# Review of CSB Mental Retardation Case Management Services for Adults

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## Five Quality Statements

- Person-centered and person-driven
- Coordinates needed services in comprehensive manner affording choice
- Constructive, helping relationship shared by case mgrs. & persons served that fosters trust, cooperation and support
- Active, positive service that reaches out to persons and provides continuing active supports
- Staff - qualified, prepared, supported in their roles

# Methodology and Scope

- Surveyed 40 CSBs for basic information
- On-site visit to sample of 28 CSB's in June
- Interviewed:
  - 92 family members/ARs
  - 262 case managers & 58 directors/supervisors
  - 26 private provider representatives
- Reviewed 275 case records – 90 days of activity
- Surveyed staff of 5 training centers



# Number Receiving Case Management and Medicaid

| | |
|---|---|
| Persons receiving case management statewide | 14,497 |
| Adults receiving case management statewide | 13,083 |
| Percent receiving case mgt not on Medicaid | Estimate 12% |

# Models & Protocols

| | |
|---|---|
| Average wait for Case Management | 25 days<br>Range ( 7 to 120 days) |
| Assign Case Mgr for Those in Training Center | 36 CSBs (90%) |
| Waiting List Protocol | 8 CSBs (20%) |
| Number on Waiting List | 315 Individuals |



# Consumer-Centered Services Findings

- While case managers report that persons have significant role in developing their own service plans, records only partially reflect this goal.

# Consumer-Driven Service Plans

| | CM Response | CM Records |
|---|---|---|
| **1. Case Mgr develops the plan** | 3% | 28% |
| **2. Case Mgr invites consumer & family input to the plan** | 76% | 64% |
| **3. Consumer & family lead development of plan** | 21% | 8% |



# Indicators of Choice/Empowerment

| | |
|---|---|
| **CM say choice of initial CM** | 21% |
| **CM say choice of alt. CM** | 63% |
| **Families say individual has adequate choice** | 85% |
| **CM who say agency provided PCP/SD training** | 59% |

## Consumer-Centered Services Recommendation

- DMHMRSAS, with DMAS, CSBs and consumers, develop a model case mgt planning system and format that is person-centered and meets regulatory requirements



## Coordination of Services Finding

- Mental retardation case management activities appropriately focus on linkage and coordination of services.
  - Review of record revealed average of 7.8 collateral contact activities per quarter or just over 30 collateral contacts per year.
  - 48% of contacts involved evaluation of service activities

# Case Mgt Services Received

| | |
|---|---|
| Linkage & coordination of services | 67% |
| Contact with day support provider | 64% |
| Contact with residential services provider | 53% |
| Evaluation of services received | 48% |
| Arrangement of medical services | 44% |
| Supportive counseling | 10% |
| Advocacy for the person | 10% |
| Crisis support services | 2% |



# Coordination of Services Finding

- Persons receiving MR case management services face severe shortages of core services needed for successful integration and independence in the community – residential services options, day support and employment options, reliable transportation, timely access to mental health services and crisis options

# Lack of Services Per Case Mgr's

| | |
|---|---|
| Not sufficient array of residential and day support services to provide appropriate choice | 62% |
| Inadequate access to safe, affordable housing of ind's choice | 69% |
| Serious concerns about current housing arrangement | 41% |
| Inadequate access to job training, job supports or jobs | 51% |
| Inadequate opportunities for community integration | 32% |



# Coordination of Services Recommendation

- In order to make available a more complete array of community services, recommend that DMHMRSAS & DMAS continue to work cooperatively to seek avenues to steadily increase the capacity of the community services system.

## Coordination of Services Finding

- Case managers encounter problems in providing or securing the therapy, supportive counseling, and psychiatric services needed by the persons they serve who have dual diagnosis of mental retardation and mental illnesses and or behavioral challenges.



## CM Comments on Access to MH Srvs

- 28% of persons served have co-occurring MH
- 20% have significant behavioral challenges that require intervention
- 76% say inadequate access to outpatient services & 80% say inadequate access to psychiatrist
- 56% think roles of training centers and state hospitals are not clear for those in crisis

## Coordination of Services Recommendations

- Each CSB review  current MH and MR programming to identify gaps in addressing needs of persons with co-occurring disabilities, and develop and implement a plan to address the gaps.
- DMHMRSAS compile a statewide description of program needs identified by all the CSBs and seek funding to help address these needs.



## Coordination of Services Recommendations

- DMHMRSAS establish a policy that clarifies safety net role of the training centers in providing emergency services to persons with MR who demonstrate severe behavior management problems or may have a severe mental illness. Clarify what conditions are appropriate for emergency admission, which are not, and when it is appropriate for an individual with either of these conditions to be admitted to a state MH facility.

## Coordination of Services Finding

- Families and authorized representatives of persons served by case management report that they and their family members experience adequate communication, involvement & choice in development of their family members' service plans and selection of community supports.



## Involvement & Choice

- Family members:
  - 64% say given sufficient choice of providers
  - 17% say dissatisfied with choices available
- Supervisors - efforts to provide choice:
  - 37% provide statewide list of providers
  - 18% arrange tours of providers
  - 7% operate no services directly
- Case Managers:
  - 62% say too few services to provide appropriate choice

## Coordination of Services Finding

- When a person's ability to choose is limited, & professional & legal judgment suggests a form of substitute consent (authorized representatives, guardians) is needed, it is difficult to find qualified persons to fill these roles.



## Coordination of Services Recommendation

- DMHMRSAS continue to monitor guardianship needs as the guardianship program established through VDA develops.

## Coordination of Services Finding

- Persons who are served by MR case management are generally unable to gain access to their case managers after normal business hours and on weekends, when they must contact the CSB's emergency services.
  - 72% CM say can't be reached after hour
  - Standard practice is to contact CSB emergency services



## Coordination of Services Recommendation

- CSBs investigate use of systems by which persons can reach their own case managers or a knowledgeable backup in time off crisis so that they might speak to someone they know and trust rather than routinely having to deal solely with emergency services after hours.

## Coordination of Services Recommendation

- CSBs assure that all parties that may have reason to contact family members and/or authorized representatives in emergency situations have access to accurate phone numbers.



## Coordination of Services Finding

- Efforts by CSBs to identify needs and help persons transition from school special education programs into community services for adults vary greatly among CSBs.
  - 40% of CSBs assign CMs to school students, most of these as they approach transition
  - Many CSBs use creative methods to engage families

## Consumer/Case Manager Connection Findings

- Case managers are committed to the persons they serve and their commitment and respect is noted and appreciated by family members.



## Consumer/CM Connection

- Families:
  - 85% satisfaction with support to the individual
  - 82% satisfaction with support to family
  - 97% say treated with dignity & respect
- Case mangers:
  - 81% of comments re: what they like most dealt with positive feelings about those served and pleasure in observing their progress

## Consumer/Case Manager Connection Findings

- Case managers' tenure in their jobs – and thus the continuity of their relationships with the persons they serve – varies within and among CSBs.
  - Mean 5.9 years, median 3.3 years, mode 1 year
  - 72% of families said turnover not problem
  - 66% of residential providers say is problem
  - 33% of supervisors say turnover is problem



## Case Management Activity and Outreach Findings

- The frequency of face-to-face contact by CSB Case managers with the persons they serve averages about twice per quarter or just under nine per year which exceeds Medicaid expectations.
- Most case management visits take place out in the community

# Activity and Location

- Face-to-face visits average 2.2/90 days:
  - Low CSB – 1.1
  - High CSB – 4.4
- Most visits are in community:
  - 40% - day program
  - 32% - in residence
  - 13% - in community shopping, doctor's office
  - 14% - case managers' office



# Case Management Activity and Outreach Recommendation

- CSBs assess what changes in case load and staffing levels or administrative requirements would be necessary to significantly increase the level of face-to-face activity case managers are able to have with the persons they serve, and to implement these changes.

# Case Management Activity and Outreach Finding

- While little information is available regarding national standards to which Virginia caseloads can be compared, many family members, CSB case managers and supervisors, and private providers indicate that increased face to face contact by case managers with those they serve is needed and that caseload size serves as a barrier to adequate contact.



# Caseload Size

- Average caseload of case managers is 35.6
- Caseloads reported by CSBs:
  - Low CSB – 19
  - High CSB – 46.9
- 17 (43%) CSBs have caseloads exceeding 35
- 74% of case managers say caseloads are too large
- Leading suggestion from CM and supervisors is that caseloads should be lowered

## Case Management Activity & Outreach Recommendations

- DMHMRSAS study advisability of establishing a caseload standard for case managers who serve those MR and establish a standard if determined advisable.
- If standard is advisable & caseloads significantly exceed standard, DMHMRSAS seek resources to lower average caseloads.



## Case Management Activity and Outreach Findings

- Individuals have the same access to and receive the same level of case management services regardless of eligibility for Medicaid
- Medicaid recipients have greater access to other services – MH support services, transportation, affordable medications and outpatient services

## Case Manager Preparation and Support Findings

- Case managers and supervisors have appropriate education levels and experience for their positions.
- Case mangers receive little training in topics specifically related to case management. Preparation & certification of skills and abilities of case managers vary among CSBs.



## Case Manager Preparation and Support Recommendations

- DMHMRSAS initiate collaborative effort with CSBs to develop a model training curriculum for MR case managers and that this program be made available to CSBs.
- DMHMRSAS & DMAS, with involvement of CSBs, study value of developing certification standards for MR case managers

## Case Manager Preparation and Support Findings

- Administrative & documentation requirements consume an inordinate amount of time and cost, interfering or reducing service provision rather than supporting it.
- Case manager salaries at some CSBs are very low, contribute to high turnover, and interference with continuity of care



## Case Manager Salaries

- Average case manager entry level $31,823 (teachers $40,397)
- Average case manager salary $37,744 (teachers $57,871)
- Salary level of case managers is concern for both administrators and case managers

## Case Manager Preparation and Support Recommendations

- DMHMRSAS, DMAS and CSBs review and amend regulations/inspection procedures to streamline and minimize data/record keeping requirements
- CSBs conduct review to determine if current salary ranges for case managers are having negative impact on continuity of care and develop strategies to address identified problems



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