by statute and through the ethical principle of self-determination to get consent from the adult prior to providing any services. Unless there is a law, code, or ordinance prohibiting or limiting a choice, the at-risk adult has the right to make lifestyle choices that others feel are objectionable or even dangerous. Source: [Adult Protective Services | Colorado Department of Human Services](#)

issues may not be recognized as early as they would have been if clients had been navigating their typical social environment. Finally, participants noted challenges related to understaffing across partner agency industries which was exacerbated significantly during the COVID-19 pandemic and ensuing years.

Case Review Findings

Case Complexity and Its Effect on Workload

As part of our secondary review of redacted case notes, we compared those cases identified as complex to those that CO APS staff had previously identified as not complex and found that the workload for these cases varied greatly. Of the 14 cases received from CO APS, nine were categorized as “complex,” requiring a significant amount of investigation, follow-up, and support for accessing resources and finding solutions. These cases often involved multiple allegations, most frequently in the categories of self-neglect, caretaker neglect, physical abuse, and financial exploitation. The more complex cases also often involved clients with multiple significant health needs and those who experienced poor or limited support from their individual networks. CO APS staff generally reported these clients as being more resistant to support and resolution. Additionally, cases became more complex when communication with the client or their named guardian (family member, friend, facility-based staff) was inconsistent and there were conflicting statements the caseworker had to navigate.

Case notes categorized five cases as less complex. These cases only required a brief investigation and resulted in quicker resolution. These cases tended to have only one allegation and were focused on caretaker neglect and physical abuse. The clients and their support systems were seen as more accepting of support and were not described to resist assistance or resolution. These cases highlight that allegation type does not imply complexity—some caretaker neglect cases were categorized as complex, while others were categorized as less complex, and the same occurred for physical abuse cases.

We found that challenging or limited communication with clients, client resistance, and less supportive client networks in general meaningfully prolonged a case, resulting in higher workloads. Such issues resulted in the caseworker having to find new solutions to the issues, backtrack to conduct more interviews to resolve inconsistencies or establish clear information, and reach out to additional people to interview or to coordinate additional services. Specifically, the need to re-interview family members, medical staff, or facility staff can introduce new variables to a case, increasing case complexity (via, for example, changes to allegations or the addition of new allegations). Additionally, challenging communication or conflicting accounts resulted in more work for the caseworker.

Statewide Survey Findings

Staff Perceptions of Case Complexity

CO APS sought to better understand what case characteristics create the most difficulties for caseworkers to manage. [Table 1](#) highlights these findings overall.

As shown, several case characteristics were reported as “somewhat” or “very difficult” to address by a large majority of staff (> 85%). These include, cases involving a lack of available resources to meet client needs (98.5%), clients presenting with complex/multiple diagnoses/conditions (94.1%), cases with multiple allegations and/or perpetrators (92.9%), and cases involving client substance use/abuse (89.2%). Client refusal/resistance to APS services and allegations in regulated residential settings were also reported as somewhat or very difficult by a majority of staff responding (i.e. over 70%). About half of staff described cases involving peer-to-peer allegations as somewhat or very difficult.

Table 1. Staff Perceptions: Most Complex Case Types

Average Across All Responding Counties	Not At All Difficult	Somewhat + Very Difficult
Lack of accessible or available resources to meet client needs	1.5% (2)	98.5% (129)
Clients with complex/multiple diagnoses/conditions	5.9% (8)	94.1% (128)
Multiple allegations and/or perpetrators	7.1% (9)	92.9% (117)
Client substance use/abuse	10.8% (12)	89.2% (99)
Client refusal/resistance to APS services	23.3% (31)	76.7% (102)
Allegations in regulated residential settings	26.8% (30)	73.2% (82)
Peer-to-peer allegations	50.0% (51)	50.0% (51)

We asked staff about how manageable they perceived the current complexity of their cases to be (

Table 2). Almost half (48.9%) of staff agreed the complexity of their current cases was easy to manage, while just over a third (35.4%) disagreed. A larger percentage of staff in rural and small counties (64.7% and 66.6%, respectively) agreed that the complexity of their cases was manageable, while more staff in metropolitan and large counties disagreed (46.6% and 47.5%, respectively). However, these differences were not statistically significant.

Table 2. Staff Perceptions: On Average, the Complexity of My APS Cases Is Manageable

Population	Disagree	Neither Disagree nor Agree	Agree
All Counties	35.4% (50)	15.6% (22)	48.9% (69)
Metropolitan	46.6% (42)	13.3% (12)	40.0% (36)
Rural	15.7% (8)	19.6% (10)	64.7% (33)
Small	12.5% (3)	20.8% (5)	66.6% (16)
Medium	22.9% (8)	22.9% (8)	54.3% (19)
Large	47.5% (39)	11.0% (9)	41.5% (34)

3.2. Growing APS Reports and Case Volume

Findings from this study point to increased complexity, which in turn increases worker burden, according to interviews, focus groups, and survey findings. This section focuses on the increases in APS reports and case volume as reported during interviews and focus groups, through our analysis of CO APS secondary data and the county workload survey.⁴

Results of Interviews and Focus Groups, and Secondary Data Analysis

Most often, when interviewees linked high case volume directly to high workloads, they identified a general trend of a growing elderly population, which is supported by the literature (Colorado Health Institute, 2018), and a greater community awareness of APS services that resulted in a higher number of reports received for screening. Some interview participants described that targeted training and outreach with referring partners had increased community awareness about APS services and resulted in increased reports and cases. For example, the hiring of a dedicated APS worker for a position that had previously been split between the CO Division of Child Welfare and CO APS program was described to result in a significant increase in community referrals due to strategic engagement efforts that had previously not been possible for the generalist caseworker.⁵ Caseworkers also agreed that caseloads had increased; supervisor reports were slightly more nuanced, indicating that reports to APS, specifically, had increased.

An analysis of the raw numbers is consistent with the trends identified by CO APS (Green, 2021), showing an increase in total reports and cases in FYs 2017–18 and 2018–19, which flattened after 2019. To gain a more nuanced understanding of these trends, RTI then standardized the numbers of cases to examine trends in case volume per full-time equivalent (FTE) employee. Thus, the analysis showed that case volume per FTE has remained relatively stable since 2017, regardless of jurisdiction size.

ANOVA analyses indicate that there is a significant difference in the number of reports screened out across county sizes ($P < .001$). There is some limited evidence that the burden of increased reporting may be falling primarily on rural jurisdictions. Rural/smaller jurisdictions have less employees/less FTE than larger more urban jurisdictions, and the burden of handling reporting falls upon fewer employees.

⁴ Note: this section does not provide findings from the Case Reviews because we only reviewed 14 and time-tracking was focused on other topics of administrative work and burden.

⁵ Generalist counties employ staff with responsibilities split between APS program duties and other program assignments, making them part-time (or partial % FTE) in the APS program. Most commonly, these staff members, referred to as “generalists,” work in both APS and the Division of Child Welfare. In some circumstances, these staff may support other programs within the county department, such as a Single Entry Point (SEP). The generalist model staff position is most commonly used in medium or small counties.

Statewide Survey Findings

Caseloads Reported

This section explores current caseloads reported by staff on the workload survey to better understand how caseloads may differ across county characteristics and by full- and part-time employee status.⁶ We adjusted all caseload data reported in this section by dividing the number of cases reported at the time of the survey by the total cumulative FTE.⁷ Because we obtained very limited data on supervisors or directors carrying a current caseload, we have removed them from this analysis so as to not skew it (note, lead workers were included in this analysis).

Reported Caseload Averages

In the survey, 144 APS staff reported carrying a caseload. Staff reported an average of 13.9 cases per worker (**Table 3**). The standard deviation is almost 10 (9.5), indicating an upward range of 20 cases per caseworker. When reviewing the minimum and maximum caseloads reported, some caseworkers reported as few as one case while others reported as many as 41 current cases. This latter number is more than double the amount recommended by CO APS state regulations. The mode, however, is 15, indicating that caseworkers most commonly reported a caseload of 15.

Table 3. Staff-Reported APS Caseloads

County Type	# Cases	Avg # Cases per Worker	SD	Min–Max	Mode
All counties	1,506	13.9	9.5	1–41	15
Metropolitan	1,230	13.9	9.5	1–41	15
Rural	276	13.5	6.3	1–22	15
Small	63	9.4	1.9	1–6	1, 2, 3*
Medium	280	14.7	6.1	1–22	3
Large	1,163	14.3	9.7	1–41	15

*Rows with multiple mode values indicate that those values occurred equally in the data.

Reported Caseloads by Regional Characteristics and Full- and Part-time Status

Across all types of counties, caseload averages are generally consistent, ranging from an average caseload of 9.4 for workers in small counties to an average caseload of 14.7 for medium counties (**Table 4**).

⁶ Full-time employee status throughout this report refers to staff who work 40 hours per week. Part-time status refers to any staff who are employed by their county APS program for fewer than 40 hours per week, or a partial FTE. These staff may be part-time employees (working fewer than 40 hours/wk.) or they may have an FTE that spans more than one county program for a total of 40 hours or an FTE (generalist staff are an example).

⁷ When analyzing these data, we excluded case aides and screeners from this section because they do not carry caseloads.

When comparing full-time staff and any part-time staff, average caseloads differ with part-time staff carrying approximately three more cases (16.1) than full-time staff (13.2). Disparities in average caseloads are also evident in the reported caseload averages staff across county characteristics. Notably, part-time staff carry about five more cases compared to full-time workers in rural counties. In small counties, these staff carry about the equivalent of six more cases compared to full-time workers. Statistical testing found a consistent significant difference in the average hours worked (full-time vs. part-time) and average number of cases between metropolitan and rural counties ($P = <.001$ for FTE and for number of cases). We found the same results when comparing small counties to medium and large counties ($P = <.001$ for FTE and for number of cases) indicating those part-time staff in rural/small counties tend to carry more cases than those work full-time in rural/small counties (this may be due to smaller counties having more part-time staff than full-time staff). It is important to note that the part-time worker comparison in Table 4 is for any part-time worker which can include staff with wide ranging FTE totals from .1 up to .95 thus further investigation into caseload differences may be justified.

Table 4. Reported APS Caseloads by County Characteristics

County Type	Total Reported Number of Cases	Average Number Cases per Full-Time Worker	Average Number Cases per Any Part-Time Worker (<40 hours/week)
All counties	1,506	13.2	16.1
Metropolitan	1,230	13.8	13.9
Rural	276	9.8	13.5
Small	63	3.0	9.4
Medium	280	9.6	14.7
Large	1,163	14.2	14.3

Note: All data are adjusted by FTE secondary data. Director FTE is not included as part of the overall FTE used to calculate caseloads because most directors do not carry caseloads.

3.3. Challenges Associated With Community Partners and Stakeholders

Results of Interviews and Focus Groups, and Secondary Data Analysis

Working with and relying on community partnerships and stakeholders may present a variety of challenges that add time pressures to the APS workload. Key partners include long-term services and settings, mental health services, and law enforcement. Several participants in interviews and focus groups described the strains of working with partners and stakeholders who are not well-informed about APS criteria and responsibilities. Such lack of knowledge increases APS workloads because partners may file reports without consideration of APS guidelines and requirements. For example, the management focus group discussed at length a general lack of partner and community member understanding about clients' right to self-

determination,⁸ which results in reports that are not actionable and leads to frustration among community members.

Several participants anticipated future increases in case volume due to continued increases in reports to CO APS caused by the addition of a mandatory reporting requirement in statute in 2014 (Colorado Revised Stat § 18-6.5-108, 2020). In addition, as cited in the CO APS Annual Report and by other CO entities, there is an expected rise in the population of older adults, as there is across the rest of the United States (Green, 2021).

APS staff often described attempting to address and resolve misconceptions about APS. They also discussed providing education and training to partners, which is part of the regulatory requirement for county programs that have at least 10 screened-in cases annually, though it may be difficult to proactively engage in such activities when workloads are high.

Statewide Survey Findings

Adequacy of Key Partner Understanding of APS Role and Scope

During interviews and focus groups, APS county staff reported that some community providers do not understand the role of APS and need additional education and training on APS services and case investigations. Some staff also recognized that community service worker turnover frequently causes gaps in knowledge about the role of APS. **Table 5** explores to what extent staff in the following key service areas understand the role of APS and the scope of services it provides: Law enforcement, long-term care ombudsmen (LTC ombudsmen), primary care providers, hospitals and acute care providers, mental/behavioral health care providers.

APS county workers perceived that LTC ombudsmen and law enforcement generally understand the role and scope of APS services. Over two-thirds of staff (67.1%) agreed that LTC ombudsmen understand the role of APS workers compared to about 50% (53.4%) of staff who agreed law enforcement understands the role of APS.

However, participants reported an opportunity for more community outreach and training with clinical providers, including primary care, hospital and other acute care, and mental and behavioral health providers.

There were no significant findings identified among counties for any of the partner types listed in Table 5.

⁸ Self-determination is the right of an adult to choose his or her own course of action or outcomes without compulsion. The APS caseworker is required by statute and through the ethical principle of self-determination to get consent from the adult prior to providing any services. Unless there is a law, code, or ordinance prohibiting or limiting a choice, the at-risk adult has the right to make lifestyle choices that others feel are objectionable or even dangerous. Source: [Adult Protective Services | Colorado Department of Human Services](#)

Table 5. Staff Perceptions: There Is Understanding About the Role of APS Among Community Partners

All Counties	Disagree	Neither Disagree nor Agree	Agree
LTC ombudsmen	6.4% (17)	26.5% (71)	67.1% (180)
Law enforcement	33.6% (90)	13.1% (35)	53.4% (143)
Primary care providers	33.9% (91)	25% (67)	41.1% (110)
Hospitals and acute care providers	44% (118)	19.4% (52)	36.5% (98)
Mental/behavioral health providers	49.2% (132)	22.8% (61)	28% (75)

Quality of Cooperation with Community Partners

Although community partners may exist and understand the role of county APS offices, effective use of these services can depend on the level of cooperation between the county APS office and the different community-based entities. Over 60% (61.5%) of staff across all county types agreed that there is good cooperation between their county APS office and community service providers ([Table 6](#)). Staff reported similar agreement across county characteristics. We did not identify any significant findings across county characteristics.

Table 6. Staff Perceptions: Overall, There Is Good Cooperation Between Our County APS Office and the Network of Service Providers Needed to Support Clients

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	16.1% (43)	22.5% (60)	61.5% (164)
Metropolitan	15.5% (23)	24.3% (36)	60.1% (89)
Rural	16.6% (20)	18.3% (21)	64.4% (74)
Small	15.5% (9)	27.6% (16)	56.9% (33)
Medium	18.0% (14)	15.4% (12)	66.6% (52)
Large	15.8% (20)	22.8% (29)	61.4% (78)

Education of Community Partners

Most APS county programs are required to provide education and training to their community partners to educate them on the role and scope of CO APS services.⁹ Just over a third of staff (34.9%) agreed they do have adequate time for this activity; however, across all county types, more staff disagreed (44.0%), indicating that they do not have time to dedicate to educating their community partners. This finding is consistent with the reported perception that some community partners lack understanding (see [Table 7](#)) and based on reports of lack of

⁹ County programs with fewer than 10 screened-in reports within a fiscal year are not required to provide community education; however, they are not prohibited from doing so.

community partner understanding we learned about during interviews and focus groups. There were no significant findings when looking across county characteristics.

Staff Perceptions of Community-Based Service Availability

During interviews and focus groups, staff described a lack of community-based resources and other barriers to services needed to help address the increasing complexity of cases. Based on these findings, the survey asked county staff about the availability of service providers across their APS counties, how well service providers and county APS cooperate with one another, and the availability of expert consultants to assist with more difficult cases. The following sections explore worker perceptions of these various topics.

Adequacy of Service Providers

Across all counties, as shown in Table 7, over two-thirds (68.9%) of staff disagreed that the number of service providers is adequate to meet the needs of clients. There were few exceptions to this finding across all regional characteristics. Slightly higher percentages of staff in rural counties (75.4%) and small counties (81.9%) reported disagreement with this statement, as compared to staff across all counties. Relatedly, staff in medium and large counties perceived fewer challenges with provider availability, though a majority still expressed there is difficulty. No comparisons across county types were found to be significantly different.

Table 7. Staff Perceptions: The Number of Service Providers Available to Our County's APS Clients Is Sufficient to Meet the Variety of Our Clients' Needs

Population	Disagree	Neither Disagree nor Agree	Agree
All Counties	68.9% (195)	14.5% (41)	16.6% (47)
Metropolitan	64.9% (102)	19.1% (30)	15.9% (25)
Rural	75.4% (92)	6.6% (8)	18% (22)
Small	81.9% (50)	8.2% (5)	9.8% (6)
Medium	69.9% (58)	8.4% (7)	21.7% (18)
Large	63.7% (86)	19.3% (26)	17.0% (23)

County APS workers were also asked to assess the ease by which they can connect clients to six specific types of services. An important caveat to the findings presented below is that report findings indicate that APS program staff in counties, regardless of location or size report challenges accessing multiple services.

Medical and Health Insurance Services

There were differences in the perceived adequacy of various medical and health insurance services, including hospital or acute care, Medicaid eligibility/benefits, primary care, specialty care providers, and rehabilitation therapy. Significance testing showed that staff in metropolitan

and large areas perceived Medicaid eligibility, primary care, and specialty care providers to be more difficult to access than did staff in rural and small jurisdictions ($p < .001$). This finding is somewhat different from what was reported in interviews and focus groups, but is more reliable considering the large sample size of survey respondents compared to the total number of interviewees and focus group participants.

Housing Services

We examined the perceived adequacy of housing services, including emergency housing, nursing or assisted living facilities, residential services for clients with IDD, and traditional or subsidized housing and noted differences. Significance testing showed that—compared with staff in rural ($P < .05$) and small/medium jurisdictions ($P < .01$)—staff in metropolitan and large jurisdictions perceived housing services to be more difficult to access.

Financial Services

We noted differences when examining the perceived adequacy of financial services, including financial management—non-legal authority, credit freeze/alert/fraud prevention, representative payeeship, public assistance (e.g., Social Security, SNAP, OAP, LEAP, or TANF), and Veterans Affairs (VA) benefits. Specifically, staff in metropolitan and large counties perceived that they had a more difficult time connecting clients to public assistance and VA benefits compared to staff in rural ($P < .001$) or small ($P < .001$) counties.

In-Home and Community Resources

When examining the perceived adequacy of the availability of in-home and community services (i.e., adult day services, environmental improvements, in home medical/skilled care, in-home non-medical care, transportation), staff in small counties reported having a more difficult time connecting clients to adult day services, as compared to large counties ($P > .05$). This is the only significant finding among all county types.

Legal Services

When examining the perceived adequacy of legal services (i.e., conservatorship, guardianship, or non-court-appointed decision-making support, such as power of attorney, medical proxy, advance directive, or supported decision-making agreement; legal consult/attorney services such as protective orders, probate/estate management, or a county attorney), the only significant county differences detected were for connecting clients to conservatorship services. Compared to metropolitan staff, rural staff perceived more difficulty connecting clients to this service ($P < .05$). The same finding holds true for smaller counties versus larger counties ($P < .05$), and for medium counties versus larger counties ($P < .05$).

Case Management and Evaluation

When examining the perceived adequacy of case management and evaluation services, including: (1) mental/behavioral health services or treatment, (2) screening/evaluation, (3) case management, and (4) substance abuse treatment) notable differences emerged.

Metropolitan county staff perceived more difficulty connecting clients to all four case management and evaluation services, as compared to rural counties. Staff in larger counties also perceived more difficulty connecting clients to substance abuse treatment services compared to those in medium counties ($P > .05$). Likewise, staff in small/medium and large counties differed significantly on their perceptions of ease in connecting clients to mental/behavioral health treatment/services ($P > .05$).

Adequacy of Expert Consultation Resources

Areas of need for expert consultation across nine different service areas were informed by interviews and focus groups, as well as in collaboration with CO APS. Across all counties, descriptive findings (**Table 8**) indicate that staff reported a lack of access to two expert services: (1) screening and evaluation services (e.g., neuropsychology, cognitive, decision-making capacity, or mental/behavioral health evaluation services) and (2) finance and accounting services (including forensic accounting). Statistical testing was not possible for the items described because sample sizes were too small.

Table 8. Staff Perceptions: Reported Challenges With Inadequate Access to Community Expert Consultation for Clients

Counties	Screening and Evaluation		Finance/Accounting	
	Adequate Access	Inadequate Access	Adequate Access	Inadequate Access
All counties	42.1% (59)	57.8% (81)	32.9% (46)	67.1% (94)
Metropolitan	47.2% (42)	52.8% (47)	37.1% (33)	62.9% (56)
Rural	33.3% (17)	66.7% (34)	25.5% (13)	74.5% (38)
Small	41.7% (10)	58.3% (14)	29.2% (7)	70.8% (17)
Medium	31.4% (11)	68.6% (24)	22.9% (8)	77.1% (27)
Large	46.9% (38)	53.1% (43)	38.3% (31)	61.7% (50)

Time-Tracking Findings

During time-tracking, participants also confirmed factors external to APS (reported 15 times) could greatly increase perceived work burden. These were most often related to the challenges of identifying and coordinating accessible services, particularly in settings with limited community-based services. For example, one participant noted that they had "19 cases, where about half are very complex. The service providers are slim and hard to find. Many clients cannot afford private pay but make too much for Medicaid to help with services." They continued "some cases are taking two to three caseworkers to work on it together," which may indicate that assigned caseloads may not fully capture the efforts of caseworkers who also help with other staff members' caseloads.

3.4. Perceived Increases in Administrative Case Time: Documentation and Travel Duties

This section focuses on the issue of increased administrative and travel burdens on county staff, which contributes to higher overall workloads. We have included findings from all tasks (interviews, focus groups, secondary data analysis, case reviews, and survey and time tracking findings).

Documentation

Results of Interviews and Focus Groups, and Secondary Data Analysis

Interviewees reported other perceptions of resource-intensive activities that increased caseworkers' workload and time commitments. These activities included (1) administrative duties, including time to manage these duties; and (2) the time associated with travel, particularly in rural jurisdictions.

Interviewees reported heightened administrative burdens, largely related to the addition of quality assurance (QA) reviews by the Department's Administrative Review Division (ARD) since 2018. Interviewees also described that documentation was often burdensome and may not reflect all caseworker activities. The focus group participants supported these findings.

Case Review Findings

RTI reviewed each case to understand the caseworker's effort as demonstrated by their communications with clients and other collaterals¹⁰ or service providers. When reviewing cases, RTI systematically categorized each one, identifying them by the number of visits or other contacts with a client, as well as the client's support networks (collateral contacts or service providers). For all cases, we counted visits, which included attempted visits (e.g., client no-shows) and other forms of communication, such as the number of phone calls, faxes, e-mails, and text messages. The average length of each case was 83.4 days.

On average, each case included approximately eight (7.9) visits, 16 (15.8) phone and video conference calls, and six e-mails on the part of the caseworker. Phone calls were the most common mode of communication. Caseworkers communicated with the client, collateral contacts, service providers, or other members of the client's support network.

On average, caseworkers had more than twice the number of interactions with other involved community partners or support network members (e.g., family members or friends) than with the client. The estimate is much larger when accounting for other forms of communication, such as e-mails, text messages, and faxes. However, there were more in-person visits with clients than with others.

¹⁰ "Collateral contact" means a person who has relevant knowledge about the client's situation that supports, refutes, or corroborates information provided by a client, reporting party, or other person involved in the case. Examples of contacts include family members, law enforcement, health care professionals, service providers, facility staff, neighbors, the reporting party, friends, and any person who provides/provided ongoing care or support to the client (12 CCR 2518-1).

When looking at who the caseworker contacted to collect background information or provide case services and solutions, there were several universal trends. Family members, health care professionals and police officers were most frequently contacted by the caseworker. Generally, family members were first to be contacted, but those who were contacted otherwise varied depending on the case complexity and needs.

Survey Findings

As seen in [Table 9](#), across counties, just under 40% of all staff (38.1%) agreed that their documentation requirements are manageable, compared to a third of staff (32.4%) who disagreed. Across county characteristics, there were significant findings for metropolitan versus rural counties ($P < .001$) and small/medium and large counties ($P < .001$). These findings indicate that as counties become larger/more populated, workers perceive their documentation to be less manageable. Many CO APS staff also described the management of case documentation as challenging in interviews and focus groups.

Table 9. Staff Perceptions: The Amount of My Administrative Work On an Average Day Is Manageable

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	32.3% (84)	29.6% (77)	38.1% (99)
Metropolitan	41.7% (60)	31.3% (45)	27.0% (39)
Rural	21.4% (24)	25.0% (28)	53.6% (60)
Small	18.9% (11)	24.1% (14)	56.9% (33)
Medium	29.3% (22)	28.0% (21)	42.7% (32)
Large	41.5% (51)	31.0% (38)	27.6% (34)

[Table 10](#) and [Table 11](#) highlight staff perceptions of case manageability.

[Table 10](#) shows that although about 57% of staff somewhat to strongly agreed that their caseloads are manageable, about third of staff (32.9%) somewhat or strongly disagreed. Statistically significant differences occur between metropolitan and rural counties ($P < .001$) and medium and small counties ($P < .001$). These findings indicate that as county size increases or become more populated, workers perceive their caseloads to be less manageable. However, findings were not significant for large counties.

Table 10. Staff Perceptions: On Average, the Number of APS Cases I Handle Is Manageable

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	32.9% (47)	10.5% (15)	56.7% (81)
Metropolitan	44% (40)	9.9% (9)	46.2% (42)
Rural	13.4% (7)	11.5% (6)	75.0% (39)
Small	8.0% (2)	8.0% (2)	84.0% (21)
Medium	13.9% (5)	13.9% (5)	72.3% (26)
Large	48.7% (40)	9.8% (8)	41.4% (34)

We also asked staff to respond to items about their day-to-day administrative tasks, such as case documentation, managing paperwork, and travel time needed to respond to client needs.

Staff noted case documentation as a key challenge they encountered in the balance of their day-to-day work (**Table 11**). On average, staff were generally split (40.0% disagreed, 43.7% agreed) about the manageability of their documentation tasks. These percentages shifted when looking across county characteristics. About half of staff (50.6%) in metropolitan counties—compared to about a third (31.2%) in rural counties—reported not having enough time to meet documentation requirements. These findings are significant ($P < .001$) and indicate that the perceived manageability of case documentation decreases as county population or size increases.

Table 11. Staff Perceptions: I Have Enough Time in My Work Schedule to Meet the Required Standards of APS Case Documentation

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	43.7% (59)	16.3% (22)	40.0% (54)
Metropolitan	50.6% (44)	18.4% (16)	31% (27)
Rural	31.2% (15)	12.5% (6)	56.3% (27)
Small	13.6% (3)	18.2% (4)	68.2% (15)
Medium	44.2% (15)	14.7% (5)	41.1% (14)
Large	51.9% (41)	16.5% (13)	31.7% (25)

Time-Tracking Findings

Time-tracking tasks were organized by six main categories. Each task was broken down further into additional subcategories. **Table 12** details out each main task and its related subtasks.

Table 12. Overall Categories of Time-Tracking Work Categories

Category of work	Sub-categories of work	
Intake & Screening	Taking reports	Follow-up to screening
	Screening process	
Casework	Interviews/monthly contacts	Requesting or reviewing case documentation
	Service coordination/provision	Case consult
	Travel	
Documentation	Creating/updating CAPS case records	Non-case specific CAPS data entry
	Uploading files (including scanning/copying)	
Non-case specific requirements	Training (APS or county required)	Administrative documentation
	Meetings (other than with state staff)	Communication with/from state staff
	Travel	Community partnership
Management or supervisory duties (not in any other category)	Case-specific supervisor tasks	Personnel & workload management
	Monitoring/QA/complaints	Budgeting & contracts
	Meetings	Policy review/analysis
Other	Anything not included in any other category (respondents were asked to describe)	

Overall Time Logged Within Task Categories and by Job Role

Table 12 presents the percentage of time and total minutes that staff spent on different tasks. Documentation took up the largest percentage of time (41.0%). Casework constituted the next largest time category, accounting for 36.7% of staff members' total recorded time. The remaining recorded time was spent on management or supervisory duties (9.8%), intake/screening (4.3%), and non-case specific requirements (2.6%). Participants also indicated that they spent 5.6% of time on "other" tasks not included in any of the predefined categories.

As expected, there were differences between managerial (i.e., managers/administrators, supervisors) and non-managerial staff (i.e., case aides, caseworkers, lead caseworkers) in time spent on different tasks (see Table 12). Non-management staff reported spending over three-quarters of their time on documentation and casework-related tasks (47.5% and 42.9%, respectively). Supervisory staff, on the other hand, spent most of their time on management duties (62.8%).

Table 13 presents the time spent on different task by county size. Participants in large counties spent more time on casework related tasks compared to participants in medium/small counties ($P < .05$). Additionally, participants in large counties spent more time on non-case specific requirements compared to participants in medium/small counties ($P < .05$).

Table 13. Time Recorded for Each Task Category by Job Role

Task Category	% of Total Time Recorded (Minutes)	% of Total Time Recorded (Minutes) by Staff Type	
		All Staff Types Combined (n = 73)	Non-management (n = 47) Management (n = 26)
Intake/screening	4.3% (1,150)		2.4% (557) 14.4% (593)
Casework	36.7% (9,917)		41.9% (9,596) 7.8% (321)
Documentation	41.0% (11,077)		47.5% (10,866) 5.1% (211)
Non-case specific requirements	2.6% (709)		2.7% (608) 2.4% (101)
Management or supervisory duties	9.8% (2,654)		0.3% (61) 62.8% (2,593)
Other	5.6% (1,502)		5.2% (1,195) 7.4% (307)
All Task Categories	100% (27,009)		100% (22,883) 100% (4,126)

Table 14. Time Recorded for Each Task Category by County Size

Task Category	% of Total Time Recorded (Minutes)	
	Medium/Small Counties (n = 14)	Large Counties (n = 59)
Documentation	39.3% (768)	40.1% (10,073)
Casework	28.4% (555)	39.4% (9,879)
Intake/screening	16.9% (330)	4.4% (1,114)
Management or supervisory duties	10.3% (202)	8.4% (2,198)
Other	3.9% (76)	4.5% (1,138)
Non-case specific requirements	1.1% (22)	3.0% (744)
All Task Categories	100% (1,953)	100% (25,056)

Table 15 similarly presents the breakdown of time spent on different administrative tasks by county type. However, findings for the rural areas should be interpreted with caution due to the small sample size of respondents who completed the time task survey.

Table 15. Time Logged by Task Category Across County Type

Task Category	% of Total Time Recorded (minutes)	
	Rural (n = 9)	Metropolitan (n = 64)
Documentation	43.8% (405)	38.4% (10,024)
Casework	33.8% (312)	35.0% (9,120)
Intake/screening	15.8% (146)	5.1% (1,324)
Management or supervisory duties	3.2% (30)	8.4% (2,185)
Other	2.2% (20)	7.7% (2,018)
Non-case specific requirements	1.2% (11)	4.1% (1,064)
All Task Categories	100% (924)	100% (26,085)

Overall Time Logged on Key Tasks Within Task Categories

We also examined the amount of time logged on key tasks within each task category to create a more nuanced understanding of how APS staff spent their time. We analyzed the percentage of time recorded for each key task by task category and the total minutes worked on this task category across all staff members.

Under the category of documentation-related activities, creating or updating case records (37.2%) took the largest percentage of time. Other frequently reported activities fell in the casework category; these included interviews and monthly contacts with clients (15.0%), reviewing case documentation (7.9%), and case-related travel (4.6%).

Staff Perceptions of Workload Demands

In order to better contextualize the time-use trends noted in previous sections, it is useful to consider how APS staff perceive their workload demands. To provide this context, participants completed open text fields to report on the unusually high work burdens created by challenges including organizational inefficiencies, multiple concurrent tasks, client-related factors, and factors external to APS. In this section, we outline our analysis of the 63 responses describing workload challenges and key issues noted within each of these categories.

County-level organizational challenges were the most frequent source of unusual work burdens reported during the time-tracking study (29 participants). These reported challenges included increased reports and cases without adequate staffing adjustments and generally high caseloads due to understaffing. Also of concern were high levels of turnover, which could further lead to understaffing and increase time pressures on supervisors and caseworkers related to training new workers.

Understaffing was reported to be particularly problematic when staff were out of the office for any reason, compounding workload pressures on remaining workers. Participants also indicated

the burden of the client assessment and inefficient case assignment processes (potentially overburdening particular workers) as difficult.

Juggling Multiple Competing Demands

The second most frequent workload stressor (noted 21 times) was the challenge related to the constant juggling of competing demands. These challenges were described most acutely when caseloads were high; when the needs of clients were complex, particularly when services were not readily available for clients; and when management staff also addressed caseloads.

Client-Related Factors

Finally, on 14 occasions, participants noted that particular client-related factors could amplify work burden. These included issues such as the inability to locate a client, dealing with resistant or challenging family members who could impede the resolution of a case, and extensive case-related travel.

Frequency and Burden of Off-Hours Work

Overall, 41 participants reported 86 instances of off-hours work, including 127 hours and 54 minutes (7,674 minutes) of work completed outside of their typical work hours, totaling 124 distinct tasks spread across the main task categories.

Participants reported most instances of off-hours work as addressing responsibilities related to documentation (37.9%), casework (21.8%), or management/supervision (18.5%). Off-hours work was less frequently related to intake/screening (8.1%), non-case specific requirements (8.1%), or other tasks (5.6%).

Reasons for Off-Hours Work

To understand more about why participants engaged in off-hours work, we analyzed answers to the open-ended follow-up question inquiring for the reason off-hours work was necessary.

Overall, the need for off-hours work was most often attributed to the general problem of workloads that are too high, where competing priorities simply cannot be addressed in the time available (n = 21). Seven participants who indicated off-hours work ascribed these high workloads to staffing issues that increased workload burdens on remaining staff. The problem of high workloads resulted in situations where urgent tasks were prioritized while less urgent tasks were put on hold. In fact, participants (n = 15) reported that off-hours work was often necessary to meet specific deadlines.

Other key reasons for off-hours work included (1) fieldwork or travel that hindered the regular workflow (n = 8); the need for timely communication to facilitate workflow, particularly to meet client needs (n = 7); the need to coordinate off-hours with partners and service providers (n = 7) and clients (n = 3); and preparation for or attendance at community events (n = 4).

Time Associated With Travel

Interview and Focus Group Findings

Interviewees discussed that staff time spent driving to and from client residences can increase workloads and operational costs (e.g., mileage reimbursement for personal cars, gas for county-owned cars). On the caseworker side, interviewees and focus group participants discussed how the lack of resources may require APS workers to spend time transporting clients to doctors' appointments or other clinic appointments. According to one participant in a rural county, there is no public transportation that crosses county lines, thus their staff must transport clients. Another interviewee described much time and effort spent driving to clients in mountainous areas.

Participants noted also that a dearth of services presented many challenges for caseworkers and clients alike. Clients may have to resort to out-of-county nursing homes, assisted living facilities, or mental health or substance abuse disorder services. The limited availability of home health care resources, in which trained staff provide rehabilitation or personal care services in a client's home, in smaller or rural counties is also of concern.

There was also a perception among multiple interviewees that some resources are becoming more limited because of the COVID-19 pandemic. For example, one participant from a small county shared that two of three local nursing homes with locked dementia units had closed recently because of staffing shortages. Recent industry and news reports confirm there is growing national shortage of long-term care workers and report on its effect on nursing home closures (American Health Care Association and the National Center for Assisted Living, 2022) as well as overall decreases in nursing home staffing hours during the pandemic (Segelman et al., 2021, September 12).

Caseworkers in larger counties may face further challenges in accessing community resources due to the geographic size of the area they must cover. For example, a caseworker in a county more than 60 miles in diameter reported that caseworkers in the county must be assigned regionally to decrease travel times. The participant reported that this method is effective at decreasing workload but is not always a viable option because of understaffing. Staff in small counties reported a different geographic challenge, in that they often must cross one or more county lines to find services their client needs (e.g. an available bed in a nursing home or behavioral health services).

Statewide Survey Findings

We asked staff to report the average time they spend traveling for their APS casework and to attend required APS training sessions ([Table 16](#)). We focused this analysis on caseworkers because they are generally more likely to travel as a routine part of their work responsibilities and during interviews and focus groups they reported more challenges with travel burden than participants in other roles. On average, caseworkers reported that they spend about 10.3 hours per week traveling on the job. Surprisingly, when comparing to the previously stated interview and focus group findings, staff in small counties reported the least amount of weekly travel time

(6.5 hours) followed by staff in rural counties (8.8 hours.) Staff in metropolitan and large counties reported the largest weekly travel commitment (11.0 and 10.8 hours respectively). No significance testing was possible for these findings because of small sample sizes; however, it is worth noting that individuals who were traveling extensively during the Time-Tracking study may have been less likely to opt into the additional time required for the activity, therefore this information should be interpreted with caution.

More than two-thirds (71.1%) of all caseworkers agreed that time spent traveling ([Table 16](#)) for their APS casework is manageable. We did not detect significant differences across any county characteristics.

Table 16. Staff Perceptions: The Travel Necessary for Performing My APS Work Is Manageable

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	16.5% (20)	12.4% (15)	71.1% (86)
Metropolitan	22.0% (18)	13.4% (11)	64.6% (53)
Rural	5.1% (2)	10.3% (4)	84.6% (33)
Small	10% (2)	20.0% (4)	70.0% (14)
Medium	0.0% (1)	3.8% (1)	96.1% (25)
Large	24% (18)	13.3% (10)	62.7% (47)

3.5. Increased Burden and Stress

Results of Interviews and Focus Groups, and Secondary Data Analysis

Interviewees from counties of all sizes and geographic locations reported challenges related to burnout and stress related to their current APS roles. Most participants indicated a relationship between increased staff turnover and high levels of burnout and stress. Moreover, even in areas where turnover was not yet a concern, participants stated that burnout is high; some counties were anticipating staff turnover imminently for this reason. Few directors or supervisors stated that staff morale remained high despite high burnout.

Caseworker burnout reportedly stems from the emotional toll of APS casework, according to all interviewed county staff. Complex cases that take additional time and the coordination of multiple resources are also tied to more burnout and stress. One factor driving case complexity is reduced access to long-term care and mental health services because of a county's degree of rurality. Additional survey findings support the assertion that there is a general lack of adequate services (see [Section 3.3](#)). However, interviewees also stated that the COVID-19 pandemic has affected workforce shortages across LTSS services (e.g., home health) and settings (e.g., assisted living or nursing homes), which has led to increased time burdens on APS casework and high stress levels as caseworkers attempt to locate open beds or other services (e.g., home health). In focus groups, rural managers mentioned home care was the hardest hit by worker

shortages. Multiple research reports from the COVID-19 pandemic agree with worker assessments (Segleman & Micah, et al. 2021; Tyler & Denise, et al. 2021).

Caseworkers also discussed the stress of feeling as though they cannot successfully help people due to lack of services and other issues. This effect may be especially pronounced in small communities, where work-life boundaries may be more blurred. In general, caseworkers and management staff voiced a desire for additional wellbeing resources for staff. The FTE vacancy data reported in [Section 3.6](#) and worker perceptions of staff needs are consistent with findings from focus groups and interviews.

Some research has examined the impact of burnout in APS workers (Ghesquiere et al., 2018; Singer et al., 2019). For example, research conducted by Ghesquiere et al. (2018) highlights that on-the-job challenges with clients (e.g., being yelled at, cursed at, or belittled by a client or client's family) and workforce climate, including workload and lack of sufficient resources to perform work functions, were factors contributing to APS caseworker burnout.

Statewide Survey Findings

Staff Perceptions of Satisfaction

This section explores worker-reported satisfaction ([Table 17](#)) with their current APS county role. Overall, two-thirds (66.2%) of all county APS staff reported being somewhat or very satisfied with their current APS job. This finding remains consistent across different county characteristics and across most job roles. We found no differences in average satisfaction between metropolitan and rural counties and by county size.

Table 17. Staff Perceptions: What Is Your Level of Satisfaction With Your APS Job?

County Type	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied
All counties	11.2% (29)	22.5% (58)	66.2% (171)
Metropolitan	12.6% (18)	19.6% (28)	67.8% (97)
Rural	9.9% (11)	24.3% (27)	65.7% (73)
Small	13.7% (8)	24.1% (14)	62.1% (36)
Medium	8.2% (6)	32.4% (24)	59.4% (44)
Large	12.3% (15)	13.9% (17)	73.8% (90)

Staff Perceptions of Morale

When exploring worker morale (

[Table 18](#)), which includes elements of optimism, confidence, self-esteem, and discipline, the percentage of staff agreeing that job morale is high diminished (somewhat or strongly). Less than 50% of staff across all counties agreed their morale is high, with worse perceptions of morale in metropolitan and large counties where more staff strongly or somewhat disagreed

with the statement that APS job morale is high (27.3% and 30.4%, respectively). Slightly larger percentages of staff in rural and small counties (55.8% and 55.2%) reported having high morale. No significant differences by county type were detected.

Table 18. Staff Perceptions: My APS Job Morale Is Currently High

County Type	Disagree	Neither Disagree nor Agree	Agree
All counties	22.1% (57)	30.2% (78)	47.7% (123)
Metropolitan	27.3% (39)	30.8% (44)	42% (60)
Rural	15.3% (17)	28.8% (32)	55.8% (62)
Small	12.1% (7)	32.8% (19)	55.2% (32)
Medium	16.2% (12)	35.1% (26)	48.7% (36)
Large	30.4% (37)	25.4% (31)	44.2% (54)

Staff Burnout

Table 19 explores perceptions of staff burnout and confirms findings from interview and focus groups. On average, about 40% of staff agreed they are currently burnt out from their job duties. When looking across county types, more staff in metropolitan (49.7%) and large (55.8%) counties reported burnout compared to about a quarter of staff in rural (28.8%), small (27.6%), and medium (25.7%) counties. Because burnout can include feelings of apathy about work, the neutral responses to this question (“Neither Disagree nor Agree”) may indicate staff who are at risk for burnout. No significant differences were found in perceptions of burnout among staff across different county types which may be because of the number of staff responding in the “Neither Disagree nor Agree” response category.

Table 19. Staff Perceptions: I Feel Burned Out Due to My APS Work

Population	Disagree	Neither Disagree nor Agree	Agree
All counties	28.7% (74)	31.4% (81)	39.9% (103)
Metropolitan	25.2% (36)	25.2% (36)	49.7% (71)
Rural	31.5% (35)	39.6% (44)	28.8% (32)
Small	37.9% (22)	34.5% (20)	27.6% (16)
Medium	23.0% (17)	51.4% (38)	25.7% (19)
Large	26.2% (32)	18.0% (22)	55.8% (68)

Turnover Intentions

We also examined staff intentions to leave their current APS job over the next 10 years. About a quarter of staff indicated they planned to leave CO APS within the next 2 years (25.7% total), with a notable percentage indicating they would leave in less than a year (7.0%). Looking at turnover intentions for the next 4 years, the percentage of staff indicating they plan to leave CO APS climbed to 47.5%. These trends indicate a likely upcoming APS staffing crisis.

There is a significant difference between planned length of time to stay at CO APS between metropolitan and rural counties ($P < .01$) and small/medium and large counties ($P < .01$). These relationships are negative and indicate that staff in metropolitan and large counties plan to stay for shorter durations than staff in rural and small counties.

We asked county APS to share the reasons they may leave their current APS job role. Worker burnout and stress was the most frequently reported reason (22.7% of staff) why staff may leave their current job in the next 2 years. Salary concerns were the second most-reported reason (18.2% of staff).

Time-Tracking Findings

Burnout

Burnout is a constellation of symptoms resulting from chronic workplace stress that has not been successfully managed. Symptoms of burnout include feelings of exhaustion, cynicism related to one's job, and reduced professional efficacy. As shown in [Table 20](#), the time-tracking participants generally reported the lower level of burnout (87.7%). The low levels of burnout in this sample support the possibility that participants who selected into this burdensome study task outside of their regular work function were among the APS staff less affected by their workload. Therefore, it is important to note that the data may be an underestimation of the level of burnout that is truly present among the total workforce.

Secondary Traumatic Stress

Secondary traumatic stress disorder is a set of reactions to working with people who have been traumatized. It mirrors the symptoms of post-traumatic stress disorder (PTSD) (Osofsky et al., 2008). Many types of professionals are vulnerable to developing this type of stress, though only a subset of such workers experience it. The symptoms of secondary traumatic stress may include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances (Pryce et al., 2007). As shown in [Table 20](#), most time-tracking participants generally endorsed moderate (58.9%) secondary traumatic stress. The remainder endorsed low levels.

Secondary traumatic stress is preventable and treatable; however, if unaddressed, the symptoms can result in mental and physical health problems, strained personal relationships, and poor work performance.

Table 20. Burnout and Secondary Traumatic Stress Among APS Time-Tracking Participants

	Burnout	Secondary traumatic stress
Low	87.7% (64)	40.1% (30)
Moderate	10.9% (8)	58.9% (43)
High	1.4% (1)	0.0% (0)

Compassion Satisfaction

Compassion satisfaction is about the pleasure derived from being able to do work well. For example, an individual may feel like it is a pleasure to help others through their work. They may feel positively about their colleagues or their ability to contribute to the work setting or even the greater good of society. Higher scores on the compassion satisfaction scale represent a greater satisfaction related to an individual's ability to be an effective caregiver in their job. If the score is in the high range, an individual probably derives a good deal of professional satisfaction from their position. As shown in **Table 21**, most time-tracking participants endorsed moderate (79.5%) levels of compassion satisfaction.

Table 21. Compassion Satisfaction Among APS Time-Tracking Participants

Low compassion satisfaction	20.5% (15)
Moderate compassion satisfaction	79.5% (58)
High compassion satisfaction	0.0% (0)

Notably, about a fifth of participants (20.5%) indicated low compassion satisfaction, signifying a state of compassion fatigue, which is a form of stress that arises from frequent contact with traumatized people and drains an individual's emotional energy. Compassion fatigue is a serious problem that can undermine a person's mental and physical health and negatively affect their relationships and ability to care for others (Cocker & Joss, 2016). Extending compassion to at-risk adults is crucial to APS work, therefore compassion fatigue may be of particular concern to the field.

Relationships between Workload Demands and Staff Outcomes

In order to understand the association between APS staff's professional experiences and their professional quality of life, we examined the relationships of several variables using ANOVA and regression analysis.

Burnout and Work Demands

The first variable we examined was burnout, due to its high potential for negative outcomes for individual work and APS as a whole. In our sample, burnout was positively related with the perceived demands of the APS workload. As burnout increased, so did perceived mental demand ($P < .05$), physical demand ($P < .01$), perceived effort required to perform work functions ($P < .01$), and perceived frustration ($P < .001$).

Although there was no significant difference in the levels of burnout experienced by management and non-management staff, it is notable that burnout in this sample generally increased over time as staff members stayed with an agency ($P < .01$) and in specific job roles ($P < .05$). Moreover, among staff who carried caseloads, those who perceived their caseload to be manageable reported lower levels of burnout ($P < .001$).

CO APS Tenure and Staff Outcomes

In general, the longer APS staff were with CO APS, the worse their outcomes. In addition to the tendency to experience more burnout, as noted above, staff with longer tenures perceived higher levels of mental demand ($P < .01$), physical demand ($P < .01$), frustration ($P < .01$), and effort to address their work duties ($P < .05$). They also generally felt less successful in addressing their work ($P < .01$).

Given these trends, it is unsurprising that CO APS tenure is also related negatively to job satisfaction. The longer an APS staff member works in their job role or at CO APS, the less they are satisfied in their job generally ($P < .05$ and $P < .01$, respectively).

One reason why longer tenure may result in worse staff outcomes is because of the high levels of secondary traumatization APS staff experience. Staff with longer CO APS tenures—who have been exposed to the suffering of their clients for longer—generally endorsed higher levels of secondary traumatic stress ($P < .05$).

County Characteristics and Staff Outcomes

In order to understand whether APS staff experience different professional outcomes related to where in Colorado they work, we also examined the relationship between staff outcomes and county size and region type.

Although county size and region type were not significantly associated with burnout, they were related to perceived work demands. In general, staff in metropolitan counties experienced higher work demands, including higher levels of mental demand ($P < .001$), higher time pressures ($P < .01$), and higher frustration ($P < .01$). Metropolitan staff also perceived that they expended greater effort to accomplish their workloads ($P < .001$).

Staff in larger counties also generally perceived greater work demands, including higher mental demand ($P < .001$), higher frustration ($P < .001$), and higher effort ($P < .001$).

3.6. Unmet Staffing Needs

The following sections highlight the rationale for why more county APS staff are needed and use secondary data provided by the counties to show some current staffing gaps.

Results of Interviews and Focus Groups, and Secondary Data Analysis

Caseworker Staffing Needs

Interviewees and focus group participants across most counties reported caseworker staffing as a challenge that places great strains on both supervisors and caseworkers. Interviewees

described the need for additional caseworkers or case aides to offset both the time it takes to address increasingly complex cases and to offset the imbalance between higher caseloads and low staffing caused by turnover. Additional staff are needed to address increased case complexity rather than increased case volume. Staffing was not a current issue across a few small counties, although participants from those counties described concerns about the potential for increased staff turnover in the future.

A number of interviewees across counties noted the need for additional supervisors, though some perceived the need for only a partial FTE. For example, in some counties, supervisors are stretched thin because they carry caseloads in addition to their supervisory responsibilities. Focus group participants did not mention this specific challenge.

One problem that interviewees in multiple counties perceived to be driving CO APS staffing challenges is staff retention and turnover. Although the interview protocol did not ask about retention directly, it was an important recurring theme during interviews, with participants across most counties noting current or anticipated concerns about this issue. For example, a representative from one large metropolitan county described increased case ratios as high as one caseworker to 30 clients due to staff turnover. Participants from several other counties noted that the ideal case ratio is somewhere between one caseworker to 12 to 15 clients, although most indicated they are currently exceeding that caseload. This finding, however, is contradicted by the survey findings, which are more reliable given the high response rate. When looking at the survey response of current caseloads (see [Section 3.2](#)) most staff reported a current caseload of 13 to 14, though this data is only from one point in time while caseloads may fluctuate throughout the year. The current Colorado APS regulation states that counties should aim to staff their programs adequately to maintain a fiscal year caseload average of one to 20 clients (Green, 2021), although the rule does not explicitly limit staff from exceeding this cap, it acknowledges a recommended maximum caseload ratio as sometimes it is necessary to compensate for staff outages or staff turnover.

The Need for Specialized Staff or Skillsets

Interviewees across county types and sizes stated that additional specialized staff or skillsets would help offset workloads. For example, respondents from some small counties emphasized the importance of not shared staff (i.e. generalist staff) with unrelated programs (e.g., Division of Child Welfare, Veterans Services). Reasons given for this preference were that staff may prioritize other areas of their work over APS casework. Managers in focus groups also noted that such staff may be generally spread too thin to address all work responsibilities across programs.

Overall, the participants shared the perception that having expertise in several human services fields is an unreasonable expectation; requiring knowledge of multiple populations or programs was viewed as challenging. Additionally, generalist workers also carry multiple workloads, which can lead to quicker burnout and turnover. An interviewee from a small county recommended that dedicated, APS-focused staff would help meet casework demands by helping caseworkers focus more directly on the APS workload.

Interview participants discussed other types of specialized knowledge that would be beneficial, including staff expertise in particular practice areas, such as by allegation type (e.g., self-neglect, exploitation) or in addressing particular client needs (i.e., serving individuals with mental health and substance use issues).

Case Aides

Participants in multiple metropolitan counties and one rural county noted that the addition of case aides offset caseworker burden, when appropriate. Primarily employed in medium and large counties, case aides save caseworkers' time by completing supportive tasks, such as grocery shopping for clients or finding available beds in nursing homes or assisted living facilities. Participants also noted that case aides take on other kinds of tasks, like helping with intake calls, which offloads responsibilities from caseworkers in some counties.

Notably, participants in a few counties without case aides described that the addition of case aides could help reduce caseworkers' workload burdens by assisting with administrative tasks such as faxing case documentation. Focus group participants did not specifically discuss the need for case aides but this concept is described in the survey results later in this section.

Case aides are not consistently hired by all counties but, as indicated by interviews and focus group participants, they can help address administrative tasks that caseworkers would otherwise need to handle.

Statewide Survey Findings

APS Staff FTEs and Vacancies: Caseworkers and Supervisors

This section examines the characteristics of filled caseworker and supervisor positions and vacancies across CO APS counties and by county characteristics. CO APS collected updated FTE data from all counties in September 2022. Counties reported their current full- and part-time county positions, including any known vacant positions. CO APS counties employ both full- and part-time caseworkers and supervisors. Full-time staff are defined as any staff working 40 hours per week and are known as FTE staff positions. Part-time staff are defined as working fewer than 40 hours per week. Part-time staff may work any fraction of a total FTE position. The range of FTEs for filled caseworker positions is .05 FTE to .95 FTE. For filled supervisor positions the range is .01 to .50.

Current Reported Staffing Levels

Table 22 describes all currently filled full- and part-time caseworker and supervisor positions across all counties and by county types. Findings are organized by describing (1) currently filled positions, (2) vacant positions, and (3) part-time staffing. Please note that findings are described using two categories: (1) staff who work half-time or more (e.g., ≥ 20 hours per week but less than 40 hours) and (2) staff who work less than 20 hours per week. However, for significance testing we combined both part-time categories into one category because sample sizes were too small.

Table 22. Status of Currently Filled Caseworkers and Supervisor Positions, Among APS County Workers, Comparing Full-Time Staff and Part-Time Staff

County Type and Job Role	All Workers	Percentage Full-Time Staff (40 hours/week)	Percentage Part-Time Staff (≥ 20 hours/week, < 40 hours/week)	Percentage Part-Time Staff (< 20 hours/week)
All Counties				
Caseworker	159	63.5% (101)	6.9% (11)	29.6% (47)
Supervisor	68	32.3% (22)	8.8% (6)	58.8% (40)
Metropolitan				
Caseworker	82	91.5% (75)	0.0% (0)	8.5% (7)
Supervisor	29	65.5% (19)	0.0% (0)	34.5% (10)
Rural				
Caseworker	77	33.8% (26)	14.3% (11)	51.9% (40)
Supervisor	39	7.7% (3)	15.4% (6)	76.9% (30)
Small				
Caseworker	48	21.9% (11)	12.5% (6)	64.6% (31)
Supervisor	26	11.5% (3)	7.7% (2)	80.8% (21)
Medium				
Caseworker	37	46.0% (17)	13.5% (5)	40.5% (15)
Supervisor	21	9.5% (2)	19.0% (4)	71.4% (15)
Large				
Caseworker	74	98.6% (73)	0.0% (0)	1.35% (1)
Supervisor	21	81.0% (17)	0.0% (0)	19.0% (4)

Note: CO APS collected staffing and FTE data concurrently from counties during the survey administration in September 2022.

Across all counties there were 159 caseworker and 68 supervisor filled positions. About two-thirds of the caseworker positions are full-time, while almost a third (32.3%) of all supervisor positions are full-time. Over two-thirds (67.6%) of all supervisor positions are part-time and close to 60% of these positions are funded for less than 20 hours per week.

Regional Characteristics: Metropolitan vs. Rural

Most metropolitan caseworkers (91.5%) are full-time compared to just over one-third (34.5%) of rural caseworkers. The majority of supervisors in rural counties (76.9%) work fewer than 20 hours per week for the APS program compared to about a third (34.5%) of supervisors in metropolitan counties. This latter difference is statistically significant ($P < .001$) and indicates that as the county population increases, the number of full-time supervisors also increases.

Regional Characteristics: County Size

Almost all caseworkers (98.6%) in large counties are full-time staff whereas about a fifth (21.9%) of caseworkers in small counties are full-time. Over half of caseworkers (54.0%) in medium counties are part-time. Both findings are significant ($P < .001$), indicating that as county size increases, so does caseworker FTE. Significant differences were not identified for supervisors when comparing county size.

Current Reported Vacancies: Caseworkers and Supervisors

APS staff vacancies were reported throughout counties, regardless of county regional characteristics. As of September 2022 there were 32 vacant caseworker positions across all counties. Slightly more open part-time positions (19 total) were reported compared to full-time vacancies (13). Rural and small counties have more open positions (20 and 16, respectively). The majority of the rural caseworker vacancies were part-time. The caseworker vacancy rate is 16%. Far fewer supervisory positions were vacant (4 total) in rural areas compared to metropolitan counties.

Reported Staffing Needs

Consistent with the higher caseloads reported (see [Section 3.2](#)) and vacant FTE positions, about two-thirds of staff (67.3%) reported on the state-wide survey that their county APS office needs additional staff.

An open-ended follow-up question asked how staff county APS office could benefit from additional staff. Staff reported multiple reasons, indicating that additional staff are needed to reduce caseloads, which would give caseworkers more time to meet client needs and more time for administrative tasks, such as documentation.

Case Aides

Generally, staff agreed during interviews and focus groups that additional assistance from case aides would be helpful. In response to the state-wide survey, over half of staff across all counties (57.7%) reported they could benefit from more assistance from case aides. Slightly more staff in metropolitan and large counties (67.4% and 72.2%) indicated their counties need case aides compared to staff in rural and small counties (47.4% and 40%). Additionally, more than half of staff (54.5%) in medium-sized counties reported a need for case aides. We found no significant differences in perceived needs for case aides among county staff across different county types.

4. Recommendations

RTI presents the following recommendations to CO APS for its consideration, based on the Workload Study findings. These recommendations are not prescriptive and each deserves some additional exploration. It is important to note that implementation of these recommendations may require various levels of additional funding changes in statutes, regulations, and policies; and community support. Further, CO APS may identify some that are more feasible than others. Consequently, these recommendations come with the understanding

that the Colorado Department of Human Services will need to work collaboratively with county departments and other stakeholders to identify which to pursue, as well as when and how to do so. The Department will need to conduct its own comprehensive analysis of potential costs, statutory and/or regulatory changes needed, and pros and cons associated with each recommendation before moving forward.

In **Section 4.4: Additional Considerations**, RTI provides additional suggestions on areas over which the Department of Human Services and other county departments may not have as much direct control but were found to contribute to the workload challenges identified in this report. These are items that CO APS may wish to consider for future exploration with other entities or partners to help alleviate the overall challenge of workload in the APS program.

4.1. Modifications to APS Staffing

Understaffing, turnover, low-FTE positions, and trouble filling vacant positions have been noted as creating serious inefficiencies to CO APS across all data collection methods. We expect the following recommended staffing changes to increase the quality of APS services, as staff would have more time to address client needs and complete case documentation in a timely manner without working off-hours. In addition to considering the recommendations made below, CO APS should explore establishing feasibility thresholds related to each recommendation to address the unique applicability and impact on counties based on their size (i.e. small counties), geographic location (i.e., rural counties), and/or their frequency of reports and cases (workload volume).

Contemplate Minimum FTE

RTI recommends that CO APS considers creating a minimum FTE status requirement for all APS caseworkers and supervisors. CO APS may want to first focus this effort on small and rural counties, where there are more staff who spend smaller fractions of their FTE on APS work while also working part-time for other county programs. There are currently filled 159 caseworker and 68 supervisor positions. Over one-third of caseworkers work part-time, while a just under a third of those partial FTE positions (29.6%) are funded for fewer than 20 hours per week (< .5 FTE). Over two-thirds of supervisors work part-time positions; the majority of those (58.8%) are funded by their APS county program for less than 20 hours per week. Statistically significant differences are also prominent when comparing metropolitan and large county positions to rural and small counties. Such limited hours dedicated to APS can present challenges to staff as they work to investigate allegations, assess and address client needs, and manage other responsibilities, such as documentation requirements and educating community partners. CO APS will need to explore additional data analysis and feasibility considerations to generate their own final recommendation for how minimum FTE standards may apply to various types of counties; especially counties with lower frequency of reporting. In addition, the high caseworker vacancy rate of 16% (n = 32) needs to be further explored.

Review Shared Generalist Positions

In addition to establishing a future minimum FTE, based on the findings from interviews and focus groups, RTI also recommends that CO APS explore the feasibility of eliminating shared generalist positions between APS and other programs. This would primarily affect staffing in small and rural counties, where generalist staff are more common. Doing so ensures that staff are adequately trained in the policies and regulations in their respective areas, have adequate time to address their responsibilities, and are free from conflicting priorities while they address the needs of different vulnerable client population. This recommendation stems from staff during interviews and focus groups who reported challenges managing notable differences in requirements when working in multiple programs.

Contemplate Minimum Number of Personnel

RTI recommends exploring a way to ensure all counties have two active caseworkers and two supervisors (one active and one backup) at minimum. This applies primarily to rural and small counties to ensure depth of staffing and adequate coverage. This recommendation is supported by findings from the interviews, focus groups, and the time-tracking study, which all highlighted the challenges imposed on workers and supervisors in times of turnover, unexpected staff absence (e.g., due to illness), and planned staff absence (e.g., out-of-office requests). CO APS will need to further explore the feasibility of this recommendation, taking into consideration that workload volume in smaller/rural counties may not sustain this recommendation. CO APS should also consider whether this recommendation can be accomplished along with reduction of generalist positions; and where any feasibility concerns arise, identify which staffing recommendation may be the higher priority.

Revisit the State-Recommended Caseload Average

RTI recommends further exploring caseworker and supervisor caseload averages. Although survey data indicates that staff were carrying an average caseload of 13.1 cases during the study period, which is lower than the state recommended average of 20 cases, staff working less than one FTE report carrying higher caseloads than full FTE staff (see [Section 3.2](#)). However, interviews, focus groups, survey, and time-tracking findings point to all staff, including full-time staff, also feeling overburdened by their casework responsibilities. According to the time tracking data, over half of time-tracking participants (56.2%) reported working outside of their funded hours. This suggests that existing workload outpaces the currently funded staffing levels in many cases. Moreover, it suggests that even when caseload averages are between 9-14, the work required of those caseloads is more than can be accomplished within standard working hours, further supporting the need for CO APS to explore a reduction in the recommended caseload average more aligned with the averages reported in this study. Throughout the study, we found that increased complexity of cases was the primary reason why many caseworkers feel stretched so thin. Additional data analysis is needed to explore how complexity increases workload directly and why it should be a factor in a future caseload reduction recommendation. RTI suggests CO APS evaluate applicable data to determine the feasibility and costs of a reduction to the regulatory caseload average recommendation,

including looking to other state caseload reduction plans as a source of reference for planning (see Texas Department of Family and Protective Services, 2010).

Add State Specialized Support Staff

Adding staff with specialized knowledge could also be useful, particularly to caseworkers struggling with more complex cases. Based on county interviews and survey data, we suggest adding staff with specialized knowledge in client screening and evaluation, cultural competency, domestic violence, finance/accounting, guardianship, legal services, long-term care services and supports, Medicaid eligibility, and medical assessments. Additional recommendations for specialized staff at the state level may emerge from the forthcoming evaluation of CO APS state personnel interviews.

4.2. Funding Levels and Allocation Processes

RTI recommends that CO APS evaluate its current funding levels and funding strategies to ensure county departments across the state have adequate funding to meet the staffing levels necessary to effectively operate the APS program. The following recommendations are examples of key areas for CO APS to explore that are supported by the findings of this study. CO APS may choose to consider additional ways to evaluate funding levels and allocation processes.

Conduct Periodic Ongoing Assessments of Funding Levels Based on Expected Growth in Colorado's Aging Population

RTI recommends that CO APS consider periodic reassessment of its APS funding needs and how funding levels account for Colorado's aging population and expected growths in this population over the next 5-10 years in Colorado. As previously noted, Colorado has one of the fastest growing older adult populations in the country, thus understanding predicted future changes should be a key area of focus to inform regular evaluation of whether APS funding is keeping pace with the needs of the population. CO APS and the state will have to determine the best timing for a regular review of the funding levels.

Explore Revisions to the Allocation Formula

CO APS should work with counties to explore potential revisions to the APS allocation formula, such as taking into consideration adjustments made for unique county characteristics (e.g., size), as well as integration of a minimum staffing level. Additionally, CO APS should consider adjustments related to client demographics. The CO APS definition for potential APS clients includes at-risk¹¹ adults aged 18 and older, but the current allocation formula only includes prevalence of adults 65 and older. It should also include other population estimates such as adults on state Medicaid benefits (an indicator of adults living with disabilities), adults living with

¹¹ This is defined as an individual 18 years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for their health, safety, or welfare, or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning their person or affairs. ([Section 26-3.1-101, C.R.S.](#))

an IDD, adults living with substance abuse/behavior disorders, and younger adults with cognitive decline or traumatic brain injury. Secondary data sources may be useful to investigate. This report (Colorado Waiver Consolidation Project Adults with Intellectual and Developmental Disability System, 2019) gives some information about the number of adults with an IDD in Colorado enrolled in a Medicaid Home and Community-Based Services waiver. CO APS can also partner with its Medicaid office, the Department of Health Care Policy and Financing, to get estimates of younger adults with disabilities and adults with an IDD. This data will be somewhat limited and will undercount anyone not enrolled currently; however, it may be useful to integrate data surrounding conditions as a complement to the existing age-related data related that is used in the allocation formula now.

Explore Methods to Quantify Case Complexity

RTI recommends that CO APS consider establishing a systematic method to begin quantifying case complexity. RTI noted issues around increasing case complexity in interviews, focus groups, and surveys, as well as in RTI's secondary data analysis and case reviews. At this time, based on RTI's review of APS program documentation, case complexity may not currently be adequately accounted for in CO APS budget allocations and recommended case ratio. A critical element of case complexity was reflected in case notes describing specific challenges (e.g., perceptions of increased isolation, substance use, mental health issues, client resistance to engaging APS services) which have become amplified in recent years due to the COVID-19 pandemic. Systematic assessment of case notes could create better understanding of workload burdens through the lens of case complexity. An expanded case review task could systematically help to abstract case notes into an analyzable format. Analysis of data in this way could create metrics to integrate in future funding allocation models or other estimates of workload and funding levels needed for the program.

4.3. Operational Efficiency of APS Processes

Evaluate and Refine Documentation Requirements and Practice Expectations

RTI recommends that CO APS review and streamline required case documentation and documentation-related practice standards whenever possible. However, CO APS may want to prioritize implementing recommendations to reduce caseloads and establish minimum FTE/staffing requirements, as those changes may offset documentation burden concerns. There was a common perception among participants across all data collection activities that the burdens of CO APS documentation requirements and practice expectations are extremely high. This issue was first noted in the interviews and focus groups and then confirmed in the survey and time-tracking activities.

Build Out CO APS Staff Training Opportunities

RTI recommends that CO APS explore providing increased support to county APS programs through additional training opportunities. CO APS county staff commonly requested additional training on the following topics: case documentation; managing a lack of available resources;

cases of self-neglect/abuse/exploitation; guardianship cases, supporting challenging clients; safety; self-care; time management; and leadership. Although staff in interviews and focus groups often noted they did not have sufficient time for training, it is likely that reducing caseloads and increasing part-time staff (less than .5 FTE) to at least half-time (.5 FTE) may give them more time to participate in such opportunities.

4.4. Additional Considerations

Study Worker Turnover and Retention

RTI recommends working with counties to explore a requirement for counties to gather and report on turnover data; however, prior to being able to require the collection and reporting of annual county-level turnover data, state CO APS may need to first explore options for collecting and reporting turnover data. A focused research study on turnover could help to inform the above recommendation and provide rationale for increased benefits to retain county APS staff. Data from the county worker survey indicate that some staff are considering retiring soon also (See [Section 3.5](#) for more details). Turnover data could prove useful in future planning efforts. The Texas Department of Family and Protective Services recently conducted an Adult Protective Services staff turnover study and reports the associated data on its website (Texas Department of Family and Protective Services, 2021).

Support APS Staff Health and Wellbeing

Interviews, focus groups, the survey, and time-tracking have all identified staff burnout as a challenge among the county-based CO APS staff. In addition, time-tracking also identified secondary trauma as a concern. The risk for secondary trauma is heightened in the APS field, as the purpose of the program is to respond to situations that are frequently traumatic in nature. As such, RTI recommends that CO APS work with county programs to evaluate and refine its current worker wellbeing services and programming provided to ensure staff have the resources needed to address their high levels of secondary traumatization and burnout, as well as prevent compassion fatigue.

Study Other State Best Practices

Examining best practices or policies across U.S. states could help support CO APS efforts in multiple areas. This could provide support to improve caseload ratios, inform potential changes to items including the APS allocation formula and staffing recommendations, and point to methods and process for tracking client outcomes. In addition, CO APS could glean information about how other states address wellbeing, how they approach training and workforce supports like access to consultative/specialized staff, and what efficiencies may be used in other states related to documentation practices and standards. Documenting other states' policies and interviewing officials from other states could help CO APS identify applicable best practices in multiple areas to help improve workload challenges.

Assess Statewide Gaps in Community-Based Services Critical to APS Clients

CO APS could explore opportunities to partner with other state departments and community partners across Colorado to identify resource gaps and advocate for improved service availability. A key challenge, often compounding APS staff perceptions of their workload burden and case complexity, is the inadequacy of community-based services. Almost all APS survey respondents indicated that unavailable or inaccessible community-based services make it somewhat or very difficult to address their caseloads (98.5%). Moreover, over two-thirds of staff across all counties disagreed (68.9%) that the current number of service providers can meet the needs of APS clients.

Proactively Build APS Partners' Understanding of the Scope and Role of APS

In addition to the lack of adequate services in many areas of Colorado, there may also be opportunity to improve the understanding of APS scope and role among key partners of CO APS, particularly among hospitals and behavioral health and mental health providers. In general, participants noted that strong working relationships with partners lighten APS staff workloads compared to when relationships are more challenging; this perceived lack of understanding among some key program partners (see [Section 3.3](#)) may be an important intervention point for improving the efficacy of CO APS work. CO APS might consider developing new and/or revised educational resources about what is in scope and out of scope for CO APS for counties to share with community partners.

5. Conclusion

Based on all previously presented findings on the increasing complexity and workload demands of APS work and staff burnout, the need for increased staffing at the county level is a primary finding of this study, though more work is needed to identify the appropriate thresholds for workers and adequate caseload ratios with respect to distinct county characteristics (size, region, and workload volume). Although the study focused on the needs of county caseworkers, including supervisors, it also collected data on some non-APS certified staff who can support caseworkers and potentially decrease their workload. Additional findings from the separate state workload study are forthcoming in 2023 and will help to round all out all recommendations herein.

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Appendix A: Primary Data Collection Methods

Appendix A describes primary data collection methods and activities undertaken by RTI as part of the CO APS workload study. The methods for each of these study components are briefly outlined in the following sections.

Environmental Scan

RTI conducted an environmental scan of relevant APS peer-reviewed and grey literature. We systematically compiled peer-reviewed literature from the past 5 years (2017–present) by developing and refining search criteria that were submitted to RTI’s Library and Information Services, which compiled the search results. In total, 60 manuscripts and other types of peer-reviewed literature were identified and screened. Upon final review, 26 articles met inclusion criteria. Additionally, RTI requested and reviewed all relevant CO APS rules, statute, and other guidance documents from CO APS state staff.

Secondary Analyses

CO APS provided several datasets for fiscal years 2017–2021, including data at the case/report level (e.g., information about allegations, reasons for case closure, time to close cases, source of the referral) and county level (e.g., county size and region, number of APS employees, and FTEs). These datasets were transformed and merged to generate a dataset with county-level monthly numbers of case and report data, which were contextualized by the county characteristics.

The goal of the secondary analyses was to conduct descriptive analyses of CO APS data to identify any trends in case volume or case complexity that could be causing APS workload challenges. To undertake these exploratory analyses, we standardized the data to allow for comparisons across counties. For example, instead of comparing raw numbers of reports or cases, we standardized them by calculating reports or cases per FTE. Next, we graphed trends in case/report volume and indicators of case complexity over 2017–2021 and by clustering the data according to various county characteristics. We used ANOVA analyses to confirm any noted variations. All analyses were completed in R.

Stakeholder Interviews

We used the environmental scan to provide context and support for the development of a research- and practice-informed interview protocol for the stakeholder interviews, which was reviewed and approved by CO APS state staff. State staff self-selected to participate completing a Google form provided by the CO APS office.

We conducted 12 one-hour interviews in April and May 2022. All participants agreed to be recorded. Interview participants included supervisory/management APS staff who were stratified to represent APS offices of diverse sizes and across metropolitan, mountainous, and rural jurisdictions. Interview topics included observed changes to the landscape of APS services, cases and documentation since 2018, caseloads, case types, case documentation

requirements, staffing challenges (including stress or burnout), operational challenges, changes specific to APS regulatory requirements, budget implications, and COVID-19 impacts on operations and staffing. Research analysts transcribed and prepared all completed interviews for analysis. Research staff coded interviews using thematic analysis (Brown & Clarke, 2006), with senior staff reviewing all coding.

Focus Groups

RTI conducted four focus groups. Each focus group was planned to include up to eight participants, typically one person per county. Similar to the interview process, participants were selected based on the interest they indicated via a Google form. Candidates were separated into two groups: management and nonmanagement. Twenty-two staff with a management background expressed interest, of which eight were excluded as they had already participated in an interview, while 41 caseworkers expressed interest. All eligible participants were emailed a link to SignUpGenius, which allowed them to select dates and times based on their availability.

When planning the focus groups, RTI considered key county characteristics. The priority was to capture both rural (inclusive of rural, rural frontier, and rural micropolitical core) and metropolitan (inclusive of metropolitan, metropolitan with rural areas) counties. We also considered county geographic location (North, South, East, West); however, this parameter was most challenging to meet, and we did not always have wide participation inclusive of all factors.

After conducting four focus groups we determined that we had reached saturation of findings. We thematically analyzed the focus groups, paying special attention to APS workers' county details (rural, metro, etc.) and compared them to the APS supervisor interview findings.

Case Reviews

In collaboration with CO APS, RTI conducted an analysis of 14 cases. CO APS selected cases based on a variety of factors (e.g., complexity and type). We reviewed a maximum of 20 pages of each case and also looked to the end of the case review to understand whether the case was closed or did not include any services coordinated on behalf of the client.

A chart abstraction tool was developed to assess workload characteristics described by caseworkers. Examples of abstracted variables include the number of times the caseworker met with the client in person and the number of phone calls completed with the client.

Statewide Survey Findings

Finalized Questionnaire

The survey instrument was informed by key findings of the environmental scan, stakeholder interviews, and focus groups. Topics were developed and targeted to APS management, caseworkers and screeners/intake workers.

RTI provided for review an initial draft of the survey instrument to representatives from CO APS, who provided suggested changes to RTI. The instrument was refined until RTI obtained approval from the CO APS project officer to field the survey.

Survey Programming and Testing

The survey was administered using Voxco, an online survey platform. Upon receiving client approval on the final instrument design, the RTI team developed a Voxco programming specifications document, which provided documentation for the programming steps for each item, including visual layout on the web (e.g., how many items appear on a screen, color schemes and backgrounds), coding, and any required embedded data checks for each individual item. RTI provided this web specifications document to the client and used it in testing the Voxco survey program to ensure that all coding, skip logic, prompts, instructions, and wording match the client-approved specifications document. At this point, RTI also worked with the client to determine which metadata variables were desired as part of data collection. As part of the data analysis plan, RTI also tested mock sample records with the web survey program in a data merge to ensure that all variables were present and in the format desired by the client prior to survey administration.

RTI tested all web programming specifications against the programmed instrument and all discrepancies or concerns with either the specifications or programming were logged in JIRA, a web-based project management application, for resolution. Testing was considered complete once all logged issues were resolved and no remaining issues were found in a final round of testing.

We followed these steps to create the final web instrument:

1. Create web specifications
2. Program the web instrument
3. Test web survey against specifications
4. Log all discrepancies in JIRA
5. Resolve errors
6. Retest old issues
7. Repeat steps 3–6 until instrument is final

The RTI team took a mobile-first strategy to the preparation and implementation of the web survey. The proliferation of mobile technology means that a survey's content must be able to go anywhere on any device at any time. RTI has observed rapid changes in web survey response on recent surveys. RTI's mobile-first development strategy ensures that the survey functioned optimally on mobile devices and on traditional laptop and desktop computers, rather than trying to post-adapt an instrument developed primarily for traditional computers into a mobile application.

RTI developed question formats optimized for mobile access so that variation in device screen size would not bias survey response. For example, Likert scales are traditionally presented horizontally in surveys designed to be completed on a desktop computer. On a smartphone, it is likely that some of the response options in a horizontal scale will not appear on the screen because it is too narrow, forcing the respondent to scroll left to right to see all response options; this may lead to unintended response error. To address this problem, we designed the survey to display response options in a vertical list so that all appeared on a single screen.

Our web survey testing protocol ensured the following questionnaire attributes:

- accurate structure of the survey instrument (e.g., question wording, skip logic);
- clarity of survey question and instruction text;
- good visual appearance on all devices;
- compatibility across operating systems (e.g., Windows, Mac OSX, Android, iOS); and
- compatibility across browsers (e.g., Chrome, Firefox, Internet Explorer, Edge, Safari, Vivaldi).

CO APS leadership also had the opportunity to review the web programming specifications document and to test the web survey desktop and mobile applications during development.

After the initial instrument development and all associated testing, RTI conducted comprehensive data collection systems testing to ensure that all systems, algorithms, and data processing plans were integrated and functioning accurately and efficiently. This applies to all aspects of data collection, from sample selection to weighting. By testing all aspects of the process, we ensured that all components worked independently and together. This testing entailed establishing mock data records, having RTI testers enter survey data and put the survey data through all systems procedures from email link access to dataset preparation, ensuring that the survey met all approved specifications, and that the dataset output met client needs and was formatted as anticipated.

Survey Administration Procedures

The CO APS workload study's survey was a self-administered web survey. The CO APS state office provided RTI with e-mail addresses for the target population of CO APS staff; RTI then sent invitation e-mails that contained respondent-specific login information to CO APS staff at the start of data collection. RTI's case management software maintained the stage and status information for each case.

Survey Correspondence

RTI reached out to participants multiple times using e-mail invitation and reminder text prepared by the survey team and approved by CO APS. [Table A-1](#) summarizes the schedule for these events. Details about each are described below. The invitation e-mail marked the start of data collection. Reminder e-mails were sent weekly for 4 weeks to all CO APS who had not completed the survey. If CO APS staff contacted RTI and ask to be removed from the sample,

RTI marked the case as a refusal and ceased survey communications. All refusal cases were documented by RTI.

Table A-1. Survey Outreach Schedule

Correspondence	Mode	Recipient	Estimated Timeline
Invitation	E-mail	All	Week 1
1 st reminder	E-mail	Nonrespondents	Week 2
2 nd reminder	E-mail	Nonrespondents	Week 3
3 rd reminder	E-mail	Nonrespondents	Week 4
End-of-study e-mail	E-mail	Nonrespondents	Week 5
Thank-you notice	Automatic in Voxco	Respondents	Following survey submission

Survey invitation e-mail. Data collection began with a survey invitation e-mail to inform the participants about the survey and provide a link to the web-based data collection platform. The e-mails came from a project-specific e-mail address using the RTI domain. The invitation included an introduction to the survey and e-mail and phone number for the survey help desk. The e-mails also contained information for a CO APS contact in case the recipient had questions intended for CO APS.

Reminder e-mails. Three reminder e-mails were sent to all CO APS staff who had not completed the survey (both non-respondents and partial completes) were sent weekly following the invitation e-mail. These e-mails expressed the importance of the CO APS workload study to the broader APS community and encouraged response via the online survey. E-mail subject lines were updated weekly to express the increasing urgency of participation. Reminder e-mails also included text indicating that the recipient could ignore the reminder if they had already submitted their survey.

End-of-study e-mail. Approximately 7 days before data collection ended, the data collection team sent the nonresponsive CO APS staff a final end-of-study e-mail that announced the forthcoming closure of the survey and made a final appeal for participation. This message included the unique link to the web survey.

Thank-you e-mail. Immediately upon submitting a survey online, the respondent received a thank-you e-mail message noting receipt of the data.

Data collection reports. During data collection, RTI provided data collection reports to CO APS to keep the client updated on the number of responses received and to outline any concerns regarding the reach of the study. Although for internal use only, these reports helped identify any broader concerns about the representativeness of the population of CO APS staff reached through this study.

Data Processing and Analysis

All survey data were cleaned to prepare for analyses to be performed. All data were standardized to numeric/factor format. Missing data were automatically removed by R when performing statistical analyses. Statistical analyses for the survey data include descriptive tables and statistical testing including t-tests and ANOVA testing. These analyses can determine and describe relationships between variables, including the extent to which variables are correlated and how they relate to each other.

Time-Tracking

As a complement to the statewide APS survey, RTI developed and implemented a time-tracking study using daily diaries to investigate the nature and complexity of APS casework on a more granular level. The surveys included in the daily diaries were developed based on preceding study components by leveraging the insights provided by the programmatic administered using the LifeData application.

Finalized Time-tracking Surveys

The time-tracking surveys centered on the primary goal of understanding the time burden presented by the daily work tasks of CO APS caseworkers. With the input of APS state staff, RTI developed and refined a task list. Additionally, RTI developed complementary surveys to provide context to the activities tracked by participants in this study. Specifically, RTI developed a start-up survey to solicit the demographic and professional backgrounds of each staff member, perceptions of the workload context, as well as reports of outcomes such as burnout and compassion fatigue. Additionally, RTI developed an end-of-day survey prompting participants to reflect on their daily workload and provide perceptions of the demands related to their work. Participants were also prompted to provide feedback on any particularly frustrating and/or inefficient processes that shape their work experience.

RTI worked with CO APS to refine the surveys until RTI obtained approval from the CO APS project officer to field the task.

App Programming and Testing

Upon receiving client approval on the final instrument design, the RTI team programmed the LifeData app to administer the surveys. RTI programmed and tested the LifeData app surveys to ensure accurate structure of the survey instruments (e.g., question wording, skip logic); clarity of survey questions and instruction text; and good visual appearance. Testing was considered complete when all issues noted by testers were resolved and no remaining issues were found when conducting a final round of testing.

RTI developed question formats optimized for mobile access for ease of survey completion. Whenever possible, we designed the survey to display questions and response options so that all appear on a single screen. CO APS staff had the opportunity to review the programmed LifeData app during development.

Administration Procedures

The CO APS workload study's time-tracking task was self-administered through the LifeData app. RTI worked with the CO APS state office to gather participant interest prior to the study using a Google form; the information gathered was used to coordinate study procedures with all interested participants.

Orientation meeting. RTI contacted participants multiple times prior to the start of the study to orient them to the purpose of the task and to ensure that all participants were able to manage the technical aspects of downloading and setting up the application on their smartphones. As part of this process, RTI worked with CO APS to set up an orientation meeting that all interested participants could attend.

Survey invitation e-mail. Invitation e-mails were sent to CO APS staff prior to the week in which the time-tracking task take place. The invitations included an anonymous survey link for participants to download the application and log in to their study. The invitation e-mail marked the start of data collection. Participants were asked to complete a start-up survey upon opening the application for the first time.

In the days prior to the start of the time-tracking week, RTI sent a reminder e-mail directly to any participants who had not yet completed the start-up survey. If, upon receiving such a reminder email, any CO APS staff asked to be removed from the sample, RTI marked the case as a refusal and ceased survey communications. All refusal cases were documented by RTI.

Study notifications. The completion of the start-up survey prompted the LifeData application to begin notification-initiated survey sessions during the workweek targeted for the time-tracking study. As such, the application sent regular survey notifications and reminders directly to participants' phones to prompt them to complete their time-tracking activities and end-of-day surveys throughout the study period.

End-of-study thank-you e-mail. Upon completion of the time-tracking task, all respondents received a thank-you email message noting receipt of the data.

Data Processing and Analysis

All time-tracking data were cleaned and organized into data frame format, with variables in numeric/factor format to prepare for analyses. Analyses include descriptive analyses, such as descriptive tables and graphs of how much time participants spent on various work-related tasks. Statistical testing (e.g., t-tests, ANOVAs tests) was also performed to understand how the amount of time spent on work-related tasks may vary in particular organizational contexts or may be related to more negative individual-level outcomes.

Appendix B: Study Limitations

Appendix B describes data limitations that should be considered when reviewing the findings of from this study.

Stakeholder Interviews and Focus Groups

This data was used in a formative research manner to develop the survey and time-tracking tasks. Due to the limited nature of the interviews and focus groups conducted, findings should be interpreted with some caution, as they are the perceptions of only a few staff. However, the interviews were planned to be comprehensive across county types (rural, metropolitan, small, medium, large) to understand the breadth of APS staff experiences.

Secondary Data Analyses

RTI originally conducted secondary analysis of a dataset supplied by CO APS. These data were adjusted by the FTE staffing data CO APS had at the time. Due to time limitations of this study, this analysis could not be updated with new FTE data that CO APS collected in September 2022. This later data was used for the statewide survey.

Case Review Findings

CO APS transferred 14 deidentified case notes to RTI. This sample is limited and was not randomly selected. CO APS—not RTI—also determined the following characteristics of each file. Factors that were considered for selection included facility vs. non-facility cases, whether the client was determined to have complex needs or not, and whether there were multiple allegations, multiple perpetrators, or peer-to-peer abuse allegations.

FTE Data Paired with Survey Data

In a parallel timeframe to the survey data collection window (August–September 2022), the CO APS program also requested all counties to submit data on their APS workforce, including FTE and partial FTE staff. Because all counties participated, there is no limitation to this data, unless counties reported inaccurate data.

Statewide Survey Findings

The survey was built both through the findings from the initial interviews and focus groups and some previous studies and known-to-be-reliable scales. The state also provided feedback on the survey and adjusted some questions. The survey was sent to all county caseworkers, lead workers, supervisors, and case aides to participate. With a response rate of 69%, this was one of the more reliable datasets used in this report. However, fewer supervisors and staff in small counties participated in relation to other workers and other county types, which could have inherently biased the survey findings to a degree. If sample sizes were too small we were not able to conduct any statistical testing. Most of this data has been excluded from the final report but data that had a compelling angle to add to the workload study findings were included.

Time-Tracking Findings

Time-tracking data was collected with a small sample of CO APS workers ($n = 73$). After analysis, we theorized that staff with greater availability were more likely to participate. Thus the time-tracking analysis is likely biased and not representative of the workers who may have the highest caseloads. Please note that the number of time-tracking participants also over-represents management roles that also carry caseloads (30.5%) compared to survey participants (15.3%). Please note that we did not perform statistical testing for group differences in minutes recorded on specific key tasks (e.g., by county size, county types, or job role), because parsing out to the key tasks resulted in sample sizes too small for significance testing to be accurately performed.

CO Adult Protective Services Program Report Addendum: State Staffing Challenges and Recommendations

Final Report

Prepared for

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1. Introduction

The following report highlights findings from a workload study conducted in 2022 for the Colorado Adult Protective Services Program (CO APS), housed within the Colorado Department of Human Services (CDHS). RTI acted as an independent evaluator under contract to CO APS. This introduction describes the CO APS program and why this study was needed. **Section 1** provides a brief study overview. **Section 2** describes the data collection methods. **Section 3** details all of the study findings, organized by key themes. **Section 4** highlights recommendations for the CO APS program and the Colorado Department of Human Services to consider. **Section 5** presents study limitations and **Section 6** concludes the report.

Brief Overview of the Colorado Adult Protective Services Program

CO APS was created in statute in 1983 (Section 26-3.1-101, C.R.S.). CO APS regulations were later updated to include at-risk adults 18 and older.¹ The program is designed to intervene on behalf of at-risk adults to prevent or alleviate situations involving actual or imminent danger of abuse, caretaker neglect, exploitation, harmful acts, or self-neglect.² CO APS must accept reports of alleged or suspected mistreatment and self-neglect of alleged or suspected at-risk adults 18 years of age or older, investigate the allegations, and implement protective services for the client. On average, APS serves approximately 9,000 at-risk adults annually.

CO APS is state-supervised and county-administered. The tiered structure of CO APS means CDHS is responsible for oversight of the program through training, policymaking, monitoring, technical assistance, and quality assurance, while the county departments administer the APS programs locally by hiring and supervising the caseworkers who conduct APS casework. County departments are required to adhere to state statutes, regulations, and policies, and to the guiding principles of the APS program, which include consent, self-determination, and the least-restrictive interventions that best serve at-risk adults.

State APS programs are not federally regulated programs or required under any federal regulation. Rather, each state must establish its own statutes and regulations for the operation of APS and provide the necessary funding to support the work associated with meeting those requirements. In addition to state funding, CO APS receives a small amount of federal funds from the Social Services Block Grant Program annually; it has also received federal stimulus grants from H.R. 133 and H.R. 1319 on two occasions over the past few years; however, those funds are not ongoing. In Colorado, the State General Fund provides 80% of non-federal

¹ Colorado Revised Statutes, Title 26 § 26-3.1-101 (2018). [Colorado Legal Resources | Statutes Document Page \(lexis.com\)](#)

² Greene, R. (2021, August). *Colorado Adult Protective Services (APS) annual report – fiscal year 2020-21*. https://drive.google.com/file/d/1NyzRmZtcTS_mqqdWvlyvDJ0EmULjQHJl/view

funding for CO APS and the county Departments of Human Services (county departments) must provide 20% as a match from their local funds.

The state-level responsibilities for supporting county APS programs are carried out by two distinct groups:

- The APS Program Team oversees the program's rules and provides technical assistance, training, and case consult for counties. The Program Team also oversees and maintains the APS statewide data system. This team is composed of two distinct work units and four auxiliary staff:
 - Leadership: Program Manager (also oversees a five-person team supporting functions not directly related to state oversight of CO APS)
 - Policy Unit: Supervisor and four Policy Specialists
 - System and Data Analytics Unit (SADA): Unit lead and two System Administrators
 - Auxiliary staff:
 - Training Specialist (vacant at the time of this data collection)
 - Program Assistant (vacant at the time of this data collection)
 - Grant Specialist (term-limited to support federal stimulus grants)
 - Pilot Planning Specialist (term-limited to support an APS pilot initiative)
- The Administrative Review Division (ARD) oversees annual quality assurance (QA) reviews of APS casework and manages dispute/appeal processes related to APS investigations. This team is composed of seven staff:
 - Leadership: Program Manager (also oversees a four-person team supporting functions not directly related to state oversight of CO APS)
 - APS QA Review Team: Supervisor and three Reviewers supporting annual QA reviews of county casework
 - Child and Adult Mistreatment Dispute Review Section (CAMDRS): One Appeal Reviewer and a .5 Program Assistant supporting APS appeals
- Additionally, CO APS is overseen by members of executive leadership within CDHS, with a Division Director supporting the APS Program Team along with other programs within the Division. Likewise, the ARD is overseen by executive leadership and a Division Director who supports the APS QA and CAMDRS programs, along with other QA programs within the Division.

Impetus for the Study

Over the past 10 years, CO APS has evolved into a more robust program as a result of a variety of legislative and policy initiatives. Its growth has been accompanied by varied programmatic

and statutory changes that have modified APS procedures and processes. Although these changes were designed to lead to better outcomes for at-risk adults, they have also precipitated a cumulative increase in the volume of APS work and related practice expectations for both state and county department staff. There is also anecdotal evidence from staff in the field that case management has become more challenging and resource intensive.

Consequently, CO APS contracted RTI International to implement a workload study to provide crucial information about the APS program. This report is supplementary to the primary report and focuses on the perspectives of state CO APS staff.

2. Methodological Approach

RTI conducted this workforce study using a structured interview methodology.

CO APS provided a list of 13 staff members representing both the Program Team and the ARD, which RTI used to contact potential participants and coordinate interviews. Twelve participants were recruited and participated. The group comprised six Program Team staff, four Administrative Review Division staff, and two Colorado Office of Adult, Aging and Disability Services executive leadership staff.

The study utilized a 25-question semistructured interview guide drafted by RTI staff and approved by CO APS. The interview guide focused on seven main topics: The Landscape of APS since 2018, Changes in Workload, County Supervision/Guidance, Burnout, Staffing Challenges, Operational Issues, and the Impact of COVID-19. Interviews were conducted virtually via Zoom and were no longer than 60 minutes. Each interview was auto-transcribed using Temi.^{3,4} RTI analyzed the key summaries created from each transcript to inform the findings for this report.

Unless otherwise specified, findings discuss cumulative responses from both the Program Team and the ARD because of their common purpose in supporting county APS programs.

³ Source: [Audio to Text Automatic Transcription Service & App | temi.com](https://temi.com)

⁴ Transcripts were kept internal to RTI and not shared with any state staff. Recordings and transcripts will be destroyed at the end of the project.

3. Thematic Findings

Increasing Complexity of Workload

County-Level Changes

Cases have become increasingly complex over the past few years because of COVID-19 and changes in staff needs and resource management in addition to recent program changes. Allegation types became more complex particularly with increased reports of financial exploitation. Policy staff noted that the availability of some services became severely limited after the onset of COVID-19, leaving clients in extended contact with county APS programs or contributing to repeat involvement for some clients. State staff also acknowledged that clients' medical needs led to various complex situations—COVID-19 forced many individuals into their homes making it difficult for clients and caseworkers to meet in person. Even when in-person meetings were permitted, some clients were hesitant to allow caseworkers into the home.

Responding to Caseworkers

State policy staff acknowledged that increased case complexity results in more complex questions from caseworkers, which necessitates additional review time from policy staff to familiarize themselves with cases and collaborate with fellow reviewers. This increases the additional follow-through needed to review case documentation and related questions and also often increases the amount of time needed to respond to caseworkers.

Although incoming questions from caseworkers about QA reviews and caseloads are an everyday occurrence, state staff also have to juggle other priority items that require swift review periods. Policy staff recognized that project elements without explicit or firm due dates may need to be put aside for larger priority items. They also felt that management requests required an accelerated response time, but county staff may also require swift responses, as they are assisting clients to address allegations of abuse in real time. Staff often found themselves needing to juggle urgent and unexpected priorities with day-to-day items, which most often meant their responses to county staff were delayed.

Additional Challenges

State staff are also dealing with the addition of the Alternative Response Pilot⁵ program and meeting client/community expectations. As the need for CO APS services grows, community members are more likely to report suspected abuse. With this influx of reporting and increasing complexity, state staff teams felt there was a need for additional staff with more specialized skills; this finding aligns to those found in the APS program workload companion study). Program and ARD staff indicated that adding staff with a specific skill set could boost their

⁵ A new law, Senate Bill 21-118, was signed into law in 2021 to “allow CDHS to establish a pilot practice for an alternative response (AR) to low-risk allegations of mistreatment against at-risk adults. The Alternative Response pilot creates another option for APS staff, clients, and their families to work together to best meet the needs of at-risk adults and mitigate harm in a supportive way.”

productivity. Given that the baseline workload has grown significantly, staff have asked for increased staffing before work on new projects can be started. In some instances, taking sick leave or paid time off can leave the rest of the team in a pinch until they return to the office. However, staff across all teams noted that they could not and would not cut corners to meet caseload demands, although some staff found they had to complete work that was simply satisfactory and not exemplary. They noted that they still produced high-quality work whenever possible.

County Supervision/Guidance

Relationship Between State and Counties

Depending on their role, state-level staff vary in how much direct interaction they have with counties. Interactions can range from meeting or e-mailing with county workers to reviewing county records. Staff also vary in whether their interactions are mostly proactive versus reactive. Proactive contact includes scheduled check-ins or requests for feedback from counties. Reactive contact includes responding to questions from counties or connecting with counties when they receive an alert in CAPS that a case seems to be out of compliance. Some supervisory/leadership staff only interact with counties when a major issue arises or during scheduled collaborative meeting times.

Many interviewees described the time investment required to create collaborative relationships with counties. However, some state staff discussed how these relationships are sometimes challenging, for example, when county workers are upset about case review findings or when stakeholders may discuss concerns with the media or the governor. State staff recognize that collaboration can require more time and effort but improves interactions with counties.

Understanding of County Caseworkers

Overall, state staff seemed to have minimal concerns about their understanding of the work of county caseworkers. Most felt their understanding was good enough to assist counties. For some, this understanding came from their direct interactions with county staff or from previously having worked as a county caseworker. However, some staff identified areas for growth. For example, multiple staff wished they could have more frequent check-ins with county caseworkers to better support them or get to know them better at an individual level. One wished they could go through the process of conducting a case to have a better understanding of caseworkers' day-to-day realities.

Operational Issues

Lack of Capacity for Development of Efficiencies and Innovations

All state staff commented on the need for more internal innovations and efficiencies. Many ARD staff indicated that with the current workload there is insufficient time and staff to prioritize assessing and updating current processes (e.g., rebuilding the ARD review instrument). Most Program Team staff indicated there is limited time for innovation because of the demands of addressing county-level requests coupled with the work driven by frequent policy changes.

Some Policy staff expressed that the lack of opportunity to pursue efficiencies—especially those that would directly benefit county caseworkers—impacts morale and contributes to increased stress. Leadership within both ARD and the Program Team also noted that constant program changes and increased complexity directly reduces their teams' time for efficiencies and time to finish other work such as ARD screening reviews and other innovations that would provide more support to counties.

Lack of Capacity Increases Number of Backburner Projects

Although developing internal efficiencies and innovations is set aside because of work capacity, county requests and innovations are also impacted by capacity issues—specifically lack of time and resources. Most staff members indicated that they often must place desirable or beneficial items “on the backburner” in favor of higher priority or more time-sensitive requests. Multiple staff across ARD and the Program Team cited as an example that county supervisor curricula trainings have been discussed for multiple years, but more immediate requests and changes have not allowed them to develop these trainings. ARD and Program staff alike expressed a desire for increased face-to-face communication or trainings with counties but are restricted because of workload demands. Additionally, many Program Team staff described an inability to address and develop low-priority, or “nice to have,” county-requested items or take county suggestions to update tools and review processes while also maintaining the quality of their current workloads.

Training Academy

During training academy sessions (i.e., 9 full days per academy, with 1 week off between training weeks), which occur every 10 weeks, policy staff must facilitate the trainings and answer questions regarding the academy, but are also expected to manage their regular county support tasks. Additional time and attention are required between sessions to update training materials to meet the changing needs and requirements of new and modified statutes, and policy staff must also retrain previously trained staff to meet the qualifications of statute revisions.

Expectations of Staff Time

Outside of executive leadership, interviewees described a disconnect between the volume of projects and initiatives requested of the program from various sources (executive leadership, county programs, and community stakeholders) and the current operating capacity of Program and ARD staff. One member of the leadership team expressed a need for a moratorium on new initiatives and projects to allow their team to catch up on the current workload. Some interviewees expressed a need for closer coordination with executive leadership and other requestors to establish alignment and ensure that quality standards can be met within the constraints of CO APS resources. This sentiment was echoed by multiple other staff who expressed that an approach that does not account for current capacity further impacts backburner items and establishes a “good enough” mentality for some items. For many staff,

this approach must be applied to meet deadlines and maintain a 40-hour work week, but results in reduced morale, given that most of the staff described a desire for excellence.

Lack of Professional Development Capacity

Most staff indicated a lack of capacity or time for internal development opportunities because of workload and the absence of other staff to cover for them. All ARD staff indicated both a desire to pursue professional development opportunities (e.g., role-specific trainings, attending conferences) and their inability to participate in such opportunities because of low staffing and a lack of time. ARD and Program leadership and supervisors indicated a desire to pursue more internal development and empowerment opportunities for their teams; all indicated a direct relationship between the lack of sufficient staff and current workload with the lack of time their staff have for internal development. Additionally, Leadership's need to consistently delay tasks affects their ability to devote sufficient time to more intensive training, support, mentorship, and relationship building to help support the growth of their team members.

Stress and Burnout

Stress and burnout among Program and ARD staff varied by role. Themes include overworked supervisory and management staff, aspects of the work that increase stress and burnout, and positive aspects of the work culture that support staff. Most supervisory staff discussed regularly working over 40 hours a week. Some non-supervisory staff also mentioned working over 40 hours some weeks, but not as frequently or as many hours over 40 as supervisors. Most staff noted that although APS leadership encourages their direct reports to maintain a 40-hour work week, APS supervisory staff often work well over 40 hours per week. Some leadership staff described working in excess of 40 hours per week over half the time; others described their average work week to range between 70 and 80 hours per week. Supervisory and non-supervisory staff alike discussed supervisory staff taking on tasks to limit others' burden. Many Policy and ARD staff described their managers or supervisors as "protecting" them from overwork by taking on more hours and completing Policy Specialist or Reviewer tasks. This has resulted in mixed feelings from staff at those levels. Many Program staff indicated reactions of both gratitude for their supervisors and frustration/concern over the sustainability of their supervisors' workloads, while some staff expressed belief that more delegation from supervisory staff would improve workload pressures delegation. Although some leadership work hours may be related to general unit tasks, the extensive working hours reported by leadership are significantly impacted by the high volume of projects, initiatives, and large-scope tasks that require management-level decision-making. Staff who worked long hours felt working over 40 hours a week was necessary because of the tasks assigned but that it was still not enough for them to feel caught up. Similarly, one staff member commented that there has been an upward trend in terms of hours per week that the team must work because of the increased workload, while a few staff mentioned that the workload is not sustainable. The growth and expansion of the program and the resulting impacts to the program at all levels has increased the amount of work for state staff across both groups; but the distribution of that workload is

disproportionately falling to leadership, who is struggling to ensure that their teams are not also overworked while they attempt to manage an underresourced workload.

Specifically, staff mentioned the training academy as a hectic time that increases feelings of stress and burden. A few staff talked about stress from unexpected and urgent requests and about needing to multitask to complete their responsibilities. Some staff felt stressed that they could not create quality work and had to settle for “good enough” work. Multiple staff talked about unfeasible requests or suggestions from executive leadership, county staff, or other stakeholders as a source of stress. One staff member also discussed unclear expectations from supervisors as having increased their workload. Others noted that working with agitated county workers is stressful.

Staff also discussed positive aspects of the work culture. Most staff discussed that they felt supported by their team, coworkers and supervisors were understanding, and they could share successes or had a general sense of camaraderie. Some also talked about the improvement in relationships with counties as something that decreased their stress. Others talked positively about the relationship between ARD and Program staff.

Unmet Staffing Needs

Although all interviewees indicated a need for additional staff, staffing challenges and recommendations vary from program to program or division. These staffing issues are creating problems related to workload management, the stagnation of both internal staff development and operational innovations, and an unsustainable work environment for leadership. Overall, each team is short-staffed; the Program Team was noted as having the most critical staffing needs.

APS Program Team

Program Team staff indicated unmet staffing needs in multiple areas within the group.

SADA staff described the impact of COVID-19 on addressing turnover in the SADA unit, which impacted the team heavily in 2021-2022. Further, the growth and expansion of the program has increased the need for more adjustments to the system and lengthens the list of projects placed on the “backburner.” Additional backlog of work within the unit as a whole has delayed hiring of an additional staff member or vendor support as planned for future growth.

Policy Unit and Program leadership report multiple areas of important and mission-oriented work that has been delayed or stopped because of workload pressures. Workload pressures have resulted in staff lacking empowerment and professional development support they need from leadership, and both staff and leadership feel stymied in their potential to support counties more proactively and engage in innovation and collaboration more fully. Specialized staff to support county knowledge is a need identified by both state and county staff members, in addition to a need for growth of the policy specialist group and additional staffing to support managerial workload imbalance and aid in balancing the overall workload of the Program Team.

ARD

All ARD staff indicated a need for an additional staff member but differed on where the additional FTE would be best allocated. Some indicated a data specialist would reduce overall workload and allow for supervisors to delegate tasks back down to reviewers. Multiple ARD staff indicated that establishing a supervisor role within ARD in combination with increasing the part-time assistant role to full-time would allow for increased time to focus on internal development, innovation, and resource allocation.

Budget

Multiple interviewees discussed funding concerns at the state and county levels, emphasizing the lack of funding to increase needed FTE positions across state offices. A few staff discussed how APS receiving much less funding and support than needed to accomplish program goals impacts workload. Some staff mentioned that increased funding in general could be used for hiring additional staff, providing more and different types of staff training, providing a greater pool of money that counties can access to pay for services for clients, and creating a state network of services for counties to utilize. Another recommendation was to treat the state APS office as a division instead of a program, which would allow the team to have an appropriate amount of resources.

4. Recommendations

Needed Staff Positions

RTI recommends the state consider adding additional positions to offset CO APS Program Team and ARD supervisor and management workload, as their current workloads are unsustainable and are leading to increased burnout. The need for additional staffing is consistent with the reported increase in complexity of cases reported in the primary county-based workload report. In addition, changing regulatory guidance is a major factor that drives the need for additional state staff. Across all units, understaffing is tied to burnout, lack of coverage for illnesses or leave, and workload capacity issues. Adding staff will also allow staff more time for professional development activities, improved morale and work/life balance, implementation of initiatives that have been long desired by county programs, and more proactive engagement and collaboration with counties. Specific interviewees recommendations included the following:

APS Program Team

- Two FTEs: Recommended to support leadership functions and offset workload of management staff allowing the Program Team to respond more quickly to turnover and vacancy, engage in more staff development, and revisit backburnered initiatives. The nature of these positions should be determined by careful consideration of the Program Team's workload imbalances and priorities for improvement.
- Two FTEs: Additional Policy Unit staff are recommended to improve the team's support offered to county programs and reduce the number of assigned county programs for each specialist, thereby creating more opportunity for proactive engagement with counties.
- Additional FTEs: State-level specialty staff are identified by both county and state team as a need for the Program. This recommendation should be evaluated by State Program staff based on county feedback to determine the ideal number and nature of these positions.

ARD

- One FTE supervisor: recommended to support leadership functions and offset workload of management staff, allowing the ARD to engage in more internal development, innovation, revisiting of backburnered initiatives.
- One FTE data specialist: needed to reduce overall workload and support an increasing need for further data analysis than current resources permit.

Allocation Formula Updates

As in the CO APS Workload Report Recommendations section, RTI recommends that CO APS invest in resources for regular review of the program's funding levels and allocation formula that determines county allocations for the CO APS program. With the changing demographics of the population that CO APS serves, a funding and formula review is necessary to ensure adequate program funding. State staff also suggested exploring new approaches to allocations, including

a minimum allocation to counties or allocating a larger sum shared across counties. The minimum allocation recommendation could resolve issues such as a county not receiving enough funding for needed positions.

Invest in Innovations

RTI recommends that state staff explore new innovations that will lead to greater efficiencies to offset workloads. However, without adequate staffing, state staff will continue to be limited in their ability to develop innovations without needed time, funding, and other resources. Exploring activities other states have implemented to increase efficiencies may be one approach but RTI leaves this exploration to the future discretion of the CO APS program.

5. Limitations

Because of the limited nature of the interviews conducted, findings should be interpreted with some caution, as they are the perceptions of staff. However, because 12 of 13 staff participated we consider the interview findings comprehensive. Some bias could also be present because some staff participating in the interviews have participated in the study development since its start in March 2022.

6. Conclusion

The State Division of Aging and Adult Services and the CO APS Program asked RTI to independently evaluate the status of its current workforce and make recommendations. Two key themes emerge from both reports: the need for additional staff to offset workloads and decrease burnout and a more in-depth examination of the funding formula that allocates funds to county programs. State staff also suggested that greater investment in innovations could potentially offset workloads. Investment in the CO APS state program, its staff, and county program budgets will only strengthen and fortify the program as it addresses future needs of at-risk adults in Colorado. These needs are imperative with the ever-increasing population of older adults, the increasing complexity of their diagnoses, and the types of mistreatments they may encounter, along with the need for adequate staffing to keep pace.

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