



AMSI ARJ2 — Increasing Job Coach Caseloads Without Sacrificing Quality

Summary:

This guide outlines practical, evidence-based strategies that enable Competitive Integrated Employment programs to expand a job coach's caseload from approximately 20 to 26 individuals without reducing service quality. Drawing from OPWDD guidelines, supported employment research, and NYC pilot programs, it demonstrates how optimized scheduling, checklist-based documentation, and travel efficiency—paired with a tiered support model—can deliver higher caseload capacity while ensuring individual needs remain met.

Purpose:

Provides strategies to raise a job coach's monthly caseload from ~20 to ~26 individuals in Competitive Integrated Employment programs while maintaining service quality.

Key Strategies:

1. Session Planning & Schedule Optimization

- Limit to **no more than 4 sessions/month per client**; many stable workers can be supported biweekly or monthly.
- Stagger high-need and low-need clients to balance workload.
- Use brief, well-planned sessions (in-person or virtual) to cover more individuals efficiently.

2. Checklist-Based Documentation

- Replace narrative notes with **electronic checklists** aligned with OPWDD requirements.
- Checklists capture all required elements quickly, cutting paperwork time.
- Supplement with a monthly narrative summary for qualitative insights.

3. Travel Optimization

- Group clients geographically to reduce commute time.
- Schedule sessions by borough/area and align with employer shift changes.
- Use virtual/phone check-ins when appropriate to replace some in-person visits.

4. Benchmarks & Examples

- Mid-20s caseloads are achievable when most clients are in extended follow-along phases.

- Real-world pilots in NYC show 30% caseload increases possible with hybrid in-person/remote models.
- Use a **tiered support approach** (mix of high- and low-need clients) to balance frequency of contact.

Outcome:

With deliberate operational changes—optimized scheduling, streamlined documentation, and reduced travel—programs can increase caseloads without losing quality, provided outcomes are closely monitored and supports are adjusted to individual needs.

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