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Fact Sheet:

Workload Standards Study: Case/Resource Management in the Division of Developmental Disabilities

The Study

Adopting a previously successful research design used nationally in many workload studies of Children and Family Services, including Washington, the Research and Data Analysis division conducted a study that

- provided a scientific time measurement of what case/resource managers actually do;
- developed a set of minimum, essential workload standards, based on federal, state and local mandates, and a set of optimal, best practice standards;
- calculated staffing needs to fulfill these essential and best practice standards; and
- projected such needs based on caseload growth and plans to fulfill unmet service needs.

Key Findings

In 1997, the work of 170 DDD case/resource managers was well below either essential or best practice standards in supporting 24,000 persons with developmental disabilities and their families.

- With caseloads of 1:141 they were able to fulfill only 45percent of essential mandated work: 55 percent was left undone.
- If one considers not only essential but also optimal, best practice type work, only 29 percent was being done: 71 percent was left undone.

Comparisons with Other States

Washington's average caseload ratio was compared with those of other states.

- Washington has the highest caseload ratio nationally (the national median was 1:40 in 1995).

- Washington has the highest caseload ratio among states similar to Washington in economic and demographic characteristics and in having a state operated case management system (the caseload average was 1:60 among the states most similar to Washington at the end of 1997).

Persons with Special Needs

Washington's understaffing is exacerbated by the fact that almost half of DDD clients have special needs in addition to their developmental disability, such as community protection issues, mental illness, language/cultural differences, and families with coping difficulties.

- Up to four times more time is spent with these persons than with the average person.

Types of Work Left Undone

Some of the consequences of this understaffing are:

- Most of the essential work is done to connect persons to services (60 percent done), but much less is done in monitoring services to ensure quality (only 37 percent done) and in reviewing the adequacy of the services to changing needs of persons and families (only 33 percent done).
- Over a one year period, one in four clients is never contacted, one in five is only contacted indirectly.

Extra Staff Needed in 1997

In 1997, the following number of extra case/resource FTEs would have been necessary to fill the gap in work not being done, above and beyond the work done by the 170 employed:

- 198 extra to meet minimum essential standards, resulting in caseloads of 1:65;
- a further 163 to also meet optimal best practice standards, resulting in caseloads of 1:46.

Extra Staff Needed in 2001

The work gap is increasing through time due to caseload growth projected to increase from 24,000 in 1997 to 33,550 by the end of the next biennium, the year 2001.

- By that time 254 extra case/resource managers and an additional 69.5 extra supervisors and administrative staff would be necessary to meet minimum essential standards.

Introduction

The client population in the Division of Developmental Disabilities (DDD) has grown in size and complexity without a corresponding increase in case/resource management staff. Caseloads have increased to 141 persons per case/resource manager in 1997, making Washington the state with the highest caseloads nationally. Some of the caseload changes leading to increased complexity are: inclusion of individuals with many more challenging concerns, such as mental health or community protection issues, and increased life span of people with developmental disabilities.

Adopting a previously successful research design used nationally in many workload studies of Children and Family Services, including Washington, DDD funded a research project to be conducted by the Department of Social and Health Services (DSHS) Research and Data Analysis division.

Study Purposes

- Provide a scientific measurement of current workload: how long it takes case/resource managers to provide community case management and community resource development and management services to clients of DDD.
- Develop a set of minimum/essential and of optimal/best practice standards for the provision of services in DDD both for case management and for resource management activities.
- Provide the tools for DDD to calculate staffing needs to fulfill essential standards and project such needs based on estimates of caseload growth, the effects of policy changes and projections of unmet service need .

Study Methods

A scientific time measurement of workload

- Case/resource managers participated in a four-week 100% total time measurement split between two ten-day work segments involving logging all daily activities (November 3-17, 1997 and April 17-30, 1998). Response rates were very high: 96 percent in November and 89 percent in April. Estimates were obtained for leave and administrative time, and service activities not directly related to individual clients, such as the development and management of resources.
- Case/resource managers also answered a prevalence survey about complex characteristics and situations of current individuals on their caseloads and about those not contacted at all during the previous year. They responded to a random sample survey of more than 10% of their client caseloads (about 2,700 persons statewide), regarding yearly contacts and the prevalence of certain complex characteristics and situations. These included diagnosed mental illness, high nursing care needs, involvement with the legal system, family coping problems and others. This survey provided the basis for the random sample and the over-sampling of the groups with special characteristics used subsequently in the one-

month tracking . A very high response rate was obtained in this survey: 92 percent.

- Case/resource managers were asked to participated in a one-month tracking, logging all activities and times spent with a statewide random sample of DDD clients, and with an additional over-sampling of clients with complex characteristics and situations (February 1998). Again the response rate was high even for this long, one month, tracking: 82 percent. Detailed measurements were taken of time spent in case management activities supporting the average client, or specific groups of clients, in a variety of programs.

The development of minimum/essential and optimal/best practice workload standards

With the guidance of two national experts, a group of case/resource managers, supervisors and regional administrators, experienced in the field of developmental disabilities, developed a set of essential workload standards. As the group and the consultants methodically developed each essential standard for the typical caseload, they used the actual times and the activities done during the month long data collection as a basis for their decisions. They looked at the time actually spent and determined how much longer a modified set of activities should have taken in order to meet minimum/essential mandates and, additionally, to fulfill optimal/best practices.

- They listed the steps and activities that were minimally and optimally necessary to complete a process of support in a variety of programs.
- They examined how long each activity actually took and looked at which activities should be done differently, were not done long enough, or were not done at all.
- They determined for how many people and how often each activity should be done, both to meet essential standards and, for major programs, to meet optimal best practice standards.

They met again two months later to review the set of activities and overall times established for the phases in each program and to make any needed adjustments in light of requirements to meet essential legal and administrative mandates for essential standards.

A similar process was used to develop essential standards for a variety of resource management tasks, both for developing and maintaining such resources. However, due to the episodic nature of some of these tasks estimates of actual time spent had to be made using an expert estimation process.

The development of a calculation system for estimating staffing needs

- Estimates were obtained of the proportion of work not being done by comparing current work time with the time required to fulfill essential minimum standards. An automated calculation system to produce overall staffing needs

was generated by electronically linking such time differences across programs for a given year (1997) and a given population served.

■ Furthermore, automated projections of staffing needs were made possible by modifying the parameters of the above calculation system: modifying either the overall number of clients served, the composition of the clients or the mix of programs. These modifications were based on

- overall caseload growth projections,
- changes in particular programs due to policy or entitlement criteria,
- expansion of DDD-funded programs to address unmet service needs.

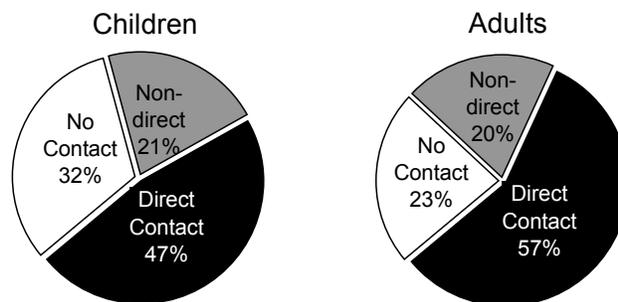
Selected Major Results

Persons with No Contact on a Yearly Basis

As the number of people assigned to each case/resource manager has grown, DDD has been concerned that many people who are officially on the DDD caseload have not been contacted, their addresses not checked, their support needs not assessed. Three categories of contacts were measured: 1) *direct contact* with client or family by phone or in person, 2) *indirect contact* through collateral contacts or paperwork, and 3) *no contact*.

The prevalence survey estimated how many people were in fact contacted in 1997.

Figure 1
Percent Having Direct or Indirect Contact,
or No Yearly Contact



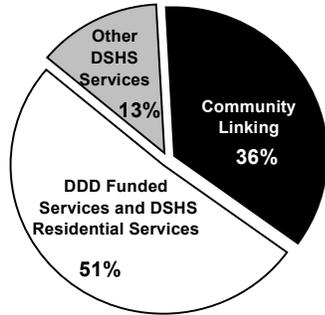
- 32% of children and 23% of adults had no contact (in 1997).
- 21% of children and 20% of adults had only indirect contact.
- This means that 47% of children and 57% of adults had direct contact with case/resource managers during the year.

Note: A recent phone survey of a sample of persons with no apparent support needs was conducted, as part of the unmet service needs study. The results of the survey indicate significant unmet needs among the persons with no yearly

contact and a great deal of missing information on how to contact such persons.

Kinds of supports case/resource managers spend time on among the persons contacted

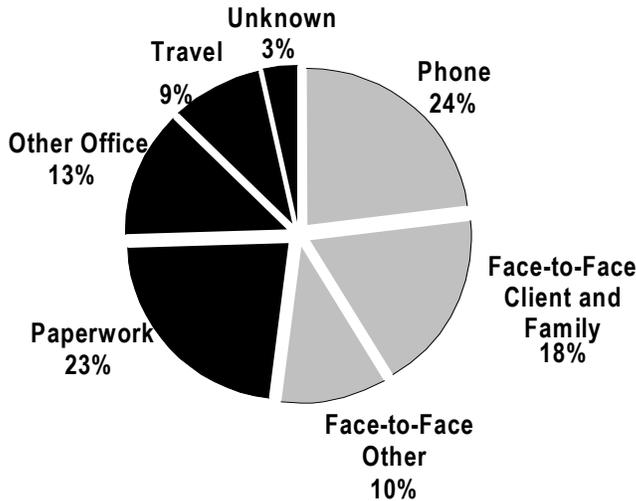
Figure 2
Types of Supports / Services



- Half the time was spent on DDD funded services and DSHS residential programs used by DDD adults.
- The other half of the time was spent mainly on linking to community resources, providing supports to persons living in their own homes or parent/relative homes, and linking to other available DSHS services.

Amount of time spent on paperwork and personal contacts

Figure 3
Percent of Case Management Time Spent by Case / Resource Managers by Type of Activity



- 52% of Case Management time is spent on interactions face to face or by phone with clients, families, providers, and other professionals.
- 23% of Case Management time is spent on paperwork, 13% on other office functions, and 9% on travel.

Amount of time spent on different types of clients or situations

The prevalence survey had revealed the large number of clients who had special needs in addition to developmental disabilities—persons with community protection issues, mental illness, drug/alcohol problems, behavior problems, language/cultural differences or who were in special situations, have legal problems, live in psychiatric hospitals, live in families with coping difficulties, involved in protective service issues.

- About half of all DDD clients had one or more special needs, which increase the demands on case/resource manager time.

Table 1
Percentage of Time Spent with Persons with Special Characteristics
Compared to the Time Spent to Serve
an Average Person with Developmental Disabilities

Groups of Persons	Percentage of Time Spent
Groups with Special Characteristics	
Contact with Legal Services	438%
Living in Psychiatric Hospitals	405%
With Community Protection Issues	395%
With Alcohol and Drug Use Problems	373%
With Mental Illness	325%
Family has Difficulty Coping	190%
In need of Protective Services	188%
With Behavior Problems	175%
With Physical Problems	153%
With Language/Cultural Differences	145%
Client is a Parent	113%
Medically Intensive*	73%
Random Sample	
Average Person with Developmental Disabilities in the Sample	100%

* *Medically intensive--these people typically have 24 hour nursing services in their home which could decrease the need for case management involvement.*

- Up to four times more time was spent with persons with special characteristics or situations than with the average DDD client.

Percent of Essential Work Not Being Done and Extra FTEs Needed to Fill the Gap

How many extra case/resource managers (FTEs) would be needed to fulfill essential workload tasks currently not being done or done inadequately with each client on the DDD caseload?

The answer to this question can be divided into four parts, corresponding to four different categories of work:

1. the number of FTEs necessary to update information, to evaluate needs, and if necessary, to link to services persons with no yearly contact
2. the number of FTEs necessary to fulfill essential Case Management requirements tied not only to different support programs, but, more specifically, to different phases of Case Management work:
 - **Connecting** to needed supports,
 - **Monitoring** the effectiveness of the supports, and
 - **Reviewing** periodically their adequacy to changing needs.
3. the number of Resource Management FTEs necessary to fulfill mandates to develop, maintain and periodically evaluate the resources (agencies, individual contractors, community capabilities) which provide needed supports;
4. the number of FTEs necessary to fulfill essential tasks related to intake, eligibility determination and periodic eligibility reviews.

The major purpose of the workload study was to uncover the difference between how much time, at a minimum, should have been spent (that time essential to meet mandates) and actual time spent, activity by activity, for each of the above categories and phases of work. As already mentioned, a group of long-time developmental disabilities experts developed standards on what extra activities and time was essential to fulfill federal, state and DDD policy mandates. The process of deriving these essential standards was facilitated by national consultants, following practices developed and used in many workload studies for case management in Children and Family Services.

The standards building process consisted of

1. a careful examination of the data collected scientifically, what activities were done, with whom, and for how long;
2. the identification of a set of activities, often different from the set currently done, organized into a sequence of steps, which needed to be done;
3. the determination of how often and with whom these activities should be done;

4. the adjustment of length of time, either upwards or downwards, based on the systematic evaluation of statewide averages for similar activities across programs.

This procedure guarantees standards that are applicable to the local setting, in terms of available service resources, geography and work organization, of the unique composition of the population served, and of the particular state legal and policy requirements.

The results of this study show that the following percentages of essential work was not being done and the following extra FTEs would have been necessary to fill the gap between actual and essential workload standards.

Table 2
1997 Gap: Percent of Essential Work Not Done and Extra FTEs Needed

	% Essential Work NOT Done	Actual FTEs	Extra FTEs
Review persons on caseload who have not been contacted	100%	0.0	22.4
Case Management			
Connecting persons to adequate supports/services	38%	39.6	26.7
Monitoring supports/services to ensure quality	64%	51.7	87.5
Reviewing match between clients and supports/services*	67%	13.7	28.1
Resource Management			
Developing and maintaining resources	33%	43.7	21.5
Intake and Eligibility Review	48%	12.8	11.7
Other supports**	n/a	8.3	n/a
Total	55%	169.8	197.9

* Note: Reviews are required by federal and state mandates. Not meeting these reviews creates major problems regarding compliance.

** Such as child development services, school related service, Division of Child and Family Services supports

- Overall, 55% of the essential work is left undone.
- Two major categories of functions are not being done at all well, much below acceptable standards:
 1. functions involving reviews—which raise problems in accountability:
 - 100% not done, for those not contacted at all during the year,
 - 67% not done, for reviews of the match between clients and supports/services,
 - 48% not done in intake and eligibility review—mainly eligibility reviews.
 2. monitoring supports/services—which raises concerns regarding quality assurance: 63% not done.

- Case/resource managers equivalent to 170 FTEs statewide were doing this work on behalf of 24,000 on the DDD caseload in 1997—that is, one FTE per 141 persons with developmental disabilities and their families. This number was up from one per 78 eighteen years ago, in 1979.
- Overall, 198 extra case/resource manager FTEs would have been needed in 1997 to do the work left undone, i.e., to come up to essential standards; this would have reduced the average caseload ratio, the number of persons per case/resource manager, from 1:141 to 1:65.

Technical Note on Essential Work Not Being Done

How much of the work left undone in case management is simply a matter of spending too little time on activities currently done with persons served? How much is it a function of needing to do things differently and with more clients?

In order to answer this question, the times for activities determined essential were modified back to the actual times currently spent, whenever activities matched exactly between actual and essential work. The remaining difference found in overall time between essential standards and actual measurement would then be a result of needing to do things differently and with more persons.

- Of the essential work left undone, 10% is due to spending too little time, 90% is due to the need to do things differently and with more people. This means that of the 55% proportion of the essential work not done, only 5% corresponds to adjustments in time, while a much larger part, 50%, corresponds to the need to do things differently and with more people.

Tentative Findings on Percent of Work Not Being Done to Meet Both Essential and Optimal, Best Practice Standards and Corresponding Further Extra FTEs Needed

How many extra case/resource managers (FTEs) would be needed to fulfill best practice standards, in addition to meeting essential ones?

Optimal, best practice standards were developed for the major DDD-contracted programs (Medicaid Personal Care, DDD Residential, DDD Adult Day Programs and Family Support), other DSHS residential programs used by DDD adults and DSHS Child and Adult Protective Services. These programs accounted for almost two thirds of Case Management time. The same standards development process was followed as the one described for building essential standards except that the criterion was further effectiveness of practices in addition to fulfilling minimum requirements.

- Overall, for the above programs, 71% of the work necessary to meet both essential and best practice standards is left undone: 41% corresponds to essential

work not done, another 30% corresponds to optimal best practice work not being above and beyond the essential standards.

- If these findings were projected to all Case Management, an extra 163 case/resource managers would have been needed to meet optimal best practice standards in 1997 (above and beyond the 198 extra to meet essential standards), for a total additional 361. This is in comparison to the 170 actual case/resource managers working in 1997.
- If best practice standards were met the average caseload ratio in 1997 should have been one case/resource manager for 46 clients (1:46). This is much lower than the 1:65 caseload needed to meet minimum essential standards, but still higher than the national median of 1:40.

Comparative Evidence on Caseload Ratios from Other States

Various caseload ratios are presented in this report. The ratios are generated in different years and by different studies and cannot necessarily be compared. The following table illustrates the key ratios from the most recent national study (1995), from a past DDD report (1979) and from the current workload study (1997).

Table 3
Caseload Ratios

Source	Year	Ratio
<i>1995-6 Case Management Survey, National Association of State Directors of Developmental Disabilities Services</i>		
All cases in Washington (permanent staff only)	1995	1:175
Cases in Washington who receive yearly direct or indirect contact (permanent staff only)	1995	1:125
National median, across all states reporting	1995	1:40
<i>1979 DDD Report</i>	1979	1:78
<i>1998 DDD Workload Standards Study Technical Report, Research and Data Analysis, DSHS</i>		
Actual data: all currently enrolled cases regardless of contact (permanent and temporary case/resource managers)	1997	1:141
If Essential Standards were met	1997	1:65
If Best Practices were met	1997	1:46

Caseload ratios reported in the Workload Standards study are directly comparable with each other since they are based on the same year and the same methodology. Comparisons between Washington caseload ratios and those of other states are more problematic:

- they may differ by how they define cases: all those enrolled or those being contacted;
- they may differ in terms of the economic/demographic characteristics of the states and the type of service system, most importantly whether it is a state-run system or not.

Contact Requirements and Caseload Ratios Among States Similar to Washington State

How different are Washington’s caseload ratios, actual, essential and best practice, from those of states that are similar to Washington?

Thirteen states were surveyed either because they had economic and demographic characteristics similar to Washington State or because they had state-operated case management systems or both.

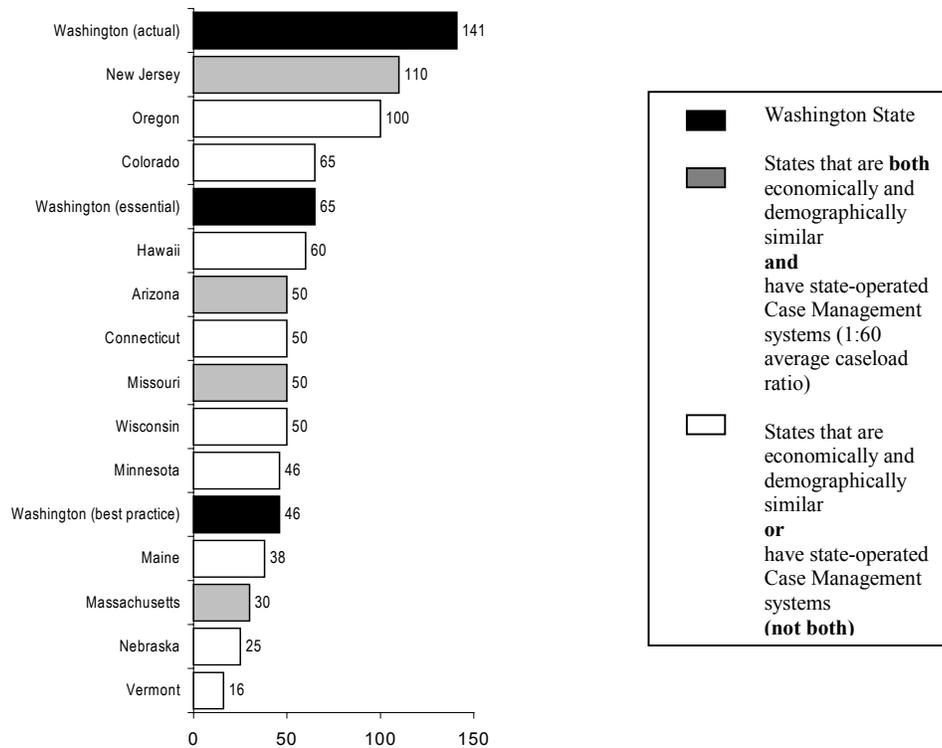
**Figure 3
Cross State Comparison
Caseload Ratios in States Surveyed**

	State Operated	Not State Operated	Average Similar
Similar to Washington State	1:60 AZ, MA, MO, NJ	1:56 CO, OR, VT, WI, MN	1:57
Not Similar to Washington State	1:43 CT, HI, ME, NE		
Average State Operated	1:52		

- Almost all states surveyed required case management contact once a year or more frequently for all enrolled DDD clients.
- Average caseload size was 52 among the eight states with a state-operated case management system.
- Average caseload size was 56 among the five states who did not have a state-operated case management system, but had similar economic and demographic characteristics.
- Average caseload size was 60 among the four states that had both similar characteristics and a state-operated case management system.
- The average caseload ratios for these states are less than half of Washington’s 1:141: they are in the range between Washington’s best practice

caseload ratio of 1:46 and Washington's essential caseload ratio of 1:65. (See table below.)

Figure 4
 Comparison of Washington's Caseloads
 (Actual, Essential, Best Practice) with Similar States' Caseloads



Projections of Extra FTEs Needed in the Next Biennium to Meet Essential Standards, Assuming No Increase in Funding for DDD-Funded Programs

What increases in FTEs and funding would be needed to fulfill all essential mandates in the next biennium, taking into account only the growth in the DDD caseload and the effects of policy changes, with no increase in DDD-funded services?

Projections were based on the number of people that would increase due to caseload growth and due to the effects of policy changes in the years 1997-2001, by each program, in each of the three phases of workload: connection, monitoring and review. The results are summarized below by major category of work.

Table 5
Extra FTEs and Annual Cost Needed to Meet Essential Standards by 2001
(With No Increase in DDD-funded services)

	1997 Gap (for 24,000 clients)		1997-2001 Increase (for 33,550 clients)		Total Extra Needed by 2001	
	Extra FTEs Needed	Cost	Extra FTEs Needed	Cost	Extra FTEs Needed	Cost
Reviews of Clients Not Contacted	22.4	\$1,531,460	9	\$615,141	31.4	\$2,146,601
Case Management	142.3	\$9,727,350	37.6	\$2,569,922	179.9	\$12,297,272
Resource Management	21.5	\$1,468,300	0	\$0	21.5	\$1,468,300
Intake and Eligibility Reviews	11.7	\$801,996	9	\$615,141	20.7	\$1,417,137
Case/Resource Management Total	197.9	\$13,529,106	56	\$3,800,204	253.9	\$17,329,310
Supervisors + Administrative Support*	56.5	\$3,561,045	13	\$784,976	69.5	\$346,020
Total FTEs and Annual Costs	254.4	\$17,090,150	69	\$4,585,180	323.5	\$21,675,330

*Note: Administrative Support includes clerical, information support specialists and accountants. Ratios are Supervisors 1:8, Clerical Support 1:10, + Six Information Support Specialists and Six Accountants
* Total number of DDD clients is projected to increase from 24,000 to 33,550 clients by the year 2001.*

- It was projected that an extra 56 FTEs would be needed by the year 2001 beyond the extra 198 FTEs needed to fill the gap in essential work in 1997: the total needed would be an extra 254 FTEs.
- The proportional number of extra supervisors and administrative staff to meet essential standards by the year 2001 would be 69.5.
- The total annual cost by the year 2001 for 254 extra case/resource managers and 69.5 extra supervisors and administrative staff would be \$21,675,330.

Projections of FTEs Required in the Next Biennium to Implement DDD's Strategy for Reducing Unmet Service Need

Based on the time requirements to meet minimum essential standards, projections were made on the number of case/resource managers necessary in the next biennium (1999-2001), to:

- move all families, 3969, from the waiting list to the Family Support Opportunities Program,
- develop 425 new DDD-funded residential resources,
- expand employment/day programs by 1500 people.

Details of the calculations are presented in Appendix K of *Workload Standards Study Technical Report: Case/Resource Management in the Division of Developmental Disabilities*. The results of these projections are reported in *An Analysis of Unmet Service Need* study and in *DDD's Strategies for the Future; Long-Range Plan Report Phase 1: 1999-2001*.

Information on the Role of ‘Service Brokers’ in Pilot ‘Self-Determination’ Projects

A separate survey of states that have self-determination pilots was conducted to collect further information useful for DDD planning. The findings are available in a separate report: *Implementing Self-Determination*.



Research and Data Analysis

Fact Sheet Number 5.30 fs