AMSSS Case Management Survey

During the last few years, those of us who work in the Developmental Disabilities area have been excited and concerned by the major changes in the system. Last year a group of county social service supervisors began discussing the system changes, attempting to identify adjustments that were needed to deliver services more effectively. The Association of Minnesota Social Service Supervisors (AMSSS) sponsored a task force which developed an issues paper. Discussions were held with staff of the Division for Persons with Developmental Disabilities and agreement reached to work together to eliminate the barriers, build up confidence in the system, and develop a team atmosphere in order to expend our energies in more productive ways.

As part of this effort, we decided to obtain more specific information from the people who have an intimate knowledge of the system — those of you who work directly with clients. We wanted to learn what parts of the current system are working well, and what parts are ineffective. A questionnaire was prepared and distributed throughout the AMSSS network starting in September 1987. A copy of that questionnaire is attached. A total of 111 responses from every region of the state were received. This report is an attempt to compile the responses. This has been especially difficult because of the many articulate, detailed responses which we received.

Now that the survey is compiled, we plan to distribute it to a variety of people concerned about the Developmental Disabilities service system. One of the important things we learned from this survey is that there are some common concerns that are not limited to a particular county or particular region. Our hope is that we can work together to address those concerns and thus facilitate better service to our clients. We are continuing to meet with DHS staff and will use the survey result as a basis for further discussion and problem-solving.

This report of the results parallels the format of the original questionnaire. A total of 111 forms were received: 67 from rural counties, 40 from urban counties, and 4 from counties identified as "mixed urban and rural". The responses were categorized by common themes. The responses regarding each theme were totaled, and percentages figured comparing the number of responses to the number of forms received. It is important to keep in mind that the survey has an open-ended format, therefore these results may under-report the statewide level of support for features of the system as well as the level of concern and frustration with other features.

A. WAYS IN WHICH THESE CHANGES HAVE HELPED YOU IN YOUR EFFORTS TO SERVE CLIENTS

		NUMBER	PERCENTAGE
1. Waivered Services have been a positive addition to the system	Rural	33	49%
	Urban	29	72%
	Mixed	2	50%
	TOTAL	64	58%
2. Clients' situations have proved	Rural	26	39%
	Urban	1	2%
	Mixed	1	25%
	TOTAL	28	25%
3. There are more and a greater variety of resources	Rural	33	49%
	Urban	1	2%
	Mixed	0	0%
	TOTAL	34	31%
4. There are positive aspects of the case management concept	Rural	20	30%
	Urban	4	10%
	Mixed	0	0%
	TOTAL	24	22%
5. The quality of service has proved	Rural	5	7%
	Urban	3	8%
	Mixed	2	50%
	TOTAL	10	9%
6. The philosophical changes have been good	Rural	6	9%
	Urban	1	2%
	Mixed	0	0%
	TOTAL	7	6%

		NUMBER	PERCENTAGE
7. There is more and better accountability	Rural	19	28%
	Urban	0	0%
	Mixed	0	0%
	TOTAL	19	17%
8. Deinstitutionalization has been good	Rural	6	9%
	Urban	8	20%
	Mixed	0	0%
	TOTAL	14	13%
9. The changes have not helped	Rural	3	4%
	Urban	2	5%
	Mixed	0	0%
	TOTAL	5	4%
10. No response	Rural	0	0%
	Urban	6	15%
	Mixed	0	0%
	TOTAL	6	5%

11. Miscellaneous -- not categorized

Clarified service requirements and procedures.
Greater funding for services.
Clients helped better by assigning responsibility to county level.
Some less travelling to out-of-county locations.
Can keep children at borne.
Increased contact with clients living out of county.
Training has been helpful.
IDT concept very effective.
Family Subsidy works.
Rule 185 and waiver are complex, but their intent is clear and reasonable -- it will take time and experience to find effective ways of implementing them.

B. WAYS IN WHICH THESE CHANGES HAVE CAUSED DIFFICULTIES FOR YOU IN YOUR EFFORTS TO SERVE CLIENTS

		NUMBER	PERCENTAGE
1. Not enough resources	Rural	25	37%
	Urban	28	70%
	Mixed	4	100%
	TOTAL	57	51%

a. Not enough waivered services slots
   Total Number: 27
   Total Percentage: 24%

b. Not enough ICF-MR resources
   Total Number: 8
   Total Percentage: 7%

c. Not enough SILS funding
   Total Number: 4
   Total Percentage: 4%

2. Too Much red tape that inhibits service to clients	Rural	47	70%
	Urban	25	63%
	Mixed	1	25%
	TOTAL	73	66%
3. Caseloads are too large to meet requirements	Rural	29	43%
	Urban	20	50%
	Mixed	2	50%
	TOTAL	51	46%
4. Problems with waivered services	Rural	4	6%
	Urban	9	22%
	Mixed	2	50%
	TOTAL	15	14%

a. Staffing problems
   Total Number: 3
   Total Percentage: 3%

b. Funding problems (funding levels too low)
   Total Number: 4
   Total Percentage: 4%

			NUMBER	PERCENTAGE
5.	**There isn't enough or adequate training**	Rural	7	10%
		Urban	3	7%
		Mixed	0	0%
		TOTAL	10	9%
6.	**Rules are confusing and the interpretations of rules are inconsistent**	Rural	8	12%
		Urban	3	7%
		Mixed	0	0%
		TOTAL	11	10%
7.	**Problematic relationships with DHS staff**	Rural	2	3%
		Urban	5	12%
		Nixed	0	0%
		TOTAL	7	6%
8.	**Relationships between counties are deteriorating**	Rural	4	6%
		Urban	0	0%
		Mixed	0	0%
		TOTAL	4	4%
9.	**Specific rural problems**	Rural	9	13%
		Urban	0	0%
		Mixed	0	0%
		TOTAL	9	8%

Specific comments:

Services not available locally in rural counties -- clients have to move to get services that are mandated.

In rural county where case manager has multiple duties it is impossible to be an "MR specialist".

In rural areas there are sometimes serious service deficits -- then case manager has to develop necessary minimal services.

Staff person has had to mainly deal with MR area. So many clients placed out of county that 1t requires meals, mileage, coverage problems 1n office and overtime — problems for a small agency.

			NUMBER	PERCENTAGE
10.	**There are problems with the case management role**	Rural	29	43%
		Urban	2	5%
		Mixed	0	0%
		TOTAL	31	28%

a. Staff morale problems
Total Number: 8
Total Percentage: 7%

11.	**There are problems with deinstitutionalization**	Rural	5	7%
		Urban	5	12%
		Mixed	2	50%
		TOTAL	12	11%

a. Providers not able to serve the more difficult people moving into the community
Total Number: 3
Total Percentage: 3%

12.	**There have been problems with the process of change**	Rural	7	10%
		Urban	4	10%
		Mixed	0	0%
		TOTAL	11	10%

13.	**There has been a lack of improvement in client quality of life**	Rural	1	I%
		Urban	4	10%
		Mixed	0	0%
		TOTAL	5	5%

14.	**Problems with community support**	Rural	3	4%
		Urban	0	0%
		Mixed	0	0%
		TOTAL	3	3%

15.	**Financial problems**	Rural	10	15%
		Urban	0	0%
		Mixed	2	50%
		TOTAL	12	11%

Specific comments:
Waiver funding levels are too low for really hard clients.
Being in total compliance with regulations costs more money than is available.
Funding is too limited. This 1s an extremely effective program severely handicapped by budget cuts.
Too much of social service funds are going for administrative costs.

16. Legal problems

	NUMBER	PERCENTAGE
Rural	3	4%
Urban	0	0%
Mixed	0	0%
TOTAL	3	3%

17. No response

Rural	0	0%
Urban	1	2%
Mixed	0	0%
TOTAL	1	1%

18. Miscellaneous --not categorized

In economically depressed area, it's hard for clients to succeed.
Travel time is greatly increased.
Some clients don't want services required by Rule 185.
System is closed — case managers find themselves in situations with no options.
Have more information about clients but don't know them any better.
Problems with being expected to know a client you've seen two times well enough to do ISP.
Had to make major plan changes (ICF to SILS, waiver to SILS).
ICF regulations too complicated.
SLS not possible, not best option in all cases -- this isn't always understood by parents.
Some Child Welfare regulations conflict with MR regulations.
Emphasis on small facilities is placing a strain on the supply of trained staff in the system.
There are long delays moving clients to better placements with open beds.

DO YOU HAVE ANY SUGGESTIONS ABOUT WAYS IN WHICH THE CURRENT SYSTEM COULD BE CHANGED TO HELP YOU IN YOUR WORK?

			NUMBER	PERCENTAGE
1.	**Smaller caseloads -- Mandate size**	Rural	17	25%
		Urban	14	35%
		Mixed	1	25%
		TOTAL	32	29%
2.	**More waivered services slots**	Rural	11	16%
		Urban	5	12%
		Mixed	2	50%
		TOTAL	18	16%
3.	**Change Rule 185**	Rural	7	10%
		Urban	7	18%
		Mixed	0	0%
		TOTAL	14	13%

Specific comments:
Rewrite Rule 185.
Consider exempting children from Rule 185 as there are other service regulations regarding children. That would eliminate conflicts between the two systems.
Simplify Rule 185 requirements.
Rule 185 is like an unenforceable law, no one including DHS has the resources to meet its requirements for all clients.
Need to examine expectations and realities of current system.
Let facilities develop IHPs.
Rule 185 makes no provision for disabled children.
Study 185 and processes to see where corners might be legitimately cut.

			NUMBER	PERCENTAGE
4.	**Streamline procedures**	Rural	16	24%
		Urban	11	28%
		Mixed	1	25%
		TOTAL	28	25%

a. DHS should develop standardized, streamlined forms and outlines
Total Number: 9
Total Percentage: 81

Specific comments:
Reduce red tape for waivered services; simplify procedures.
Eliminate non-essential paperwork so more time can be spent in direct service.
Reduce paperwork.

Content and purpose of screening document should be revised.
Rule 186 process so redundant and exasperating, it appears to be geared to discouraging its use.
More consistent terminology for screening document, ISP, IHP, IPP and rules.
Get DHS out of the middle — maybe a block grant by Feds to counties would eliminate one bureaucracy.
Remove need to screen certain categories of clients, e.g., anyone leaving RTC, client going from ICF to waiver, or from one waiver to another where new placement per diem is no higher than the first.
Drop RSS notice of screenings except for client moving from waiver to ICF.
Combine ISP and IHP.
DHS should develop ISP and IHP forms -- they should be as streamlined as possible and used throughout state.
Simplify, simplify, simplify.
Checklist for ISPs for specific client diagnosis and/or needs.
Combine ISP and screening document.
Streamline paper chain -- make sure RSS has same information as state.
Combine ISP and IHP -- should be functional, coordinated, simple.

5. <u>Make some changes in relationship between state and counties</u>

	NUMBER	PERCENTAGE
Rural	4	6%
Urban	13	32%
Mixed	1	25%
TOTAL	18	16%

a. DHS should get internal act together so policies are consistent, expectations are realistic, and their values clear
Total Number: 12
Total Percentage: 11%

Specific comments:
Need to get uniform, timely, straightforward answers to questions.
All divisions of DHS should have consistent policies.
Set up system so counties can get consistent, definitive answers from DHS.
More realistic appraisal of what resources are really available.
More information on reasoning behind state regulations, decisions, ideas, waiver use.
DHS should get its act together on all the rules and changes.
State regulations and expectations of RSS could be better coordinated.
Explicit definition of responsibility and authority for case managers should be provided.
Consistent quality standards.

Counties and state should work together to set expectations that are attainable.
DHS needs to help counties, not be a barrier to client service.
DHS should hire people who have been county social workers and attempted to implement DHS regulations.
Regular meetings between counties and DHS in an open forum to share issues, perspectives, developments in a cooperative spirit.
Give counties more authority to make decisions -- DHS would still audit, but some decision-making ability shifted to counties.
Counties need greater input regarding need for waiver slots.
Rules should be clear and uniform.
DHS should be less controlling.
Eliminate state veto power over county systems to provide service to clients.
RSS have less power.

6. Provide more and better training and technical assistance

	NUMBER	PERCENTAGE
Rural	17	25%
Urban	10	25%
Mixed	0	0%
TOTAL	27	24%

Specific comments:
More and better training:
Training in ISP/IHP development and monitoring documentation format.
More state staff to provide support and training to counties.
More training on aversive/deprivation techniques, deaf-blind programs, age-appropriate toys, games and books.
Objectives and guidelines on how to implement IHP.
Like to have DHS give suggestions on how to make cumbersome system work for clients.
Provide procedure manual for waivered services.
More technical assistance/RSS positions.
Maybe state staff should give 1n-the-f1eld technical assistance so they can really know barriers faced by case managers.
Providers need to be trained so they understand counties' new responsibilities and authority.
More training on developing specialized foster homes, waiver providers and services paid through waiver.

7. Make changes in funding

	NUMBER	PERCENTAGE
Rural	4	6%
Urban	2	5%
Mixed	3	75%
TOTAL	9	8%

Specific comments:
Abolish regional per diem waiver average.
Raise DAC funding.
Current payment system should be made less cumbersome, e.g., use PAS-ACG type system.
More realistic waiver per diems.
Allow counties to charge for case management services on all MR cases -- set up a reimbursement system.
An objective scale to be applied to every client to determine rate for service.
Easier SILS funding -- cumbersome to send proposals to state.
More SILS funding.

8. Develop more and a variety of resources

	NUMBER	PERCENTAGE
Rural	4	6%
Urban	8	20%
Mixed	0	0%
TOTAL	12	10%

Specific comments:
New programs for severe behaviorally involved clients.
Greater diversification and availability of day programs.
Increase resources.
Either more Class Bs in metro area or huge increase for Class-B-level SLSs.
Need placement options for adults and kids 1n parental homes.
Need shelter system for emergency placements.
More residential beds.
More resources.

9. DHS should share honest, realistic information with the community

	NUMBER	PERCENTAGE
Rural	1	1%
Urban	2	5%
Mixed	0	0%
TOTAL	3	3%

Specific comments:
Education on waiver and what it can do for clients in clear terms would help families.
Community education.
The community should know that services are not available for everyone.

10. Slow down the rate of change so there is an opportunity for fine-tuning

	NUMBER	PERCENTAGE
Rural	2	3%
Urban	5	12%
Mixed	0	0%
TOTAL	7	6%

Specific comnents:
Slower pace of development.
Slower pace of development in downsizing projects.
Allow providers on all levels to "heal" themselves, then re-evaluate, plan and decide together how to proceed.
Don't squeeze all resources at once -- give time to develop new services before other options are closed.
Current system should be streamlined rather than adding more duties -- legislation moving too fast.

11. <u>Miscellaneous suggestions:</u>

Be more realistic and allow counties to operate within their means.
Clarify definitions of related conditions.
Better coordination and communication with DRS and the Dept. of Education.
Don't implement new programs before rules are written and training is provided.
Maybe dump system and start all over -- establish statewide committee with strong county participation to review and recommend changes.
System needs major revamp with attention to excessive regulation, lack of money, and excessive documentation.
Forget about reminding case managers of "power role".
Emphasize client's control over his/her own life and provide each client opportunity for truly normalized quality of life outcomes -- let client live from day-to-day with consideration for personal preferences and individualized lifestyles.
Need to have time and resources to focus on getting quality front-line staff for SLSs, ICFs, and RTCs -- they are the most important factor in good quality of life.
Case managers should be on all committees who set changes and develop rules.
Emphasize social work services and give that priority over case management.
Reduce imposition of "measurable" objectives developed by interdisciplinary team.
How to reconcile differences in MR waiver and permanency planning.
Aversive therapy and psychiatric medication decisions should be made by facilities and those with expertise.
Waiver allotments should be uniform among counties.
Clarify roles of agencies working with clients.
Documentation doesn't guarantee service -- monitoring is necessary for this.
Impressed with recent workshops -- develop system of sharing information on what innovative and creative things other counties and service providers are doing.
Not efficient to use three workers in guardianship matters.
Treatment should be less idealistic.

Institute system to determine caseloads not on flat numbers, but according to how much time each case takes.
Have given suggestions in the past and they've been ignored.
Improved employment services for clients.
Team approach to case management.
There's a lack of providers in rural counties.
Closer supervision by providers.
System dictates who can provide services -- this means a lot of services are not available to clients who wish to locate in certain rural communities.
Return to individualized planning by social worker, family, and client, based on individual needs rather than the theoretical framework DHS has formulated.
Family subsidy should be a "straight grant".
MA should be available to all MR children.
Case monitoring should be left in hands of licensers with increased expectations of them.
More positive reinforcement for good social work practice and ideas.
Allocate waiver slots in July.
Better way of recording Information.
Some clients need to have their basic human needs met, quality interaction time, and just let them be.
Case manager should be able to be guardian.
Work with counties to develop system that gives higher per diem to better providers and vice versa.
Intensive funding for ICFs and 24-hour programs to train high-functioning people for self-sufficiency.

WOULD YOU BE INTERESTED IN HAVING A CHANCE TO DISCUSS THESE ISSUES WITH OTHER PEOPLE, PERHAPS AT A REGIONAL MEETING?

	RURAL	URBAN	MIXED	TOTAL	PERCENTAGE
Yes	47	25	4	76	68%
No	4	8	0	12	11%
Maybe	4	2	0	6	5%
Yes, if DHS listens	2	1	0	3	3%
Yes, 1f actions results	2	1	0	3	3%
No response	8	3	0	11	10%

ANY OTHER COMMENTS?

Things are bad, bad, bad -- I hope someone listens -- the current system takes away service to our clients.

Sense of being overwhelmed borders on a sense of being immobilized -- hard to even start paperwork, because it is impossible to do it all.

RSS passes on DHS edicts without explanations and advice.

Noble to strive for an idealistic level of service for clients -- but, in a rural setting, this can't happen overnight. I am willing to work at it if officials support what I am doing and help by providing funding.

It seems there's a slowdown in instructional bulletins -- now maybe we can go for quality rather than quantity in our rehabilitation efforts.

Two years ago our agency made serious commitment to implementing 185 and doing a good job. But, with many barriers that have occurred (spells them out), it feels like it doesn't matter if we do a good job or not.

Communication of changes slow to reach rural counties.

Rural counties should be seen as having different needs and problems.

Afraid some clients being pushed too fast to fewer hours of service and into SILS -- should be a minimal amount of assistance where people can stay.

Flooded with Information and deadlines -- nice if there was an index or handbook provided by state to keep track of all the bulletins -- being "bulletined to death".

Monitoring visits are unproductive -- program halts because client focuses on case manager -- monitoring 1s an ongoing function which shouldn't have special mandates -- case managers have to monitor areas 1n which they have no expertise.

Is there anything we can really do about the problems?

DHS does not allow exceptions to rules -- not all families want to comply with 185 -- in rural areas system still somewhat provider-driven because there sometimes are no other options.

Now system is 1n place, need to fine-tune it both to remove or add procedures or policy as needed and to address inability of case managers to deal with 1t all.

Rule 185 basically sound -- rule 40 (aversive/deprivation and psychotropic medication rules) are not clear and add more time-consuming paperwork and meetings.

Rural services not same as urban -- rarely are rural issues addressed.

All new rules being placed on case managers rather than providers -- we need support from somewhere to do all this.

Director of agency doesn't take seriously all the potential ramifications if 185 not followed -- he has a "don't worry about 1t" attitude — this puts case manager in a horrible position.

Let facilities worry about compliance with their rules and regulations rather than case managers -- rules for MR clients more complex and difficult than they need to be.

In state hospital ratio 1s 1:8 on the wards, where staff is most needed, at the same time that the per diem is $200.00 -- this is partly because of the tendency toward redundant paper-planning — fear whole system 1s going in that direction.

Emphases on deinstitutionalization and keeping children at home are preventing large segment of young and middle-aged clients from being integrated into the community due to moratorium on ICFs and lack of waiver slots.

We will have a more difficult time recruiting and keeping foster homes due to red tape and regulations requiring expensive home improvements.

Small community placements not the answer for all clients.

Can't eliminate all risks in life -- not normal to build life around neatly measurable objectives suggested by third parties -- can't mandate or guarantee quality of life for anybody -- even the Ten Commandments didn't accomplish that — human services need to be provided in a spirit of respect, trust, and responsibility.

A large dose of reality would do wonders. It is time someone on that level [DHS] began to realize that they are playing games with clients' lives.

CONCLUSIONS

It is apparent the case managers view some of the recent changes as positive additions to the system. In particular, Waivered Services and the expansion of resources are seen as being helpful. There is also a belief that clients' situations have improved. However, achieving improvements 1n service is hampered by problems such as caseload size, resources that have not kept pace with increased demand, and the amount of paperwork.

After reviewing the survey results, the task force has decided to focus our energy on several suggestions made in the survey. We already have been meeting with DHS staff from the Division for Persons with Developmental Disabilities with the goal of building communication between counties and DHS. In our meetings we also will be addressing the issues of caseload size and streamlining procedures. We hope that through this cooperative effort we will be able to actualize the potential of Rule 185 and other changes to improve the system for our clients.

npb:5/10/88

DEVELOPMENTAL DISABILITIES

* Are you: (Please Circle)
  a) Social Worker/Case Manager
  b) Supervisor
  c) Other (please specify) _____

* Would you consider yourself to be working in a predominantly: (Please Circle)
  a) Urban County
  b) Rural County

In regard to the major changes in MR services (deinstitutionalization, Rule 185, the waiver, etc.) which have occurred, could you please comment on:

A. Ways in which these changes have helped you in your efforts to serve clients. (Please attach an additional sheet if necessary.)

B. Ways in which these changes have caused difficulties for you in your efforts to serve clients. (Please attach an additional sheet if necessary.)

Do you have suggestions about ways in which the current system could be changed to help you in your work?

Would you be interested in having a chance to discuss these issues with other people, perhaps at a regional meeting which could occur next winter and spring?

Any other comments?

Please return to: _____

Thank you!