

City struggles to protect New Yorkers in need

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The man known as Jack P. was blind, had diabetes and was severely depressed. He lived in a Brooklyn apartment with his brother, who couldn't properly care for him. In many ways, he was typical of the clients Solomon Adelaja served as a caseworker for Adult Protective Services (APS), the city agency charged with safeguarding disabled adults who lack adequate caregivers.

When Adelaja made a required visit to Jack P.'s home in February 2011, he found him in particularly bad shape. The man was dirty and barefoot, Adelaja noted in the case record. He wore only a T-shirt and white underwear soiled with urine and feces. The apartment was "deplorable and smelly," Adelaja reported. Jack P. appeared emotionally "unstable" and "complained bitterly that he is not feeling good," he wrote.

Despite his client's dire condition, Adelaja didn't call an ambulance or consult with his supervisor, according to disciplinary charges later filed against him, which abbreviated the client's name to protect his privacy.

Six days after he saw Jack P., Adelaja got a call from the man's sister-in-law. She told him Jack P. had died two days after his visit.

For years, overloaded caseworkers at APS have struggled and sometimes failed to provide state-mandated services to the city's most vulnerable adults. In at least two instances over the past several years, city officials determined that those failures contributed to the death of an APS client, according to disciplinary records obtained through an open records request. And two of three employees implicated in the cases kept their jobs at the conclusion of the civil disciplinary proceedings conducted by APS' parent organization, the Human Resources Administration.

The disciplinary records also revealed cases in which APS employees were disciplined for allegedly faking mandatory visits to New Yorkers in their care. In two instances, caseworkers claimed to have visited clients who officials learned later were dead at the time of the supposed visit.

In addition, six years of APS data obtained through a public records request showed that in nearly 200 cases between 2008 and 2014, the agency did not learn of a client's death until more than a month after it occurred. In nearly 80 cases, it took more than three months, according to the data, which was based on reports caseworkers filled out about more than 1,000 fatalities. State regulations mandate that workers monitor the condition of most APS clients on a monthly basis.

The agency is designed to be the last defense against abuse, exploitation and eviction for thousands of elderly and disabled New Yorkers. The largest agency of its kind in the country, it serves physically or mentally impaired adults who can't protect themselves and lack anyone able or willing to help.

The city's APS workers have struggled with caseloads that consistently exceeded state guidelines, according to caseload data covering January 2011 to June 2014 obtained through an open records request. The numbers have been particularly high in Brooklyn and Manhattan, where average monthly caseloads have regularly surpassed 40 per worker—well above the 20 to 30 cases per worker recommended by the state's Office of Children and Family Services.

HRA officials acknowledged that APS struggled with high caseloads in the past but said that the agency has made a "180-degree turn" over the past year.

Daniel Tietz, HRA chief special services officer, attributed high caseload figures in past years to unpredictable spikes and faulted the administration of former mayor Michael Bloomberg for past problems at APS, and at HRA as a whole.

"We recognized that there were challenges that needed to be addressed, and now we have addressed them and are moving to do yet more," Tietz said, adding that APS has improved significantly under the direction of a new HRA

commissioner installed under Mayor Bill de Blasio and that the agency generally complies with state guidelines on caseloads.

Clients inevitably end up at risk when caseloads become too high, like those seen in New York City, says Andrew Capehart, assistant director of the National Adult Protective Services Association (NAPSA), a nonprofit that helps agencies across the country share information and ideas.

“It’s too much to handle. People are overburdened, and they feel they can’t do anything for anyone—they’re just putting out fires,” he says. “Cases fall through the cracks.”

Tietz says officials have made changes to reduce caseloads and improve worker performance, including installing staff at housing courts to reduce eviction-related referrals, and plans to complete a study this fall that will examine caseload ratios.

Tietz also says APS recently implemented an improved database to more accurately and closely track clients. But an HRA press officer later confirmed that the database had actually been a product of the Bloomberg administration.

The agency declined to provide any documentation to support the claim that caseloads have dropped and, in fact, asked a reporter to consider withdrawing a records request for data on caseloads covering the past year. The reporter declined to do so, and the request remains outstanding.

And officials with the union representing city social service workers, including APS staffers, rebuffed the administration’s claims.

“There’s been no decrease in caseloads,” says Shirley Gray, a representative with Social Service Employees Union Local 371. “The rhetoric and the reality are miles apart.”

APS has faced calls for reform for the past decade from city and state officials and has settled two separate class action suits, most recently in 2012. The suits include several allegations against APS including failing to provide services in a timely manner and improperly denying services to clients, including those at risk of eviction.

In 2006, Betsy Gotbaum, then the city’s Public Advocate, issued a report blasting APS for high caseloads and failure to protect clients. After receiving more than 250 complaints about the agency, her staff interviewed dozens of APS employees and representatives from community-based organizations. The report concluded that workers, undertrained and with caseloads as high as 81 each, did “not respond to clients in a timely manner, leaving them without vital services.”

“In some cases, easily preventable disasters such as home fires and financial exploitation occur while clients wait,” it noted. The report urged the agency to hire additional staff, increase training requirements and provide laptops, among other recommendations.

Yet as of mid-2014, average caseloads remained well above state guidelines, and the number of caseworkers had dropped by nearly 10 percent since 2007, a situation that APS staff and advocates say places clients at risk.

APS tracks caseloads by several different types of cases, but the average monthly caseload has consistently exceeded 30 across the board since 2011, with spikes as high as 85 cases per worker in the agency’s southern Manhattan office in March 2012. (APS also outsources the management of some cases to outside contractors.)

New York’s state social services agency, now called the Office of Children and Family Services, issued guidelines in 1985 that “strongly encouraged” districts to keep APS caseloads between 20 and 30 clients, a standard that still applies today.

Meanwhile, the number of caseworkers hasn’t kept pace with rising demand for APS services. Referrals to APS have risen each year over the past decade, reaching more than 24,000 in 2014.

Despite these increases, in 2010, APS eliminated 21 caseworker positions in the face of reduced funding. There are currently 225 caseworkers.

After Jack P.'s death, agency administrators filed disciplinary charges against Adelaja, stating that he "utterly failed to address the urgent risk factors" his client faced. They also say Adelaja falsified Jack P.'s fatality report to say that he'd been "feeling alright and he was home with his brother" during the visit. And they noted that six months earlier, Adelaja had reported visiting another man in a "clean, well set up private house," but later admitted to his supervisor that he hadn't gone to the man's home that day.

Adelaja, who was fired in August 2011 and says he is still pursuing arbitration to get his job back, said recently that his termination was unwarranted in part because of his overwhelming caseload. "There are too many cases, and each client has different needs," he says. "It's very difficult to meet the mandates of the job."

Since 2009, the HRA employee discipline unit has disciplined at least four other APS employees, including three based in Brooklyn, for allegedly contributing to a client's death or faking visits to clients who were already dead, agency records show. Unlike Adelaja, three of these workers remained on the job.

In the wake of Jack P.'s death, HRA began disciplinary proceedings against Adelaja's supervisor, Martha Barnes, in July 2011. Barnes was charged with neglect of duty, noting that her "failure to review" his case records "resulted in the death of the client ... and placed the Agency at risk of noncompliance with New York State mandates."

The charges also alleged that Barnes had failed to respond to another worker's notes that a client needed crisis intervention and mental health treatment. In that case, "your failure to identify and address the client's urgent risk factors and ensure that appropriate action was taken resulted in the death of the client," the charges say.

In September 2011, Barnes was suspended for 45 days without pay.

"The allegations were false against me. I just got to the unit, so how can I be responsible for somebody else's actions?" Barnes says during a 2013 interview. Although disciplinary charges noted that Barnes was responsible for the actions of her subordinates, she says, "The caseworkers are ultimately responsible for what happens."

The cases APS workers juggle are complex and time-consuming. Cases come from a variety of sources, including referrals from other city agencies and direct requests, by phone or online, from everyday New Yorkers concerned about a family member or friend. Nearly half of referrals to APS in June 2014 involved allegations of abuse, neglect or financial exploitation.

Caseworkers aren't required to have a background in social work or mental health—only a bachelor's degree in any subject. And the agency provides new employees just two weeks of training before they are asked to start managing cases.

In addition, the city doesn't provide workers with laptops or tablets, as at least 28 states do, so they can enter notes while in the field, according to a 2012 national survey conducted by NAPSA. City officials say they plan to give caseworkers tablets or laptops but haven't set a date for rolling out the program.

Lin Saberski, who has led APS for 17 years, says the agency's large size makes it infeasible to require all workers to have graduate social work degrees and that it has struggled to attract civil service employees with specialized qualifications. A study APS plans to complete this fall will examine whether training is sufficient and whether higher qualifications are necessary for some roles, she says.

The difficult task facing caseworkers is graphically illustrated by a caseworker's January 2011 visit to a client in Brooklyn.

According to agency records, caseworker Sedra Green arrived at the home of a unnamed female client and "observed that she was in poor and failing health," according to disciplinary records, which redacted the client's name to protect her privacy. Green called 911, and when paramedics arrived, they told her that the client's "health was deteriorating rapidly and that she would not make it through the weekend," the records noted. The woman refused to go to the hospital and signed a waiver declining treatment (it isn't uncommon for APS clients, some of whom are mentally ill, to refuse assistance).

Green called a supervisor, but according to the charges HRA later filed against her, she didn't convey the gravity of the

client's condition. When Green went to work on Monday, she didn't tell her supervisors about the situation or document in a timely fashion what had happened in the case record, charges say. The next day, the client died.

Green's inaction "impaired the department's ability to attend to [the client's] acute medical needs and contributed to her untimely death," the charges say. In April 2012, Green was suspended for 30 days without pay. The suspension was later overturned, according to agency officials, who declined to describe the reason for the reversal, and Green, who was still at APS as of early 2015, declined to comment on the case.

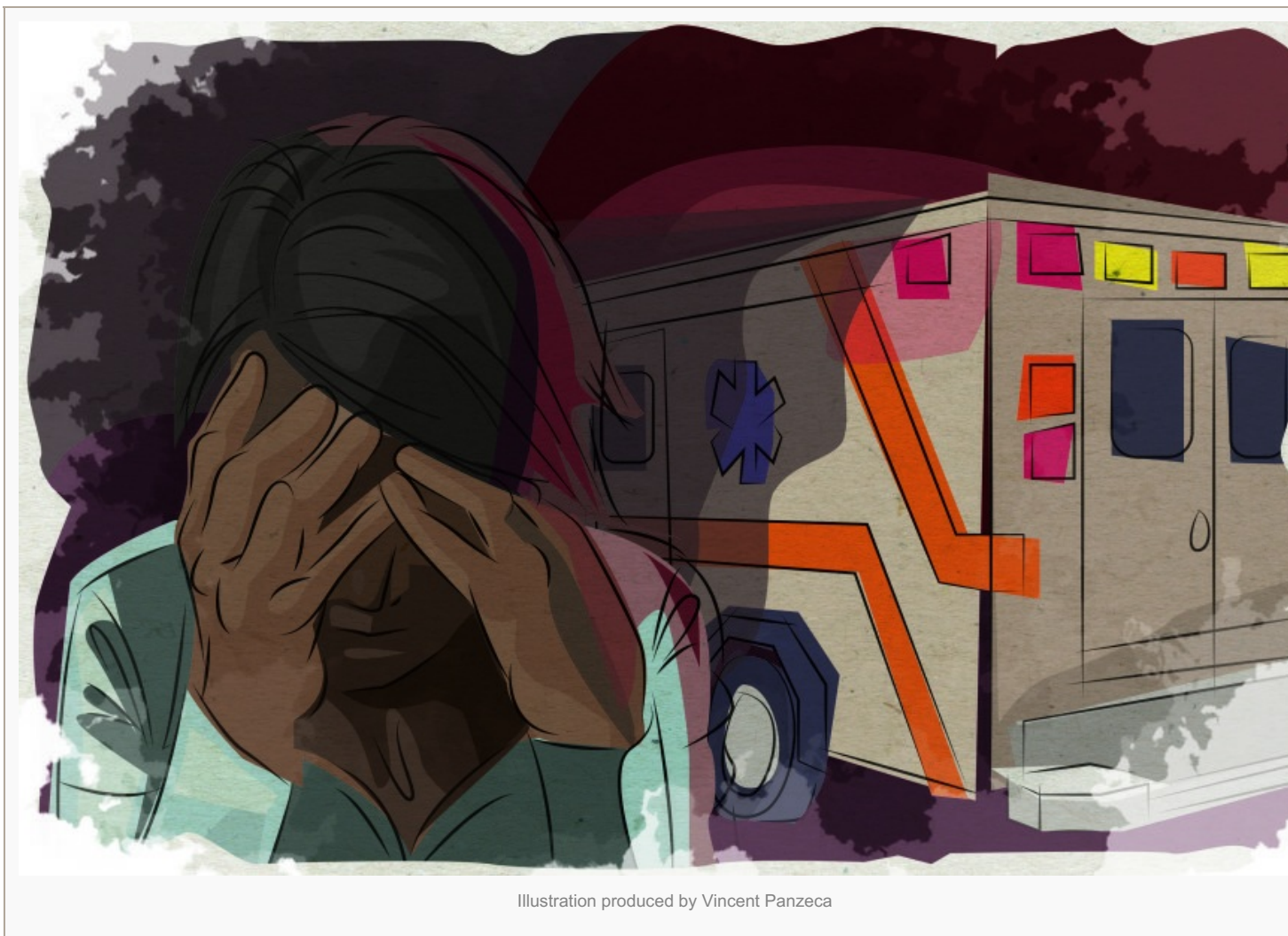


Illustration produced by Vincent Panzeca

While Green faced disciplinary proceedings, a former director of the APS office in Brooklyn says several employees she recommended be penalized for neglect of duty were never formally charged by administrators. "Nobody wants to rock the boat," she says.

The former director, who retired earlier this year, says that she was troubled by instances during her tenure in which caseworkers appeared to habitually miss visits or failed to respond to clear warning signs before a client ended up dying. "I've had some terrible cases that didn't let me sleep," she says. She declined to identify specific clients because of confidentiality regulations and requested anonymity because she feared agency backlash.

"People are so overwhelmed," she says, pointing out that when she left some workers were still juggling more than 40 cases. "It's one backlog after another." The result, she says, was that clients routinely "fall through the cracks," with some living in squalor for months, unable to pay utility bills or buy groceries.

The former director also says that current training doesn't address the kinds of complicated mental health issues that plague a large share of clients, ultimately leading to substandard care. "They should not be neglected by the very workers entrusted to take care of them. There are too many people at risk," she says.

One way the former director tried to keep tabs on whether workers were fulfilling their mandates was to review fatality reports, which caseworkers fill out when a client dies.

“It was a reflection of all the things that were not being done,” she says. Looking at some of the reports, she was unable to determine whether caseworkers had in fact visited clients or whether months had gone by since the last visit.

She added that, at the time of her departure earlier this year, not much had changed.

“The caseloads haven’t changed, the caseworkers haven’t changed. The only thing that’s changed is the administration,” she says.

State regulations require caseworkers to check on the well-being of nearly all active clients once a month, either through an in-person visit or a phone call with a designated contact person or staff at a facility, such as a hospital or prison. Only for the fraction of clients who are in long-term residential care, such as nursing homes or assisted living facilities, can caseworkers go more than a month without checking in. For those cases, they are required to call every three months.

Brooklyn caseworker Shamara Leslie documented visiting her client, 89-year-old John Chibowski Sr., at his Greenpoint home in December 2008, according to agency records. (The charges didn’t include the client’s name, but reporters identified him through housing court records, interviews and a federal death index.) A bedridden widower, he suffered from dementia and lived in a “cluttered and dirty” apartment, according to a psychiatric evaluation APS conducted in 2007. Having lived in the unit for more than 30 years, Chibowski faced eviction after his son and daughter-in-law, Maria, who was also an APS client, moved in with him, according to landlord Louis Gioia and housing court records.

An APS psychiatrist recommended that caseworkers ensure that Chibowski receive medical care, extended home care, public benefits and a legal guardian, as his “son does not seem to be adequately caring for the client.” By October 2008, Chibowski was three months away from being left alone in the apartment, after a settlement allowed him to stay in the unit if his son and daughter-in-law moved out.

On the date Leslie says she visited Chibowski, he had already been dead for more than a month, disciplinary records say. When reached for comment in 2013, John Chibowski Jr. confirmed that his father died of a heart attack exacerbated by diabetes. Of Leslie’s missed visit, he says, “I think maybe she had so many people, she got confused with the dates. When you have a big caseload, you could get confused.”

In disciplinary charges against Leslie, HRA recommended that she be fired. Instead, the case was settled and Leslie was docked the equivalent of 20 days’ pay. She continued working as a caseworker for APS until 2014, when she says she took a position with HRA’s HIV/AIDS Services Administration. Leslie declined to comment on the case due to her ongoing employment with HRA.

Milagros Huertas, a caseworker in Queens, was charged with faking a visit to a client in January 2010. “Client had on a sweat suit,” she wrote, noting that she “was receptive to the visit ... looks well ... very coherent,” according to disciplinary charges HRA filed against Huertas. “Daughter has been taking care of everything in the house, client has sign[ed] a power of attorney for daughter to take care of all her finances and the household bills, client is doing better,” Huertas noted.

In fact, officials later discovered, the client had died five days earlier. Huertas was ultimately fired in May 2012.

Huertas says that she had mistakenly entered the wrong date for her visit because of the stress of her unwieldy caseload. She says that she had an average of 45 cases when she left the agency but had at times juggled as many as 80 cases. “You were working around the clock. It wasn’t fair, but we had no choice,” she says. “It was stressful. ... You didn’t have enough time.”