



# Texas Health and Human Services Commission

## Case Management Optimization

### **STAKEHOLDER INVOLVEMENT**





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Stakeholder Involvement**

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# Texas Case Management Optimization Stakeholder Involvement

## EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC) contracted with Navigant Consulting, Inc. for assistance in the optimization of the state's case management services. In 2005, the Texas Legislature enacted Senate Bill 1188, which directs HHSC to assess, review and undertake optimization of case management programs and services across the HHSC enterprise.

In response to Section 2.4.2.5 of the HHSC RFP, this document reports on the use of stakeholder involvement in the analysis of the current case management system and in the development of case management optimization recommendations which are described in detail in the *Analysis of the Current Case Management System in Texas* report and the *Recommendations for Improving Case Management in Texas* report. This report also includes a summary of stakeholder comments and the contractor's approach to obtaining comments.

### Overview of Approach

Navigant Consulting solicited stakeholder comments through focus groups with consumers and providers of Texas health and human services agencies' case management services, a consumer satisfaction survey, a case manager provider survey, targeted interviews of case management providers and advocates, a general meeting to which stakeholders were invited, and comments on draft reports.

### Summary of Findings

The following provides a summary of the major findings and trends identified through the stakeholder involvement process, by topic area. *Note that given the approaches used to identify consumers for the survey and the related challenges as well as the relatively low response rate from case managers, there is no statistical confidence that the survey results included in the report are representative of the health and human services agencies' case management services in total, or by department, and care must be taken when drawing conclusions from the findings.*<sup>1</sup> *Additionally, variation in caseloads, as well as in service design, means that cross-department program comparisons should be viewed with caution. For example, a program budgeted for a caseload of 15 will have very different responses to frequency of contact when compared to a program with a caseload of 250.*

For the consumer survey, we received 1,202 responses: 1,116 from phone interviews and 86 from online surveys. For the case manager survey, we received 247 survey responses (online and mail-in surveys, after removing duplicates). A summary of findings by topic area follows.

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<sup>1</sup> The consumer lists that Navigant Consulting received contained some consumer phone numbers that were invalid (i.e., disconnected or wrong numbers), some with the names of individuals who were deceased and some with the names of consumers who indicated they had not received services. For some lists, a high proportion of consumers did not have telephone numbers recorded.

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### Coordination of Case Management Services

One of the areas of focus of this study is the extent to which consumers have multiple case managers and the effect that this has on consumers. Consumers and case managers reported similar attitudes toward having multiple case managers. Having more than one case manager is not necessarily viewed negatively by consumers and case managers. Consumers and case managers are both concerned, however, about duplication in the areas of intake and assessment.

The percentage of consumers who had multiple case managers at the same time decreased considerably since those consumers started receiving services. Currently, about 27 percent of consumers have more than one case manager compared with 46.5 percent who had multiple case managers at the same time at least once since they started receiving services. The reduction in the percentage of consumers with multiple case managers is evident across all departments. Not surprisingly, a larger percentage of consumers receiving services from more than one department have multiple case managers than do consumers who have received services from a single department. However, this group, too, experienced a reduction in multiple case managers over the time period that they received services.

The results from the consumer and stakeholder groups and survey are mixed in terms of the effect that having multiple case managers has on consumers. For example, the majority of consumers surveyed did not indicate that having multiple case managers created difficulties for them. In fact, 68.1 percent of the consumers did not see any difference between having one or more case managers and 13.5 percent saw some benefit in having multiple case managers. However, a few focus group participants who reported having more than one case manager indicated that their case managers did not coordinate with each other and that they sometimes had to provide the same types of information to both case managers. Several of these focus group participants also expressed the need for increased coordination between the different departments and programs serving them.

Case managers had attitudes similar to those of consumers regarding duplication and coordination of services. More than one-half of the case manager survey respondents indicated that they are serving consumers who have more than one case manager and of these respondents, more than three-quarters (78.4 percent) reported that they would describe their collective work efforts as “case managers collaborating together.” Less than one-quarter (21.6 percent) of respondents reported that case managers are “duplicating services.” In terms of what types of case management activities are most often duplicated, case managers identified “Intake” and “Assessment.” These findings are supported by comments made during the case manager focus groups where participants noted that service duplication is generally not an issue because case management services provided by different systems (e.g., behavioral health and aging and disability) are different in focus. Participants of focus groups also reported that some duplication does occur in the intake and assessment process, however.

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Case manager survey respondents and focus group participants both identified the need to improve coordination between different departments and programs. For example, nearly 70 percent of respondents reported that “insufficient service coordination across agencies” is a major or moderate problem. Focus group participants indicated that because of different operating procedures, terminology and levels of technology, they are not always familiar with what other departments and programs do.

### Resource Availability/Access to Services

Access to services arranged or authorized by case managers is a general concern of consumers and case managers. During focus groups and through the surveys, both groups expressed frustration in accessing services that the case managers authorized.

The majority of consumers, overall, and across different ethnic/racial groups, considered their case managers helpful in understanding their needs, cultural background and language. Consumers’ perceptions of the helpfulness of their case managers did not differ by the consumer’s ethnic or racial background. However, more than 21 percent of the consumers reported that their case managers “rarely” or “never” involved the consumer in planning and choosing services and 25.1 percent of consumers indicated that their case managers “rarely” or “never” asked for the consumer’s opinion in all major decisions. These two areas were among the lowest rated areas based on the frequency with which case managers involved consumers.

Consumer focus group participants also indicated that they had difficulty accessing and receiving services, with several noting that their case managers do not ask them what services they might need, while others stressed that case managers need to be better informed about available resources and provide more information to consumers and families.

Several focus group participants also noted that their case managers rarely call, and most participants reported that they wanted more time with their case managers. These findings, however, contrast with findings from the consumer survey, where in general, consumers reported communicating and meeting with their case managers often and being satisfied with the frequency of meeting. About 73 percent of the consumers reported that they communicated and 64.1 percent met with their case managers at least once a month. Additionally, several stakeholders commented that the case management programs for which payments are made on a monthly basis encourage case managers to schedule visits with their consumers on short notice at the end of the month, regardless of whether the consumer may require a visit, so that the case manager can bill for the monthly case management payment.

The frequency of contact with case managers identified by consumers is consistent with comments received from case managers. For example, the survey asked case managers about the frequency of contacts they have with their consumers (or family members of their consumers) by phone, in person or through e-mail. As previously discussed, the majority of respondents (68.8 percent) indicated that they talk with their consumers once a month or more frequently, with 31.7 percent indicating they talk with their consumers once a week or more.

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Case managers were evenly divided in terms of whether they indicated that the amount of time they have contact with consumers is “about right” or “not enough.” During the case manager focus groups, many of the participants indicated that administrative tasks and paperwork took away from their ability to spend time with their consumers.

Case managers were also concerned with resource availability, particularly with the high turnover rate of case managers in the public system. Case managers also highlighted difficulties in identifying and accessing needed services in rural areas. More than 70 percent of survey respondents indicated that they have trouble finding and coordinating services for consumers because of where their consumers live. Additionally, more than 68 percent of survey respondents reported that they did not have all of the resources they need to help their consumers.

### Satisfaction

Overall, the satisfaction of case managers and consumers with the case management system is generally positive. For example, the majority of consumers surveyed were satisfied with their case managers and the case management services they have been receiving. On average, consumers gave their case managers a “very good” rating. More than 42 percent of the consumers overall, and in each department, gave their case managers an “excellent” rating. Additionally, on average, consumers were “satisfied” with the case management services they have been receiving with more than 45 percent overall and within each department indicating they were “very satisfied.” Furthermore, about 30 percent of the consumers overall, and between 26.7 percent and 33.1 percent across departments, reported being more satisfied with the case management services they have been receiving than in the past.

Focus group participants, however, reported varying degrees of satisfaction with case management services. Many participants expressed satisfaction with the case management services they receive. Those participants expressing dissatisfaction, expressed frustration with the lack of time and responsiveness of their case manager. Additionally, several participants expressed dissatisfaction with high case management turnover, with some participants citing the need to “train” the case managers about their children’s needs.

In general, case managers expressed satisfaction with the case management system in terms of the quality of services they are able to provide to their consumers. However, case managers who participated in both the focus groups and the survey expressed dissatisfaction with the availability and use of technology as well as with the amount of paperwork required of them.

The remainder of this report provides more detailed information on the stakeholder information Navigant Consulting collected.



## **Texas Case Management Optimization Stakeholder Involvement**

### **I. INTRODUCTION**

The Texas Health and Human Services Commission (HHSC) contracted with Navigant Consulting, Inc. for assistance in the optimization of the State's case management services. In 2005, the Texas Legislature enacted Senate Bill 1188, which directs HHSC to assess, review and undertake optimization of case management programs and services across the HHSC enterprise. Optimization efforts include:

- Making case management more efficient and cost-effective
- Ensuring quality consumer services
- Optimizing federal and state funding sources
- Enhancing or replacing case management programs not meeting cost or quality targets with proven programs or enhancements
- Assessing the feasibility of a Medicaid waiver combining case management, care coordination, utilization management and other quality and cost control measures and if feasible, developing the waiver

In response to Section 2.4.2.5 of the HHSC RFP, this document reports on the use of stakeholder involvement in the analysis of the current case management system and in the development of case management optimization recommendations which are described in detail in the *Analysis of the Current Case Management System in Texas* report and the *Recommendations for Improving Case Management in Texas* report. This report also includes a summary of stakeholder comments and the contractor's approach to obtaining comments.

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### **II. OVERVIEW OF APPROACH TO STAKEHOLDER INVOLVEMENT**

Navigant Consulting solicited stakeholder comments through the following activities:

- Conducting focus groups with consumers and providers of the HHSC enterprise's case management services provided through the Department of State Health Services (DSHS), Department of Assistive and Rehabilitative Services (DARS), Department of Family Protected Services (DFPS) and the Department of Aging and Disability Services (DADS)
- Conducting a consumer satisfaction survey
- Conducting targeted interviews of case managers and advocates
- Collecting and analyzing stakeholder feedback on draft reports

This section provides an overview of Navigant Consulting's approach to gathering stakeholder comments.

#### **Focus Groups**

Navigant Consulting facilitated a series of consumer and case manager focus groups during the weeks of April 9<sup>th</sup> and April 16<sup>th</sup>, 2007. Our strategy for coordinating these focus groups and identifying participants focused on the need to obtain comments from consumers and staff from the four departments included in this study and to reflect the experience of individuals across Texas (i.e., rural, urban and border areas). We held focus groups in Dallas, Austin, Lubbock, McAllen and Tyler.

#### *State Case Management Staff Focus Groups*

We held 11 case management staff focus groups over a period of two weeks: a total of seven case management staff focus groups in McAllen, Tyler and Dallas during the week of April 9<sup>th</sup>, 2007 and four case management staff focus groups in Lubbock and Austin during the week of April 16<sup>th</sup>, 2007.

We submitted a request to each department asking for names of people to attend these focus groups. We requested that the individuals identified have approximately five years of experience providing case management and experience with more than one program within the department. We also worked with the different departments to invite contracted case management providers to participate in the focus groups.

The case managers who participated in the focus groups represented a wide range of front-line case managers, supervisors and administrators. Participants at the focus groups for case

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managers were actively engaged in the dialogue and offered varying insights into the status of case management services across the four departments.

### *Consumer Focus Groups*

We held 11 consumer focus groups over a period of two weeks: seven consumer focus groups in McAllen, Tyler and Dallas the week of April 9<sup>th</sup>, 2007, and four consumer focus groups in Lubbock and Austin the week of April 16<sup>th</sup>, 2006.

We identified consumers who received services from a mix of programs within each department. While we had proposed identifying consumers using lists of consumers from each program, due to confidentiality and safety concerns for some consumer groups, this was not possible for all programs – in particular for DFPS consumers and consumers receiving mental health services. To identify focus group participants, we:

- Used available lists that the departments provided
- Requested that departments' programs provide names of consumers
- Sent letters to providers and advocates requesting names of consumers who they believed might be interested in participating in the focus groups
- In some cases, we provided a toll-free number for consumers to call to express their willingness to be interviewed to avoid the need for case managers to obtain consent forms. We requested that programs encourage their consumers to call the toll-free number to indicate their interest in the focus groups.

While these approaches enabled us to identify many consumers for the focus groups, consumer participation was somewhat lower than originally anticipated. Participants received a \$15 cash incentive to encourage participation and reimbursement for transportation was provided, if requested.

### **Consumer and Case Manager Surveys and Targeted Interviews**

Navigant Consulting conducted a consumer telephone survey and provided all consumers the opportunity to take the same survey online in Spanish or English on a webpage accessible to individuals who are blind or visually impaired. We also made a toll-free phone number available for individuals who are blind or visually impaired and preferred to conduct the survey over the phone. Prior to conducting the surveys, we “tested” the survey on the telephone with two consumers from each department to verify that the survey was understandable and appropriate in length. The consumer survey instrument is provided in Appendix A.

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### *Survey Methodology*

We conducted the consumer telephone survey from May 4 to June 11, 2007 and identified consumers by:

- Drawing random samples from departments' consumer lists. Several DARS and DSHS programs were not able to provide consumer lists due to consumer confidentiality and consent issues. To address this challenge, we established a toll-free number that consumers could call to register their interest in taking the survey and accepted consumer names directly from providers via fax. The departments conducted outreach to consumers and providers to encourage participation. Navigant Consulting also provided all of the departments with a bilingual flyer publicizing the consumer survey.

The survey instruments (the toll-free number and faxes described above) did not yield any information from consumers receiving services from the DSHS' mental health program or DARS' adult vocational rehabilitation program.

- Identifying participants during focus group recruitment. During focus group recruitment, if a consumer was unable to participate in the focus group, we asked if she or he would like to participate in the telephone survey.

For the consumer survey, we received 1,202 responses: 1,116 from phone interviews and 86 from online surveys. We conducted telephone interviews with the following numbers of consumers (listed below by the agency supplying the contact information):

- DADS – 402
- DSHS – 47
- DARS – 45
- DFPS – 622

Of the 86 consumers who responded to the online survey, 47 indicated they participate in the DADS program; 25 indicated they receive services from DARS; 15 indicated they are enrolled in DFPS programs; and 13 indicated they receive services from DSHS.<sup>2</sup>

Navigant Consulting also developed an online case manager survey that was also available in paper format for individuals to respond via U.S. mail. Similar to the online consumer survey, the case manager survey was available May 4 through June 18, 2007 to all case management

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<sup>2</sup> Note: The total by department is greater than the number of online surveys submitted (86) because 21 of the respondents indicated that they receive services from more than one department.

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providers employed or contracted by one of the four departments included in this study. The case manager survey instrument is provided in Appendix B. The HHSC enterprise notified case management providers about the opportunity to participate in the online survey process before and during the survey period. Navigant Consulting received 247 case manager surveys (online and mail-in surveys, after removing duplicates), specifically:

- DADS – 52
- DSHS – 46
- DARS – 65
- DFPS – 15
- Multiple departments – 55
- Unable to determine department affiliation – 14

Additionally, at the beginning of the project, Navigant Consulting conducted interviews with representatives from the various programs that provide case management services. The interviews followed a semi-structured format and included questions related to case management definitions, services provided, case manager qualifications, promising projects and best practices and problems and opportunities.

Navigant Consulting conducted in-person and telephone interviews with representatives from the following programs:

- DADS – Area Agencies on Aging (AAAs), Guardianship Program, Home and Community-Based (HCS) waiver program, Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) services (includes both community-based ICFs/MR and state schools), Nursing Facility services, Relocation Assistance for Individuals Transitioning from Nursing Facilities to Community Settings, Aging and Disability Resource Center (ADRC) pilot programs, Community Based Alternatives (CBA) waiver program, Community Care for the Aged and Disabled (CCAD), Community Living Assistance and Support Services (CLASS) waiver program, Consolidated Waiver Program (CWP), Deaf/Blind with Multiple Disabilities (DBMD) waiver program, Medically Dependent Children Program (MDCP) waiver program, Texas Home Living (TxHmL) waiver program, Mental Retardation Authority (MRA) program, Primary Home Care (PHC) program and Community Attendant Services (CAS) program
- DARS – Early Childhood Intervention (ECI), Division for Blind Services – Blind Children’s Vocational Discovery and Development Program, Vocational

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Rehabilitation Program; Division for Rehabilitation Services, Vocational Rehabilitation Program

- DFPS – Child Protective Services (CPS) and Adult Protective Services (APS)
- DSHS – Children and Pregnant Women (CPW), Children with Special Health Care Needs (CSHCN) Services Program, Mental Health services
- HHSC Office of Program Coordination for Children and Youth – Texas Integrated Funding Initiative (TIFI) and Community Resource Coordination Group (CRCG) programs

We also conducted targeted public and contracted case manager interviews shortly after the online case manager survey ended. We conducted 20-minute interviews with case managers participating in the DSHS CPW and CSHCN Services Program (including one case manager servicing consumers in both programs and another contracted case manager serving consumers in the CPW program), a Blind Children’s Program Coordinator working for the DARS Division of Blind Services (DBS) and a contracted case manager serving consumers in the DFPS foster care program.

### *Survey Issues*

Due to program regulations regarding confidentiality and consent, we were not able to include consumers from the APS Program in the telephone survey. Contacting consumers from this program had the potential for presenting safety issues (i.e., inadvertently identifying where these individuals are). For the DFPS CPS program, we interviewed foster parents as representatives of the CPS child consumer with the exception of a few consumers who were 18 or older. While we were able to survey the desired number of foster parents with the information provided by DFPS, the results of these surveys are not statistically representative of DFPS consumers as a whole because consumers from the Adult Protective Service Program could not be contacted by telephone.<sup>3</sup> Additionally, there are some limitations to using foster parents to capture foster children’s experiences with case management services.

We were not able to include consumers from the Guardianship Program (DADS) due to similar issues regarding confidentiality and consent. Additionally, DADS indicated that obtaining written consent from the consumers to participate in the telephone survey would have been difficult.

Finally, we were not able to survey individuals in nursing facilities and it was difficult to interview consumers in ICFs/MR due to the lack of availability of telephones for the consumers. Additionally, telephones for consumers in nursing facilities are not always readily available; so contacting consumers in these institutions (ICFs/MR and nursing facilities) directly via phone is

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<sup>3</sup> Because the online survey was available for anyone to complete, we did receive a very limited number of responses from consumers enrolled in the Adult Protective Services Program.

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difficult. While DADS attempted to set up scheduled interviews with targeted nursing facility residents and residents of ICFs/MR, due to time constraints this approach was not successful.

Many of the consumer lists the agency provided contained invalid consumer phone numbers (i.e., disconnected or wrong numbers). Some lists also contained the names of consumers who were deceased or who indicated they had not received services. Names on some lists also lacked telephone numbers.

Given the approaches used to construct lists of consumers for the survey and the quality of the lists provided, we were not able to achieve a representative sample of HHSC's consumers in total or by department. Additionally, given the relatively small response rate from case managers, the results of the case manager survey are also not statistically representative of the health and human services enterprise's case management services in total, or by department. *As such, care must be taken when drawing conclusions from the results as outlined in this Report; while the data presented is informative, the extent to which it represents all consumers or case managers within the various programs and departments is unknown.*

### **Other Stakeholder Comments**

Navigant Consulting posted draft case management optimization reports released to date on our Case Management Optimization webpage. Stakeholders were able to use an online or a mail-in form to record comments for each section of the report and the report in general. The comments we received are as follows:

- **Best Practices and Emerging Trends in Case Management Draft Report** – We received 15 responses from consumers and their families, case managers, advocates and other interested parties affiliated with the four departments covered by this study. Stakeholders addressed a wide array of topics, ranging from how individual programs provide services to the report's methodology for identifying best practices within other states.
- **Analysis of Current Case Management System Draft Report** – We received 13 responses from consumers and their families, case managers, advocates and other interested parties affiliated with the four departments covered by this study. Stakeholders addressed a wide array of topics, ranging from how individual programs provide services to questions on the report's methodology for analyzing demographic and cost data for each program.
- **Recommendations for Improving Case Management in Texas Draft Report** – We received 18 responses from consumers and their families, case managers, advocates and other interested parties affiliated with the four departments covered by this study. Stakeholders addressed a wide array of topics, ranging from how individual programs would be impacted by the recommendations to questions related to how certain recommendations would be implemented.

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- Stakeholder Involvement Draft Report – We received nine responses from consumers and their families, case managers, advocates and other interested parties affiliated with the four departments covered by this study. Stakeholders addressed several topics, ranging from the methodology used to collect stakeholder input to individual experiences with the case management system.

We also held two in-person public meetings in Austin to present the draft Recommendations for Improving Texas Case Management Delivery Report to stakeholders. One meeting was held to present the recommendations to state agency staff and a second meeting was held to present the recommendations to other stakeholders, which included case managers, consumer advocates, consumers, parents and guardians of consumers, and industry representatives.

The meetings provided a forum for stakeholders to ask questions, request clarifications and state their opinions and positions on the recommendations included in the draft report. During the meetings, we received a wide range of questions and comments covering a variety of topics and provided responses and clarifications to the stakeholders, as appropriate.<sup>4</sup> We received many comments and questions related to the recommendations.

Table 2.1 below provides an overview, by topic area, of the general comments and recommendations provided by state agency staff and stakeholders during the meetings. We will consider the input we received from them for incorporation into the recommendations report, as necessary.

**Table 2.1: Summary of Comments and Recommendations Pertaining to the Recommendations Report Received from State Agency Staff and Stakeholders**

Topic	Recommendations/Comments to Consultants
<b>Access to Services</b>	A number of state agency staff recommended that we clarify our findings in the report related to access to services. The state agency staff indicated that the report was not clear as to whether the access issues were related to case management, or other types of services. The staff requested that we clarify in the recommendations report that the access issues identified were not related to accessing case management services, but rather related to accessing services authorized by case managers.

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<sup>4</sup> Some stakeholder comments received during the meeting were not directly related to the case management study or to the recommendations report but to other system-wide issues. For purposes of this report and for the recommendations report, we only discuss comments and questions pertaining to the case management study.



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**Table 2.1: Summary of Comments and Recommendations Pertaining to the Recommendations Report Received from State Agency Staff and Stakeholders, continued**

Topic	Recommendations/Comments to Consultants
<b>Duplication of Services</b>	Both state agency staff and stakeholders requested clarification on our discussion of duplication of services in the report. In particular, they recommended that we clarify our finding in the report that duplication of services is occurring at the intake and screening level, but not necessarily at the case management level. In addition, they requested that the report emphasize our finding that an individual with two case managers is not necessarily receiving duplicate services.
<b>Information Technology</b>	While both state agency staff and stakeholders generally supported the overarching concept of the recommendations related to implementation of an integrated case management information system, a number of key questions were raised, which included: <ul style="list-style-type: none"> <li>• A number of state agency staff recommended examining the timeframes for implementing the information technology as several of the other recommendations rely upon the successful implementation of the information technology recommendation.</li> <li>• Several state agency staff requested that the recommendation include additional detail on implementation costs.</li> <li>• A number of state agency staff asked how the system would handle the sharing of confidential consumer information.</li> </ul>
<b>Case Manager Qualifications</b>	We received a number of comments related to the recommendation for developing guidelines for case manager qualifications. For example: <ul style="list-style-type: none"> <li>• A stakeholder suggested that we consider years of experience, as well as the level of education, as part of the tiered qualifications system for case managers.</li> <li>• A state agency staff member suggested that the recommendation should more clearly identify the costs associated with increasing case manager qualifications.</li> <li>• Several stakeholders expressed concern that the recommended qualification levels may not be sufficient to serve individuals with very specialized needs (e.g., the blind and visually impaired) and that recommended levels are less stringent than current requirements.</li> </ul>

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**Table 2.1: Summary of Comments and Recommendations Pertaining to the Recommendations Report Received from State Agency Staff and Stakeholders, *continued***

Topic	Recommendations/Comments to Consultants
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>• A state agency staff member recommended that the report more clearly address how changes to the reimbursement system would impact payment for non-Medicaid case management.</li> <li>• Several stakeholders requested that we consider the relationship between the case manager and the service provider as part of our recommendation for modifying the reimbursement system.</li> <li>• Several stakeholders commented that the case management programs for which payments are made on a monthly basis encourage case managers to schedule visits with their consumers at the end of the month, regardless of whether the consumer may require a visit, so that the case manager can bill for the monthly case management payment.</li> </ul>
<b>Common Intake Tool</b>	<ul style="list-style-type: none"> <li>• A state agency staff member recommended that the person conducting the intake should have a role in following-up with the consumer to be sure that the person gets through to the programs to which they have been referred.</li> <li>• Several state agency staff recommended that the report address the training that will be required for individuals administering the intake tool.</li> <li>• A few stakeholders indicated that a common intake tool may not be appropriate for low incidence populations because it will not be detailed enough to identify the specific needs of those populations.</li> </ul>
<b>Low-Incidence Populations</b>	<p>A few of the stakeholders expressed concern regarding how the recommendations will impact low incidence populations, such as the blind and visually impaired. For example:</p> <ul style="list-style-type: none"> <li>• A few stakeholders expressed concern that the recommendations may have a negative financial impact on programs serving low-incidence populations, such as the DARS Blind Children’s Vocational Discovery and Development Program.</li> <li>• A few stakeholders expressed concern that the recommendations were too “generic” and may not address the specific needs of low incidence populations.</li> </ul>

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**Table 2.1: Summary of Comments and Recommendations Pertaining to the Recommendations Report Received from State Agency Staff and Stakeholders, *continued***

Topic	Recommendations/Comments to Consultants
<b>Implementation Issues</b>	<ul style="list-style-type: none"> <li>• Many of the state agency staff asked about how the recommendations would impact their departments/programs from a financial standpoint.</li> <li>• Several state agency staff requested that the recommendations acknowledge the Frew settlement and corrective action plan.</li> </ul>
<b>Cost Estimates</b>	Many of the state agency staff asked that the recommendations include additional detail regarding the cost estimates for implementing the recommendations.

We also conducted targeted interviews with various advocacy groups who work with populations served by the four departments covered by this study. We used the information from these interviews to help us develop the Analysis of Current Case Management System Draft Report; the results of these interviews are summarized in Exhibit 2 of that Report.

The following Sections provide an analysis of the comments received from case managers, consumers and other stakeholders received through the focus groups and surveys.

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### III. FINDINGS AND TRENDS

This Section provides a summary of the major findings and trends identified through the stakeholder comment process, by topic area. Note, we recognize that case management services differ across departments (for example, case manager caseloads vary widely between departments and programs), but believe it is appropriate to analyze the survey results across departments because the topics that the study is designed to cover are relevant across all departments.

#### *Coordination of Case Management Services*

One of the areas of focus of this study is the magnitude of duplication of case management services and the effect of having more than one case manager on consumers. For example, foster parents affiliated with the DFPS CPS program work with the case manager for the biological parents of the child as well as the case manager assigned to assist the foster parents themselves. Thus, foster parents can work with as many as four case managers at one time. However, this may not indicate duplication of services, as each case manager has a different role. Consumers and case managers reported similar attitudes toward consumers having multiple case managers. While duplication does exist in the system, having more than one case manager is not necessarily viewed negatively by consumers and case managers. Consumers and case managers are both concerned, however, about duplication in the areas of intake and assessment.

As indicated in the survey data, the percentage of consumers who had multiple case managers at the same time at least once decreased considerably since those consumers started receiving services. About 27 percent of consumers currently have more than one case manager compared with 46.5 percent who have had multiple case managers at least once since they started receiving services. The reduction in the percentage of consumers with multiple case managers is evident across all departments, as shown in Table 3.1. Not surprisingly, a larger percentage of consumers receiving services from more than one department have multiple case managers at the present and since their enrollment. However, this group, too, has experienced a reduction in multiple case managers.

**Table 3.1: Percentage of Consumers with More than One Case Manager Currently and Since Start of Services**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Currently	26.9%	27.3%	32.4%	32.5%	22.5%	36.9%
Since Start of Services	46.5%	46.8%	54.2%	52.7%	39.0%	56.7%
Difference/Reduction	(19.6)	(19.5)	(21.8)	(20.2)	(16.5)	(19.8)

The results from the consumer stakeholder groups and survey are mixed in terms of the effect that having multiple case managers has on consumers. For example, the majority of consumers

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surveyed did not think that having multiple case managers created difficulties for them. In fact, as indicated in Table 3.2 below, 68.1 percent of the consumers did not see any difference between having one or more case managers and 13.5 percent saw some benefit in having multiple case managers. However, a few focus group participants who reported having more than one case manager indicated that their case managers did not coordinate with each other and that they sometimes had to provide the same types of information to both case managers. Several of these focus group participants also expressed the need for increased coordination between the different departments/programs serving them.

**Table 3.2: Impact of Having More Than One Case Manager At The Same Time**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
More difficult	18.4%	12.3%	19.0%	20.2%	14.4%	13.9%
Less difficult	13.5%	20.0%	13.8%	20.2%	11.9%	19.1%
The same	68.1%	67.7%	67.2%	59.6%	73.7%	67.0%

Case management providers had attitudes similar to those of consumers toward duplication and coordination of services. More than one-half of case management provider survey respondents indicated that they are serving consumers who have more than one case manager and of these respondents, more than three-quarters reported that they would describe their collective work efforts as “case managers collaborating together.” Less than one-quarter (21.6 percent) of respondents reported that case managers are “duplicating services.” In terms of what types of case management activities are most often duplicated, case managers identified “Intake,” and “Assessment.” These findings are supported by comments made during the case manager focus groups where participants noted that service duplication is generally not an issue because case management services provided by different systems (e.g., behavioral health and aging and disability) are different in focus. Participants indicated that some duplication does occur in the intake and assessment process, however.

Case manager survey respondents and focus group participants both identified the need to improve coordination between different departments and programs. For example, nearly 70 percent of respondents reported that “insufficient service coordination across agencies” is a major or moderate problem. Focus group participants indicated that because of different operating procedures, terminology and levels of technology, they are not always familiar with what other departments and programs do.

### *Resource Availability/Access to Services*

Access to services authorized by case managers is a general concern of consumers and case managers. During focus groups and through the surveys both groups expressed frustration in accessing services that case managers authorized.

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Overall, 22 percent of the consumers experienced problems accessing authorized services in the past year, as described in Table 3.3 below. DADS consumers were more likely to report encountering such problems and DFPS consumers were least likely. Eight percent of the consumers who experienced such problems filed complaints related to lack of access to authorized services. DFPS consumers were least likely to file complaints and DADS consumers were the most likely. On average, these consumers had filed about three complaints since they started getting services.

**Table 3.3: Over Last Year, Consumers Experienced Difficulties Getting Authorized Services and Filed Complaints**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Experienced problems	22.0%	20.9%	18.0%	22.5%	28.0%	21.2%
Filed complaint	8.0%	10.8%	6.1%	10.0%	11.6%	9.9%
Number of complaints filed since enrollment	2.91	1.73	3.58	2.18	3.06	2.47

Note that problems accessing services may occur partially in relation to the availability of case managers for intervention. Caseloads vary greatly within agency programs and across agencies. Program caseloads, which may vary from 30 to 300 by program, are detailed in the *Analysis of Current Case Management Report*.

The majority of consumers considered their case managers helpful in understanding their needs, cultural background and language. However, more than 21 percent of the consumers reported that their case managers “rarely” or “never” involved the consumer in planning and choosing services and 25.1 percent of consumers indicated that their case managers “rarely” or “never” asked for the consumer’s opinion in all major decisions. These two areas were among the lowest rated areas based on the frequency with which case managers involved consumers.

Consumer focus group participants also indicated that they had issues accessing and receiving necessary services, with some noting that their case managers do not ask them what services they might need, while others stressed that case managers need to be better informed about available resources and provide more information to consumers and families.

Some focus group participants also noted that their case managers rarely call, while most participants reported that they wanted more time with their case managers. These findings, however, contrast with findings from the consumer survey, where in general, consumers reported communicating and meeting with their case managers often and being satisfied with the frequency of meeting. About 73 percent of the consumers reported that they communicated and 64.1 percent met with their case managers at least once a month. The percentage of consumers communicating and meeting with their case managers at least once a month varied by department, as shown in Table 3.4.

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Additionally, several stakeholders commented that the case management programs for which payments are made on a monthly basis encourage case managers to schedule visits with their consumers at the end of the month, regardless of whether the consumer may require a visit, so that the case manager can bill for the monthly case management payment.

**Table 3.4: Percentage of Consumers Who Communicated or Met with Their Case Manager Once a Month or More Frequently**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Communicated at least once a month	72.9%	68.3%	87.7%	76.4%	52.8%	76.8%
Met at least once a month	64.1%	53.2%	84.9%	65.1%	35.0%	66.6%

These findings are consistent with comments received from case managers. For example, case managers were also asked about the frequency of contacts they have with their consumers (or family members of their consumers) by phone, in person or through e-mail. As previously discussed, the majority of respondents (68.8 percent) indicated that they talk with their consumers once a month or more frequently, with 31.7 percent indicating the talk with their consumers once a week or more. Case managers were evenly divided in terms of whether they indicated that the amount of time they have contact with consumers is “about right” or “not enough.” During the case manager focus groups, many of the participants indicated that administrative tasks and paperwork took away from their ability to spend time with their consumers.

Case managers were also concerned with resource availability, particularly with the high turnover rate of case managers in the public system. Case managers also highlighted difficulties in identifying and accessing needed services in rural areas. More than 70 percent of survey respondents indicated that they have trouble finding and coordinating services for consumers because of the where their consumers live. Additionally, more than 68 percent of survey respondents reported that they did not have all of the resources they need to help their consumers.

### *Satisfaction*

Overall the satisfaction of case managers and consumers with the case management system is generally positive. For example, the consumer survey results demonstrated that the majority of consumers were satisfied with their case managers and the case management services they have been receiving. On average, consumers gave their case managers a “very good” rating. More than 42 percent of the consumers overall, and in each department, gave their case managers an “excellent” rating as shown in Table 3.5 on the following page.

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**Table 3.5: Overall Rating of Case Manager<sup>5</sup>**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Excellent	44.6%	48.9%	42.4%	45.6%	48.5%	43.3%
Very good	23.8%	20.9%	26.0%	24.9%	32.5%	27.6%
Good	15.7%	11.5%	16.4%	16.6%	8.3%	14.3%
Fair	9.7%	8.6%	10.1%	8.3%	5.9%	8.9%
Poor	5.8%	9.4%	5.2%	3.0%	3.0%	5.4%
No answer	0.3%	0.7%	-	1.8%	1.8%	0.5%
Mean*	2.08	2.08	2.10	1.96	1.80	2.05

\* Mean was calculated on a 5-point scale with 1-excellent, 2-very good, 3-good, 4-fair and 5-poor.

On average, consumers were “satisfied” with the case management services they have been receiving. More than 45 percent overall and within each department were “very satisfied” as shown in Table 3.6 on the following page.

**Table 3.6: Overall Consumer Satisfaction with Case Management Services**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Very satisfied	48.1%	48.2%	47.8%	45.5%	46.2%	45.8%
Satisfied	28.6%	33.1%	27.9%	23.8%	31.7%	35.5%
Moderately satisfied	12.6%	9.4%	14.7%	13.9%	10.6%	10.3%
Dissatisfied	5.6%	3.6%	5.1%	9.6%	6.6%	5.4%
Very dissatisfied	5.1%	5.0%	4.7%	5.9%	4.6%	2.5%
No answer	-	-	-	1.3%	0.3%	0.5%
Mean*	1.91	1.83	1.91	2.05	1.91	1.83

\* Mean was calculated on a 5-point scale with 1-very satisfied, 2-satisfied, 3-moderately satisfied, 4-dissatisfied and 5-very dissatisfied.

Furthermore, consumers’ satisfaction with case management services has increased as indicated in Table 3.7 below. About 30 percent of the consumers overall, and between 26.7 percent and 33.1 percent across departments, reported being more satisfied with the case management services they have been receiving than in the past.

<sup>5</sup> Note: As discussed elsewhere in the report, the survey methodology for the DARS ECI program differed from the methodology used for other departments. Due to stringent confidentiality guidelines, ECI could not provide a consumer list to Navigant Consulting. However, a toll-free phone number was provided to consumers so that they could call and leave a message regarding their interest in taking the survey. Readers should consider the different survey methodology used for the DARS ECI program as they review the data for the DARS ECI program provided in this table and throughout the report.



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**Table 3.7: Current Level of Consumer Satisfaction with Case Management Services Compared with Last Year**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
More satisfied	29.3%	28.8%	29.7%	33.1%	26.7%	31.5%
The same	49.7%	51.1%	47.1%	52.7%	55.4%	51.7%
Less satisfied	10.6%	11.5%	11.0%	8.9%	9.9%	9.4%
Not applicable (have only received services for 1 year)	10.5%	7.9%	12.4%	3.6%	7.6%	6.9%
No answer	-	-	-	1.8%	0.3%	0.5%

Focus group participants, however, reported varying degrees of satisfaction with case management services. Many participants expressed satisfaction with the case management services they receive. Those participants expressing dissatisfaction, expressed frustration with the lack of time and responsiveness of their case manager. Additionally, some participants expressed dissatisfaction with high case management turnover, with some participants citing the need to “train” their case managers about their child’s needs.

In general, case managers expressed satisfaction with the case management system in terms of the quality of services they are able to provide to their consumers. However, case managers who participated in both the focus groups and the survey expressed dissatisfaction with the availability and the use of technology as well as with the amount of paperwork required of them.

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**IV. ANALYSIS OF CONSUMER DISCUSSIONS – FOCUS GROUPS**

During the focus groups, consumers discussed issues related to design, financing and delivery of case management services. Table 4.1 summarizes the comments we received during the consumer focus groups by the following key topic areas.

- Definition of Case Management
- Funding and Reimbursement
- Resource Availability
- Knowledge Sharing about Services Received by Consumers and Coordination Between Programs and Departments
- Rural and Other Geographic Issues
- Administrative Issues
- Satisfaction

**Table 4.1: Summary of Consumer Focus Group Discussions**

Key Topic Area	Consumer Focus Group Discussions
Definition of Case Management	After some discussion about what case management means, it appeared that all participants had a common understanding of the term “case management” and could identify a case manager who works with them.
Funding and Reimbursement	<ul style="list-style-type: none"> <li>• Consumers indicated that additional funding is needed to increase the availability of services.</li> <li>• Some participants indicated that additional funding would allow their case managers to better perform their job responsibilities.</li> </ul>
Rural and Other Geographic Issues	<ul style="list-style-type: none"> <li>• Some consumers expressed a concern that there are fewer social services and options available in the Valley region as compared to other parts of Texas.</li> <li>• Other consumers indicated concerns regarding transportation costs in rural areas and difficulty accessing services in general in those areas.</li> <li>• Some consumers also cited difficulties in accessing transportation in urban areas citing, for example, long walks (over a mile) to a bus stop.</li> </ul>

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**Table 4.1: Summary of Consumer Focus Group Discussions, *continued***

Key Topic Area	Consumer Focus Group Discussions
Resource Availability	<ul style="list-style-type: none"> <li>• Some participants indicated that they had difficulties receiving the necessary services. Some noted that their case managers rarely call and do not ask what services they might need. Other consumers, however, indicated that their case manager enabled them to access all of the services they needed. Some focus group participants stressed that case managers should be better informed about available resources and provide more information to consumers and families.</li> <li>• Visually impaired participants tended to report a positive experience regarding availability of services and with case management.</li> <li>• Most participants reported that they wanted more time with their case managers.</li> <li>• Some participants indicated that establishing eligibility and receiving authorization for services was sometimes difficult and time-consuming.</li> </ul>
Knowledge Sharing about Services Received by Consumers and Coordination Between Programs and Departments	<ul style="list-style-type: none"> <li>• Some participants noted that they (or their family members) had more than one case manager; these participants reported that the case managers did not coordinate; however, most participants reported having only one case manager. Some participants who had more than one case manager indicated that they sometimes need to provide the same types of information to both case managers. Some participants who had more than one case manager also identified the need for increased coordination between departments/agencies.</li> <li>• Some participants expressed the need for information on different programs and services to be more readily available and up-to-date.</li> <li>• Many participants expressed frustration with long interest lists for some programs. They indicated that they were not offered case management services during this time and that it was their understanding that there were no other services available to address their children’s needs.</li> <li>• Some participants expressed frustration with staff from different programs not being familiar with the services the other provides.</li> </ul>
Administrative Issues	<ul style="list-style-type: none"> <li>• Some consumers expressed frustration with lack of a central access point.</li> <li>• Some participants indicated that they felt that paperwork takes away from the ability of their case managers to spend time with them (or their family member).</li> </ul>

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**Table 4.1: Summary of Consumer Focus Group Discussions, *continued***

Key Topic Area	Consumer Focus Group Discussions
Satisfaction	<ul style="list-style-type: none"> <li>• Participants reported varying degrees of satisfaction with case management services.</li> <li>• Some participants expressed dissatisfaction and frustration with case management services, specifically with the amount of time their case manager spent with them and the responsiveness of their case manager. Other participants reported positive experiences with case management services.</li> <li>• Some participants expressed dissatisfaction with high case manager turnover in some programs. As a result, for example, some parents cited the need to “train” their case managers about their child’s needs.</li> <li>• Some participants noted difficulty with arranging transportation.</li> </ul>

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### V. ANALYSIS OF CONSUMER SURVEYS

In addition to participating in focus groups, some consumers took the opportunity to complete surveys about their experiences with case management. In this section, we present the results of the consumer survey for all respondents (DADS, DFPS, DARS and DSHS) and for respondents who indicated they receive case management services from more than one department. Results for respondents by department are provided in Appendix C.

A total of 1,202 consumers, parents, family members or guardians of consumers, and foster parents, participated in the survey. For efficiency purposes, the report refers to all individuals interviewed as consumers. Of the 1,202 consumers who participated in the survey, 1,116 (93 percent) were interviewed by telephone and 86 (7 percent) completed an online questionnaire.

We analyzed survey data across all consumers, by department, and by consumers who received case management services from more than one department (multi-department). About 18.5 percent of the surveyed consumers reported getting services from more than one department.

The percentage of consumers who reported having case managers ranged from 82.1 percent for consumers receiving services from DADS to 91.4 percent for consumers receiving services from multiple departments (Table 5.1).

**Table 5.1: Percentage of Consumers With A Case Manager**

	All	DARS	DFPS	DSHS	DADS	Multi-Department
Yes	84.1%	89.7%	89.3%	90.9%	82.1%	91.4%
No	12.7%	9.0%	8.7%	8.1%	13.0%	7.6%
Unsure	3.1%	1.3%	2.0%	1.1%	4.9%	0.5%
No answer	0.1%	-	-	-	-	0.5%

#### Survey Results – All Departments

Below, we provide a description of the survey results for all respondents. We recognize that case management services differ across departments, but believe it is appropriate to analyze the survey results across departments because the topics that the survey is designed to cover are relevant across all departments.

##### *Background – Demographic Profile*

Those consumers who responded, or for whom someone responded, to the survey ranged in age from younger than one year to older than 66 years. About two-thirds (67.1 percent) of the consumers were 18 years old or younger; 48 percent were 12 or younger. About 18 percent were between the ages of 19 and 55. More than 15 percent were 56 or older and 11 percent were 66 or older.

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Consumers were nearly equally divided by gender: 50.2 percent male and 49.5 percent female.<sup>6</sup>

Consumers represented a wide range of ethnic and racial groups. About 41 percent were Caucasian, 33.7 percent Hispanic and 17.1 percent African American.

One-third of the consumers (33.8 percent) were older than 18. The highest educational attainment of more than three-quarters (76.6 percent) of these consumers was high school or less. In fact, 40 percent were high school graduates, 22.2 percent had less than a high school education, and 14.5 percent had some high school.

More than three-quarters of the consumers (76.7 percent) reported having a disability. Consumers reported mental and emotional disabilities (25.2 percent). More than five percent of the consumers also reported cognitive – learning problems (7.2 percent), heart/breathing problems/problems with circulation (6.6 percent), neurological problems (6 percent) and blindness and vision impairment (5.7 percent).

### *Departments, Programs, and Services*

Surveyed consumers received services from four departments. More than 53 percent received services from DFPS. About 31 percent received services from DADS. More than 15 percent received services from DSHS and 12.9 percent received services from DARS. While the DFPS sample consisted only of Child Protective Services consumers, some DARS, DSHS, and DADS consumers indicated that they also received Adult Protective Services from DFPS.

The two programs from which the largest number of surveyed consumers received services include Child Protective Services Case Management provided by DFPS and the Community Care for the Aged and Disabled, provided by DADS. The higher participation rates for these programs are, in part, a reflection of the quality of the contact lists provided to the contractor for these programs.

The length of time during which consumers have been receiving services from these programs ranged from less than one year to more than 20 years. More than one-quarter (25.2 percent) of the surveyed consumers have been receiving services less than one year. More than two-thirds (68.1 percent) have been receiving services for four or fewer years. Ten percent have been receiving services for more than 10 years. On average, consumers have been receiving services for slightly more than 4 years.

Consumers received a wide array of services from these programs. (*Note:* It should be stressed that consumers were asked to identify services they received rather than respond to a list of services. As a result, consumer responses may not accurately reflect all the authorized services they received. For example, on their own only 12.1 percent of the consumers reported receiving

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<sup>6</sup> Four respondents (0.3 percent) did provide an answer to the question related to the consumer's gender.

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case management services. However, when asked if they have a case manager, 84.1 percent responded in the affirmative). The percent of consumers who reported receiving the following services is:

- Medical services (54.4 percent)
- Therapy (speech, hearing, occupational, physical, cognitive) (20.4 percent)
- Dental services (17.7 percent)
- Case management services (12.1 percent)
- Psychological services (10.8 percent)
- Vision services (9.7 percent)
- Home management (housekeeping, laundering, shopping, etc.) (9.1 percent)
- Counseling (8.7 percent)
- Nursing services (8.6 percent)

### *Case Management*

The following narrative describes consumer responses to questions regarding the title of case management services provider, characteristics of case management services, having multiple case managers, resource availability, case manager's helpfulness and consumer satisfaction.

#### Title of Case Management Services Provider

The questionnaire defined case management as "services where someone helps you figure out the services you need and then helps you get those services." Based on this definition, surveyed consumers were asked whether they have a person who helps them identify and coordinate services. Eighty-four percent, or 1,011 respondents, reported having such a person, although as described above, only 12.1 percent reported actually receiving case management services. The analysis presented in the rest of the section is focused on consumers who reported having a case manager.

Consumers indicated that the person who helps them identify and coordinate services has different titles. Most commonly, this person is called either a "case worker" (44.5 percent) or a "case manager" (42.9 percent). This report refers to this person as a "case manager."

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### Characteristics of Case Management Services

The lengths of time consumers have had case management services ranged from less than six months to more than five years. Nearly one-half of the surveyed consumers have been receiving case management services for one year or less, 24.3 percent have been receiving services between one and two years, 12.2 percent have been receiving services between three and five years and 12.5 percent have been receiving services for more than five years. On average, consumers have had the case manager for 1.82 years.

Two-thirds of the consumers with a case manager indicated that they have either had one or two case managers since they started receiving services. Nearly 40 percent of the consumers reported that they have had only one case manager. Eleven percent of the consumers had five or more case managers since they started receiving case management services. About one-half of the consumers who had five or more case managers have been receiving services for three or more years; one-third have been receiving services for more than five years. On average, consumers had 2.8 case managers since they started receiving case management services.

Consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. Most of the consumers communicated frequently with their case managers. About 73 percent of the consumers reported that they communicated once a month or more frequently with their case manager; about 31 percent reported communicating once a week or more often. Only three percent of the consumers indicated that they typically communicated once a year or less often with their case managers and one percent either never communicated or communicated only once with their case managers.

The frequency with which consumers met with their case managers in person varied widely. More than 64 percent of the consumers reported meeting with their case managers once a month or more often: 11 percent of the consumers met with their case managers once or more a week, 17.5 percent met their case managers several times a month and 35.6 percent met their case managers once a month. About eight percent reported meeting with their case managers rarely: once a year or less often.

Most commonly, over the last year, consumers met in their homes with their case managers. About 89 percent of consumers met their case managers at their homes; 44.1 percent met at their case managers' office; and 36.5 percent met their case managers in other locations. On average, consumers met their case managers at their home 8.54 times last year. Those who met at their case managers' offices did so on average 8.16 times last year. Consumers who met their case managers at other locations did so, on average, 3.93 times last year.

Consumers identified a variety of locations, other than their homes or the case managers' offices, in which they met their case managers. The most common locations consumers



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identified consisted of the children's schools, outings and social activities and the providers' offices or facilities.

Most of the consumers (83.2 percent) concluded that they met with their case managers enough times. Of the 168 consumers (16.6 percent) who were not satisfied with the frequency with which they met their case managers, 85.1 percent would like to meet with their case managers more often and 14.9 percent would like to meet with the case managers less often.

### Multiple Case Managers

About one-quarter (27 percent) of the consumers who indicated that they have a case manager at present reported having more than one person acting as their case manager.<sup>7</sup>

More than 46 percent of the consumers (with case managers) reported that they have had more than one case manager at the same time since they started getting services. Nearly 60 percent of these consumers had multiple case managers at the same time only once and more than one-quarter experienced it twice.

The percentage of consumers who currently have multiple case managers (26.9 percent) is significantly less than the percentage who had multiple case managers at the same time at least once since they started receiving services (46.5 percent).

More than two-thirds (68 percent) of consumers indicated that there was no difference between having a single case manager or multiple case managers at the same time. More than 18 percent of consumers with multiple case managers found the situation more difficult for them and 13.5 percent indicated that having multiple case managers actually made things less difficult for them and their families. From this information, it appears that duplication of services in the form of multiple case managers is not a major issue. In fact, during interviews and focus groups, consumers and case managers reported similar attitudes toward consumers having multiple case managers. While duplication does exist in the system, having more than one case manager is not necessarily viewed negatively by consumers and case managers because they view the case managers as serving different needs. Consumers and case managers are both concerned, however, about duplication in the areas of intake and assessment.

### Resource Availability

Over the last year, 22 percent of the consumers reported having difficulties getting services their case managers authorized. Consumers reported that the problems they experienced in getting the authorized services were associated largely with service unavailability and the poor quality of the service provider's staff. The main problems consumers experienced were:

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<sup>7</sup> The foster parents affiliated with the DFPS CPS program who responded to this survey also work with the case manager for the biological parents of the child and the case manager assigned to assist the foster parents themselves. Thus, foster parents can work with as many as four case managers at one time. However, this may not indicate duplication of services, as each case manager has a different role.

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- The consumer could not find anyone to provide the service (33.3 percent).
- The provider organization staff was not reliable: did not show up on time, did not show up at all, did not do what they were supposed to do (22.5 percent).
- The provider organization staff did not do a good job (19.8 percent).
- The provider organization did not return calls (14.4 percent).
- The provider organization staff was not knowledgeable about consumer's condition and how to handle it (14 percent).
- There was high staff turnover in provider's organization (14 percent).

Consumers considered getting access to services authorized by their case managers the most common difficulty they had experienced. Eight percent filed complaints relating to their difficulty accessing services.

On average, those consumers filing complaints had filed 2.91 complaints since they started getting services. More than one-half of these consumers filed one complaint and 38.3 percent filed between two and five complaints.

### Case Manager's Helpfulness

Overall, the majority of consumers regarded their case managers as helpful to them. Case managers are expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is expected to understand the consumer's needs, understand the consumer's language and cultural background and involve the consumer in the decision-making process. Between 62 and 74 percent of the consumers reported that "all" or "most" of their case managers met these expectations. This held true across consumers from different ethnic or racial groups. That is, the percentages of Caucasian consumers who reported that "all" or "most" of their case managers met these expectations were not statistically different from the percentages of African American and Hispanic consumers. Between 3.9 and 14.9 percent of the consumers indicated that "some" of their case managers met these expectations. Between two and four percent reported that "none" of their case managers met these expectations.

The majority of consumers had a positive perception of their case manager. For example:

- 77.3 percent indicated that their case managers cared very much about them.

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- 72.6 percent reported that their case managers had a very good relationship with them.
- 71.6 percent indicated that their case managers communicated very well with them.
- 68.9 percent said that their case managers understood very well their condition.
- 63.9 percent indicated that their case managers knew what services meet their needs.

Fewer than ten percent of the consumers had a negative perception of their case managers: 5.5 percent reported that their case managers were not helpful, 6.6 percent indicated that their case managers did not understand their conditions, 7.0 percent said that their case managers did not know which services they needed, 8.0 percent said that their case managers did not communicate well and 8.5 percent indicated that their case managers did not have a good relationship with them.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of consumers found their case managers helpful “always” or “most of the time” in the following areas:

- Treat (you/family member/foster child) with respect (94.1 percent)
- Act friendly to (you/family member/foster child) (93 percent)
- Listen carefully to (your/family member’s/foster child’s) concerns (84 percent)
- Understand (your/family member’s/foster child’s) needs (78.3 percent)
- Return (your/family member’s/foster child’s) phone calls (76.1 percent)
- Ask you if the services (you/family member/foster child) have been receiving meet (your/family member’s/foster child’s) needs (73.6 percent)
- Help you figure out what services (you/family member/foster child) need (71.4 percent)
- Explain clearly what services (you/family member/foster child) can get (69.6 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give (you/family member/foster child) services (67.4 percent)
- Ask if (you/family member/foster child) are satisfied with the services (67.4 percent)

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- Give (you/family member/foster child) information on where (you/family member/foster child) can get the service(s) (66.1 percent)
- Involve (you/family member/foster child) in planning and choosing services (56.6 percent)
- Arrange the services for (you/family member/foster child) (53.6 percent)
- Ask for (your/family member's/foster child's) opinion in all major decisions (51.4 percent)

Involving the consumer in planning and choosing services and asking for the consumer's opinion in all major decisions – two key areas – were among the lowest-rated areas based on the frequency with which case managers involved consumers. Indeed, more than 21 percent of the consumers reported that their case managers, “rarely” or “never” asked them for input in these areas.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services the case manager authorized. Twenty-two percent reported that they had experienced problems in accessing authorized services in the last year. Most of these consumers (91 percent) told their case managers about their problem accessing services. Sixty-four percent got help from their case manager.

On average, these consumers considered their case managers' efforts on their behalf to range between “helpful” and “somewhat helpful,” a rating of 2.47 on a 5-point scale. More than one-third (34.4 percent) of these consumers considered their case managers to be “very helpful,” 14.5 percent judged the effort “helpful,” 30.5 percent indicated it was “somewhat helpful,” and 20.6 percent found their case managers' efforts “of little help” or “not at all helpful.”

More than one-third (34.7 percent) of the consumers who experienced a problem accessing authorized services indicated that their case managers did not help them. Most commonly, these consumers attributed their case managers' lack of help to their case managers not knowing how to help, their case managers' lack of understanding of their problem, and their case managers' lack of time to help them.

### Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, consumers gave a rating of “very good” to their case managers. About 45 percent of the consumers considered their case managers “excellent” and 23.8 percent rated them as “very good.” More than two-thirds of the consumers (68.4 percent) considered their case managers as excellent or very good. In addition, 15.7 percent rated their case managers as

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“good.” Only 15.5 percent reported that their case managers were either “fair” or “poor,” the two lowest ratings.

Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). Consumers also expressed a high level of satisfaction with case management services. On average, consumers were satisfied with these services (a rating of 1.91). Nearly one-half (48.1 percent) of the consumers were “very satisfied” and 28.6 percent were “satisfied,” accounting for 76.7 percent of consumers. About 11 percent expressed dissatisfaction.

Nearly 30 percent of the consumers were more satisfied with their current case management services compared to their satisfaction a year ago; about 50 percent did not experience any difference and 10.6 percent were less satisfied.

Consumers who indicated that their case management services improved compared to last year attributed the improvement mostly to the helpfulness of their current case manager, getting services from better providers, the case manager’s caring about the consumer, the extent to which their case managers involved the consumer in service planning and selection and the fact that the consumer succeeded in accessing services he or she was not previously able to access.

The consumers who indicated that they were less satisfied with the current case management services compared with last year’s, attributed their dissatisfaction mostly to their case managers’ lack of help (43.9 percent), poor communication (41.1 percent), inferior services (34.6 percent), inability to access needed services (19.6 percent) and not involving the consumer in decision-making (18.7 percent).

### **Survey Results – Multi-Department Analysis**

#### *Background – Demographic Profile*

Two hundred and twenty-two (222) consumers reported getting services from more than one of the four departments. These consumers ranged in age from younger than one year to older than 66. Sixty-three percent of this group of consumers were 18 years old or younger, 17.6 percent were between the ages of 19 and 55 and 12.2 percent were 56 or older.

Among these consumers, 55.4 percent were male and 44.5 percent were female.<sup>8</sup>

Members of this group of consumers represented a wide range of ethnic and racial groups. About 37.8 percent were Caucasian, 32.4 percent were Hispanic, and 20.7 percent were African American.

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<sup>8</sup> One respondent (0.5 percent) did provide an answer to the question related to the consumer’s gender.

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Sixty-three percent, or 140 of the 222 consumers, were 18 or younger. Of the 82 consumers older than 18, 64 (78 percent) had a high school education or less and 21 percent had some college or were college graduates.

About 88 percent of the members of this group of consumers had a disability. Consumers reported a wide range of disabilities. Most frequently, consumers reported mental and emotional disabilities (34.2 percent). More than five percent of this group of consumers also reported cognitive – learning problems (7.7 percent), neurological problems (7.7 percent), speech/communication problems (6.3 percent) and blindness and vision impairment (5.4 percent).

### *Departments, Programs, and Services*

Members of this group of consumers reported receiving services from two or more departments. More than 73 percent received services from DSHS, 69.4 percent received services from DFPS, 60.4 percent received services from DARS and 53.2 percent reported receiving services from DADS.

The four programs from which the largest number of these consumers received services include the DFPS CPS program, the DARS ECI program, the DADS CCAD program (including PHC), and the DSHS CSHCN program.

The length of time during which members of this group have been receiving services from these programs ranged widely from less than one year to more than 20 years. More than 30 percent have been receiving services for less than one year. About 63 percent have been receiving services for four or fewer years. About 16 percent have been receiving services for more than 10 years. On average, this group of consumers has been receiving services for 5.18 years.

This group of consumers reported a wide arrange of services from these programs. Please note that consumers were asked to identify services they received rather than respond to a list of services. Most commonly, consumers have been receiving:

- Medical services (38.3 percent)
- Therapy (speech, hearing, occupational, physical, cognitive) (26.1 percent)
- Dental services (16.7 percent)
- Case management services (15.8 percent)
- Psychological services (14.9 percent)
- Counseling (12.6 percent)
- Nursing services (11.7 percent)

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- Vision services (11.7 percent)
- Assistive aids, assistive technology, and medical supplies (10.8 percent)
- Home management (housekeeping, laundering, shopping, etc.) (9.5 percent)
- Attendant services, including personal care (9 percent)

### *Case Management*

The following narrative describes consumer responses to questions regarding the title of the case management service provider, characteristics of case management services, having multiple case managers, resource availability, case manager's helpfulness and consumer satisfaction.

#### Title of Case Management Services Provider

The questionnaire defined case management as "services where someone helps you figure out the services you need and then helps you get those services." Based on this definition, surveyed consumers were asked whether they have a person who helps them identify and coordinate services. More than 91 percent, or 203 consumers, reported having such a person. Please note that the analysis results presented in the rest of the section, is focused on consumers who reported having a case manager.

Consumers indicated that the person who helps them identify and coordinate services has different titles. Most commonly, this person is called either a "case manager" (45.3 percent) or a "case worker" (38.4 percent). This report refers to this person as a "case manager."

#### Characteristics of Case Management Services

The length of time consumers have had case management services ranged from less than six months to more than five years. Nearly 44 percent of the consumers had a case manager for one year or less and about one-third had a case manager for three years or longer. On average, consumers have had the case manager for 2.13 years

About 60 percent of the consumers in this group who had a case manager indicated that they have either had one or two case managers since they started to receive services. Thirty-five percent reported that they have had only one case manager. About 13 percent had five or more case managers. On average, members of this group of consumers had 2.63 case managers.

Consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. Most of the consumers communicated frequently with their case manager. About 77 percent of the consumers reported that they communicated once a month or more frequently with their case manager; 31.5 percent reported

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communicating once a week or more often. Only 4 percent of the consumers indicated that they typically communicated once a year, less than once a year, or never.

The frequency with which consumers met with their case managers in person ranged widely. Two-thirds of the consumers reported meeting with their case managers once a month or more often: 11.4 percent of the consumers met with their case managers once or more a week, 19.7 percent met their case managers several times a month, and 35.5 percent met their case managers once a month. About 3.5 percent reported meeting with their case managers rarely, once a year or less often.

Most commonly, over the last year, consumers met with their case managers at their home. About 81 percent of consumers met their case managers at their home, 35.5 percent met at their case managers' offices and 26.1 percent met their case managers in other locations. On average, consumers met their case managers at their home 10.7 times. Those who met at their case managers' offices did so on average 7.4 times last year. Consumers who met their case managers at other locations did so, on average, 4.8 times.

Consumers identified a variety of locations, other than their home or their case managers' offices, in which they met their case managers. The most common locations consumers identified consisted of the child's school, outings and social activities, and the provider's office or facility.

Most of the members of this group of consumers (84.7 percent) were satisfied with the number of times they met with their case managers.

Of the 30 consumers (14.8 percent) who were not satisfied with the frequency with which they met their case managers, 80 percent would like to meet with their case managers more often and 20 percent would like to meet with their case managers less often.

### Multiple Case Managers

About 37 percent of the consumers who indicated that they currently have a case manager, reported that they have more than one person acting as their case managers (i.e., they currently have multiple case managers).

About 57 percent of the members of this group of consumers (115 out of 203 with case managers) reported that they have had more than one case manager at the same time since they started getting services. On average, members of this group had multiple case managers three times since their enrollment. More than 50 percent of these consumers (58 out of 115) had multiple case managers at the same time only once and 27.8 percent (32 out of 115) had multiple case managers twice.

While 56.7 percent of consumers reported that they have had multiple case managers at some point since they started receiving services, only 36.9 percent of consumers indicated that they



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*currently* have multiple case managers, demonstrating a reduction in the percentage of consumers with multiple case managers. More than two-thirds (67 percent) of members of this group of consumers indicated that there was no difference between having a single case manager or multiple case managers at the same time. About 14 percent found the situation more difficult for them and 19.1 percent indicated that having multiple case managers actually made things less difficult for them and their family.

### Resource Availability

Over the last year, 21.2 percent of the members of this group of consumers reported having difficulties getting services which their case managers had authorized.

Consumers reported that the problems they experienced in getting the authorized services were associated largely with service unavailability and the poor quality of the service provider's staff. The main problems consumers experienced were:

- The consumer could not find anyone to provide the service (44.2 percent).
- The service provider organization staff did not do a good job (30.2 percent).
- The service provider organization staff was not reliable: did not show up on time, did not show up at all, did not do what they were supposed to do (27.9 percent).
- There was high staff turnover in the provider's organization (20.9 percent).
- The service provider organization did not return calls (18.6 percent).
- The service provider organization staff was rude and did not treat consumer with respect (18.6 percent).
- The service provider organization staff was not knowledgeable about the consumer's condition and how to handle it (16.3 percent).

Consumers considered getting access to services their case managers had authorized for them the most common difficulty they had experienced. About 10 percent, or 20 members of this group of consumers, filed complaints relating to their difficulty accessing services.

On average, these consumers filed 2.47 complaints since they had started getting services. Forty-five percent filed one complaint and 50 percent filed between two and ten complaints.

### Case Manager's Helpfulness

Overall, the majority of members of this group of consumers regarded their case managers as helpful to them.

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The case manager is expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is assumed to meet expectations in three different areas. The case manager must understand the consumer's needs, understand the consumer's language and cultural background and involve the consumer in the decision-making process. The percent of consumers who reported that "all" or "most" of their case managers met these expectations ranged from 75.9 to 85.7 percent, depending on the expectation. The percent of consumers who indicated that "some" of their case managers met these expectations ranged from 5.9 to 16.7 percent and the percent who reported that "none" of their case managers met these expectations ranged from 1.5 to 6.4 percent, depending on the expectation.

The majority of the members in this group of consumers had a positive perception of their case managers. For example, a majority of members:

- Indicated that their case managers cared very much about them (77.3 percent)
- Reported that their case managers had a very good relationship with them (75.4 percent)
- Indicated that their case managers communicated very well with them (74.4 percent)
- Said that their case managers understood very well their condition (71.4 percent)
- Indicated that their case managers knew what services meet their needs (63.1 percent)

Less than eight percent of the 202 respondents had a negative perception of their case manager: 4.9 percent indicated that their case managers did not have a good relationship with them, 4.9 percent also reported that their case managers did not care about them, 4.9 percent said that their case managers did not communicate well, 6.4 percent indicated that their case managers did not understand their condition and 7.4 percent said that their case managers did not know which services they needed.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of this group of consumers found their case managers helpful "always" or "most of the time" in the following areas:

- Treat (you/family member/foster child) with respect (92.6 percent)
- Act friendly to (you/family member/foster child) (91.6 percent)

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- Listen carefully to your/family member's/foster child's) concerns (85.8 percent)
- Return your/family member's/foster child's) phone calls (81.8 percent)
- Understand (your/family member's/foster child's) needs (80.3 percent)
- Ask (you/family member/foster child) if the services (you/family member/foster child) have been receiving meet (your/family member's/foster child's needs (79.3 percent)
- Help (you/family member/foster child) figure out what services (you/family member/foster child) need (73.9 percent)
- Ask if (you/family member/foster child) are satisfied with the services (71.9 percent)
- Explain clearly what services (you/family member/foster child) can get (70.9 percent)
- Give (you/family member/foster child) information on where (you/family member/foster child) can get the service(s) (70.4 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give you services (66.5 percent)
- Arrange the services for (you/family member/foster child) (62.1 percent)
- Involve (you/family member/foster child) in planning and choosing services (60.1 percent)
- Ask for (your/family member's/foster child's) opinion in all major decisions (52.2 percent)

Involving the consumer in planning and choosing services and asking for the consumer's opinion in all major decisions – two key areas – were the lowest-rated areas based on the frequency with which case managers involved consumers. Indeed, more than 21 percent of the consumers reported that their case managers, “rarely” or “never” asked them for input in these areas.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services. Forty-three members of this group of consumers, or 21.2 percent, reported that they had experienced problems in accessing services the case manager authorized in the last year. All these consumers told their case managers about their problem accessing services. More than 67 percent, or 29 of these consumers, got help from their case manager.

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On average, these consumers considered their case managers' efforts on their behalf to range between "helpful" and "somewhat helpful," averaging 2.31 on a 5-point scale ranging from "very helpful" (1) to "not at all helpful" (5). About 45 percent considered their case managers' efforts to be "very helpful," 6.9 percent judged the effort "helpful," 27.6 percent indicated it was "somewhat helpful" and 20.7 percent found their case managers' efforts "of little help" or "not at all helpful." One-third of the consumers who experienced a problem accessing authorized services indicated that their case managers did not help them. Mostly, these consumers attributed it to their case managers' lack of understanding of their problem.

### Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, members of this group of consumers gave a rating of "very good" to their case managers. More than 43 percent considered their case managers "excellent" and 27.6 percent rated them as "very good." Hence, more than 70 percent considered their case managers of as "excellent" or "very good." In addition, 14.3 percent rated their case managers as "good." Only 14.3 percent indicated that their case managers were either "fair" or "poor;" the two lowest ratings.

Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). Members of this group of consumers, on average, expressed a high level of satisfaction with case management services. About 46 percent were "very satisfied" and 35.5 percent were "satisfied," accounting for 81.3 percent of consumers. In addition, 10.3 percent were "moderately satisfied." About eight percent expressed dissatisfaction. More than 31 percent of the members of this group of consumers were more satisfied with their current case management services compared to their satisfaction a year ago; 51.7 percent did not experience any differences, and 9.4 percent were less satisfied.

Consumers who indicated that their case management services improved compared to last year, attributed the improvement mostly to the helpfulness of their current case managers (46.9 percent), getting services from better providers (29.7 percent), their case managers' caring about the consumer (23.4 percent), the extent to which their case managers involved the consumer in service planning and selection (23.4 percent) and the fact that the consumer succeeded accessing services not previously accessible (14.1percent).

Most of the 19 members of the group of consumers who indicated that they were less satisfied with the current case management services compared with last year's attributed their lack of satisfaction to their case managers not being helpful, case managers' poor communication abilities and the case managers not involving the consumers in the planning and selection of services.

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**VI. CASE MANAGER FEEDBACK – FOCUS GROUPS**

Table 6.1 below summarizes the feedback received during the case manager focus groups from state employed and contracted case managers. The feedback is organized by the following key topic areas:

- Definition of Case Management
- Funding and Reimbursement
- Resource Availability
- Knowledge Sharing about Services Received by Consumers and Coordination Between Programs and Departments
- Rural and Other Geographic Issues
- Administrative Issues
- Other Issues

**Table 6.1: Summary of Case Manager Focus Group Feedback**

Key Topic Area	Case Manager Focus Group Feedback
Definition of Case Management	<p>The participants offered their own definition of case management, as reflected in their own roles and functions. Many definitions included assessment, linkage to services, monitoring, advocacy, consumer empowerment and education.</p> <p>The frequency of case manager visits to their consumers varied significantly by department and program. Reported caseloads also varied significantly (from 25 to 30 for ECI case managers to over 200 for some DADS programs). Some case managers reported their large caseloads have made it more difficult for them to form deep relationships with their consumer and serve them more directly. Many participants expressed the need for more case managers.</p> <p>Case managers noted that their approach to working with consumers with special health needs is different from working with consumers with mental health needs or with mental retardation, in terms of Medicaid eligibility, case load, assessment and case management while on interest list.</p>

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**Table 6.1: Summary of Case Manager Focus Group Feedback, *continued***

Key Topic Area	Case Manager Focus Group Feedback
Funding and Reimbursement	Some case managers noted general concerns regarding the adequacy of funding to provide services to the indigent and uninsured. In addition, some participants expressed their opinions that the salary scale for case managers in the public sector should be raised in order to compete with the private sector and that case load should be reduced by hiring more case managers.
Resource Availability	Participants expressed concern with the high case manager turnover rate in the public system, attributing turnover to more stringent qualifications and lower pay. Participants also reported that they lose trained case managers to the private sector.  Some participants expressed the need for more bilingual case managers.
Knowledge Sharing about Services Received by Consumers and Coordination Between Programs and Departments	Case managers noted that the most frequent types of case management activities “duplicated” are intake and assessment. However, case managers noted that other types of service duplication (outside of the intake and assessment process) are generally not an issue because case management services provided by different systems (e.g., behavioral health and aging and disability) are different in focus.  To determine appropriate access and make a case manager assignment for case coordination, each agency performs its own screening and assessment at the entry point.  All case managers reported experiencing barriers to linkage and monitoring functions due to inconsistent admission criteria, unavailability of services as a result of service gaps or waiting lists and lack of standardized protocols for referral.  Because of different operating procedures, different terminology and different levels of technology, focus group participants indicated that they are not always familiar with what other programs and departments do.  Some case managers indicated that the Community Resource Coordination Group (CRCG) program is a good model on how to coordinate services between different departments and programs. <sup>9</sup>

<sup>9</sup> CRCGs are local groups that coordinate service plans across multiple agencies, provide a mechanism for multiple programs to coordinate an individual’s care.

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**Table 6.1: Summary of Case Manager Focus Group Feedback, *continued***

Key Topic Area	Case Manager Focus Group Feedback
Rural and Other Geographic Issues	<p>Case management staff indicated difficulties obtaining necessary services for consumers in rural areas. They also indicated that as a result of a scarcity of services in those areas, case managers often end up providing more direct care services and establishing a close working relationship with consumers.</p> <p>Case managers in rural areas indicated they spend a large portion of their time traveling because of the size of their services areas.</p>
Administrative Issues	<p><b><i>Technology</i></b></p> <p>Availability and use of technology varies by department and program. In many of the departments and programs, case managers report that they do not have technology they can use in the field (i.e., during home visits) to record and transmit consumer information. Case managers, for the most part, reported that they do not have laptops and typically need to record information on paper and then input the information into a computer later.</p> <p>For example, case managers reported that the DADS computer system is not reliable. The system is regularly down at the end of the month when case managers enter data into the system. Some case managers reported that because they are evaluated on efficiency, if they are late entering data into the system, it reflects negatively on the case management statistics the department reports.</p> <p>Case managers reported that their computer systems are limited in their ability to identify the services their consumers are receiving across all department and programs.</p> <p><b><i>Paperwork</i></b></p> <p>Many case managers reported feeling over-burdened with paperwork requirements and lack of face-to-face time spent with consumers. Some cited cases where documentation is duplicative, recorded first on paper and then electronically. Case managers indicated that they do not have clerical support, which could help alleviate some of the burden.</p> <p>Case managers also reported that forms published by the departments change frequently, requiring them to go back to the consumer for his/her signature. Additionally, some focus group participants indicated that some forms are not available on-line and cannot be submitted on-line.</p> <p><b><i>Other</i></b></p> <p>Case managers reported that they comply with the State guidelines on required frequency of contacts for their consumers and were able to manage the demand for monitoring. Some stated dissatisfaction with the administrative policies on monitoring methods.</p>

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**Table 6.1: Summary of Case Manager Focus Group Feedback, *continued***

Key Topic Area	Case Manager Focus Group Feedback
Other Issues	<p>Participants noted that policies and procedures do not emphasize consumer outcomes; performance measures are mostly input measures.</p> <p>One case manager suggested use of peer counselors, but noted a lack of funding for such an initiative.</p> <p>One case manager noted that the practice of asking the consumer to complete a satisfaction survey in the presence of the case manager should be reconsidered.</p> <p>Several case managers indicated that there should be minimum set of qualifications standard that case managers should meet or that qualifications should vary depending on the duties and responsibilities of the case manager.</p>



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### VII. CASE MANAGER FEEDBACK – SURVEYS

In this section of our report, we present the results of the case manager survey for all respondents (DADS, DFPS, DARS and DSHS). As noted in the prior Section, due to the relatively low response rate and self-selection of the respondents for the provider survey, the results of this survey are not statistically representative of the HHSC enterprise’s case management services in total, or by department. Where applicable, we have noted responses by department; however the small number of responses precludes the ability to perform any meaningful analyses or to draw any meaningful conclusions by individual department.

#### Background

As indicated in the methodology section, 247 different individuals participated in the case manager survey. Table 7.1 below provides the breakout of survey responses by department. Where a case manager indicated that they provided services to consumers who receive services from more than one department, their responses are recorded below in the row labeled “Multiple Departments.” As indicated in the Table, the number of survey responses by department was relatively low, particularly for DFPS, for which we received only 15 survey responses.

**Table 7.1: Case Manager Survey Responses by Department**

Department	N (247)	Percent
DADS	52	21%
DARS	65	26%
DFPS	15	6%
DSHS	46	18%
Multiple Departments	55	22%
Other (based on survey responses, unable to determine what Department the survey respondent is associated with.	14	5%

Survey responses arrived from many of the HHSC Regions, with the majority coming from HHSC Regions 3 (Metroplex) and 7 (Central Texas) (22 percent and 21 percent, respectively). We did not receive any responses from Region 2 (Northwest Texas). Details of survey responses by HHSC region are provide in Table 7.2 on the following page.

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**Table 7.2: In which region of Texas is your office located?**

HHSC Region	N (247)	Percent
HHSC Region 1: High Plains	5	2%
HHSC Region 2: Northwest Texas	0	0%
HHSC Region 3: Metroplex	51	22%
HHSC Region 4: Upper East Texas	18	7%
HHSC Region 5: Southeast Texas	17	7%
HHSC Region 6: Gulf Coast	16	6%
HHSC Region 7: Central Texas	49	21%
HHSC Region 8: Upper South Texas	18	7%
HHSC Region 9: West Texas	18	7%
HHSC Region 10: Upper Rio Grande	11	4%
HHSC Region 11: Lower South Texas	14	6%
Don't know/unsure	19	8%
Did not respond	11	4%

**Survey Responses**

The survey results for all respondents discussed below are organized by the following topic areas:

- Title of Case Management Services Provider
- Funding and Reimbursement
- Resource Availability
- Knowledge-sharing
- Rural and Other Geographic Issues
- Administrative Issues
- Quality

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### *Title of Case Management Services Provider*

The majority of survey respondents indicated that their job title was “Case Manager” (26 percent), “Service Coordinator” (13.7 percent) or “Social Worker” (13 percent). Nearly 19 percent of respondents identified their title as “Other” which included “Program Director,” “Early Intervention Specialist” and “Qualified Mental Health Professional (QMHP),” among others.

More than 80 percent of survey respondents had four-year college degrees (50 percent) or Master’s degrees (34 percent). Approximately three percent of respondents reported that their highest level of education was a high school diploma/GED or less. Nearly seven percent reported having 2-year degrees. The majority of case managers responded that the education levels of case managers is “Not a Problem” (41.7 percent) or a “Minor Problem” (28.5 percent) within the case management system.

More than 80 percent of survey respondents reported that they have credentials. Of these individuals, 14.4 percent indicated they are “Early Intervention Specialists,” 19.8 percent indicated they are licensed baccalaureate social workers (LBSWs) and 15.8 percent indicated they are registered nurses. Over one-quarter of respondents to this question (25.7 percent) classified their credentials as “Other,” which included “Certified Case Manager,” “Child Life Credentials” and “Certified Rehabilitation Counselor,” among others.

In terms of whether there is a required certification that qualifies them to provide case management services, respondents were fairly divided, with 42.6 percent indicating that their programs required certification and 57.4 percent indicating their programs did not require certification. Of those that indicated their programs require certification, the majority (67.6 percent) reported that it took between less than a year (39.2 percent) to two years (28.4 percent) to complete the certification process.

When asked whether they believed a lack of qualified case managers is a problem within the case management system, approximately 60 percent of respondents indicated that a lack of qualified case managers is a “Major” or “Moderate” problem and approximately 40 percent reported that it is a “Minor” problem or “Not a Problem.”

Case managers were asked for information on their monthly caseloads. The average monthly caseloads reported by survey respondents varied, with the majority (72 percent) reporting caseloads of 45 or fewer. A little less than one-half of respondents characterized their caseloads as “About Right” (46.1 percent) while 37.9 percent indicated that it is too large and 16 percent indicated that they could serve additional consumers.

This response contrasts with case managers’ responses when asked to characterize whether caseloads being too high is a “Major,” “Moderate” or “Minor” problem or “Not a Problem”

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within the case management system. The majority (72 percent) indicated that this is a “Major” problem (40.3 percent) or a “Moderate” problem (31.7 percent).

Approximately 52 percent of respondents reported that their agencies/employers do not have specific caseload requirements while approximately 38 percent reported that their agencies/employers did have requirements.

Case managers were also asked about the frequency of contacts they have with their consumers (or family members of their consumers) by phone, in person or through e-mail. The majority of respondents (68.8 percent) indicated that they talk with their consumers once a month or more frequently, with 31.7 percent indicating they talk with their consumers once a week or more, 23.5 percent indicating they talk two to three times a month and 13.6 percent indicating they talk once a month. Respondents were evenly divided in terms of whether they indicated that amount of time they have contact with consumers is “about right” or “not enough.”

The majority of respondents (55.3 percent) reported that they meet face-to-face with their consumers (or family members of their consumers) once a month or more frequently, with 15.7 percent indicating they meet once a week or more, 16.9 percent indicating they meet two to three times a month and 22.7 percent indicating they meet once a month. However, more than 20 percent of respondents reported that they meet with consumers face-to-face only “as needed.”

Most respondents (61.6 percent) reported that they typically meet with their consumers in their homes. Approximately 22 percent reported they typically meet with their consumers in the case managers’ offices.

The survey also asked case managers to identify the roles they play in assisting their consumers. As indicated in Table 7.3 on the following page, respondents indicated that they play a wide range of roles.

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**Table 7.3: What roles do you play in assisting consumers?**

Role	N Respondents (247)  Answers (1,398) <sup>10</sup>	Percent of Total Respondents Identifying with the Role
Advocate	211	85.4%
Authorize services (i.e., gatekeeper)	95	38.5%
Determine eligibility	121	49.0%
Service coordinator	186	75.3%
Consumer empowerment	167	67.6%
Education	188	76.1%
Crisis intervention	149	60.3%
Developer of a limited service plan	101	40.9%
Developer of a comprehensive plan of care	134	54.3%
Other	46	18.6%

*Funding and Reimbursement*

The survey also asked case managers several questions related to salaries for case management workers and funding of case management services. When asked if funding (reimbursement) levels for case management services is a problem within the case management system, approximately three-quarters of respondents indicated that it is a “Major Problem” (44.8 percent) or a “Moderate Problem” (30.1 percent). When asked if salaries for case management workers are a problem, an even larger majority (83.4 percent) indicated that salaries are a “Major Problem” (60.7 percent) or a “Moderate Problem” (22.7 percent).

*Resource Availability*

Case managers were asked a series of questions related to the availability of resources for their consumers. More than 68 percent of respondents reported that they did not have all of the resources they need to help their consumers. “Additional information about resources in the community” and “additional community resources for consumers” were most frequently identified by respondents as resources that would help them serve consumers better (25.2 and 33 percent, respectively).

Waiting (or “interest”) lists for services were reported as a “Major” or “Moderate” problem by nearly 70 percent of respondents. Nearly one-quarter of respondents reported that waiting lists for services are “Not a Problem,” however.

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<sup>10</sup> The number of answers is greater than 247 (the total number of survey respondents) because respondents were allowed to select multiple responses to this question.

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A majority of case managers (67.5 percent) also reported that transportation to services is a “Major” (43.2 percent) or “Moderate” (24.3 percent) problem.

### *Knowledge-sharing*

Case managers were asked questions related to how they identify and coordinate services for their consumers. Respondents reported using a variety of methods/resources when asked how they find information about the services that are available to consumers, as indicated in Table 7.4.

**Table 7.4: How do you find out about the services that are available to consumers?**

Method	N Respondents (247)  Answers (839) <sup>11</sup>	Percent of Total Respondents Using the Method
Network with other case managers from my agency	193	78.1%
Network with other case managers outside my agency	182	73.7%
Use local/regional office resources	195	78.9%
Use department resources	171	69.2%
Use non-departmental resources	98	39.7%

A majority (approximately 65 percent) of respondents reported that they believe their agency has educated them sufficiently about the services that are relevant to their consumers. Respondents reported varying opinions when asked what describes the additional educational efforts the agencies they work for/their employers should make to train them about available resources, as indicated in Table 7.5 on the following page.

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<sup>11</sup> The number of answers is greater than 247 (the total number of survey respondents) because respondents were allowed to select multiple responses to this question.

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**Table 7.5: Which of the following describe the additional educational efforts the agency you work for/your employer should make?**

Additional Educational Efforts	N Respondents (247)  Answers (444) <sup>12</sup>	Percent of Total Respondents Indicating the Additional Educational Effort
Training regarding consumer’s functional needs	49	19.8%
Training regarding service plans for consumer needs	53	21.5%
Training about available referral sources	88	35.6%
Training about other disability and eligibility groups	67	27.1%
Training about managing caseload requirements	58	23.5%
Training about overall components of a case manager’s job	61	24.7%
Training about administrative and reporting requirements	51	20.6%
Other	17	6.9%

Slightly more than one-half (51.2 percent) of the respondents indicated that they are serving consumers who have more than one case manager. In cases where a case manager is serving a consumer with more than one case manager, more than three-quarters (78.4 percent) of respondents reported that they would describe their collective work efforts as “case managers collaborating together.” Twenty-two percent of respondents reported that case managers are “duplicating services.” In terms of what types of case management activities are most often duplicated, case managers identified “Intake,” “Assessment” and “Service Coordination” at the same rate (approximately 21 percent each). However, “I do not find that case management activities are duplicated” was identified by respondents 34 percent of the time.

Approximately 68 percent of respondents reported that “insufficient service coordination across agencies” is a “Major” (29.4 percent) or “Moderate” (38.2 percent) problem. Only 8.4 percent of respondents reported that insufficient service coordination is “Not a Problem.”

*Rural and Other Geographic Issues*

Case managers were asked a series of questions regarding what roles geographic location plays in their ability to provide services to their consumers. As indicated in Table 7.6 below, case managers indicated that they serve consumers who live in a variety of areas.

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<sup>12</sup> The number of answers is greater than 247 (the total number of survey respondents) because respondents were allowed to select multiple responses to this question.

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**Table 7.6: Where do the consumers whom you serve primarily live?**

Area	N Respondents (247)  Answers (539) <sup>13</sup>	Percent of Total Respondents Indicating that They Service Consumers in the Area
Rural areas	148	59.9%
Small towns	135	54.7%
Cities	144	58.3%
Suburbs	98	39.7%
Other	14	5.7%

More than 70 percent of respondents indicated that they have trouble finding and coordinating services for consumers because of the type of areas where their consumers live; and more than 80 percent of respondents indicated that lack of services in rural areas is a “Major” (57.7 percent) or “Moderate” (25.7 percent) problem.

Table 7.7 on the following page summarizes, by type of problem, the locations where respondents indicated that it is most likely difficult for consumers to receive services. For all of the types of problems included in the question, the majority of respondents identified rural areas as where it is most likely for consumers to have difficulty in receiving services.

*Administrative Issues*

Case managers answered a number of questions pertaining to administrative issues they encounter as part of providing case management services. Nearly 60 percent of respondents indicated that they spend more than 20 percent of their time on administrative activities, such as completing reports, monitoring, billing and training; approximately 28 percent of respondents indicated that they spend between 10 and 20 percent of their time on these activities. However, nearly half of the respondents indicated that their efficiency in providing case management services has improved over the past few years; approximately one-quarter (26.7 percent) of respondents indicated that their efficiency has gotten worse and one-quarter (25 percent) indicated that it has stayed the same.

More than 60 percent of respondents indicated that a lack of sufficient time for face-to-face encounters with consumers is a “Major” (30.2 percent) or “Moderate” (32.7 percent) problem. Approximately 16 percent indicated that lack of face-to-face time is “Not a Problem.”

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<sup>13</sup> The number of answers is greater than 247 (the total number of survey respondents) because respondents were allowed to select multiple responses to this question.



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Respondents were fairly evenly divided in terms of whether they reported that billing requirements are a problem within the case management system. Approximately 52 percent of respondents indicated that billing requirements are a “Major” (18.6 percent) or “Moderate” (34.2 percent) problem and approximately 48 percent indicated that they are a “Minor” (27.5 percent) problem or “Not a Problem” (19.5 percent).

**Table 7.7: In which of the following types of locations are each of the problems listed below most likely to make it difficult for consumers to receive services?**

Problem	Rural Areas		Small Towns		Cities		Suburbs	
	N	%	N	%	N	%	N	%
Shortage of providers	151	43.4%	124	35.6%	40	11.5%	33	9.5%
Medical professionals do not have an understanding of consumers’ diagnoses and needs	115	41.7%	86	31.2%	41	14.9%	34	12.3%
Social service professionals do not have an understanding of consumers’ diagnoses and needs	97	39.4%	81	32.9%	41	16.7%	27	11.0%
Lack of program funding	134	35.8%	122	32.6%	67	17.9%	51	13.6%
Transportation to service providers	159	38.9%	139	34.0%	51	12.5%	60	14.7%
Provider reimbursement rates are too low	96	32.3%	92	31.0%	62	20.9%	47	15.8%
Other	15	36.6%	13	31.7%	7	17.1%	6	14.6%

Respondents were also fairly divided in terms of whether they reported information systems and technology are a problem within the case management system. Forty-five percent of respondents indicated that technology is “Major” (15.8 percent) or “Moderate” (29.2 percent) problem while 55 percent of respondents indicated that technology is a “Minor” (32.1 percent) problem or “Not a Problem” (22.9 percent).

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### *Quality*

Case managers responded to several other questions pertaining to the quality of the case management system. In general, case managers responded positively to the overall quality of the system. For example, when asked “yes” or “no” in terms of whether the agency the respondent works for has made case management a priority, more than three-quarters of respondents (77.8 percent) indicated “yes,” that their agency does. Additionally, when asked whether the quality of case management services delivered to consumers by their program was “Excellent,” “Very Good,” “Good” or “Poor,” over 70 percent of respondents indicated that the quality of case management services delivered to consumers by their program is “Excellent” (22.4 percent) or “Very Good” (48.2 percent). A very small number (5.3 percent) rated the quality of services as “Poor.” However, when asked whether case management staff turnover was a “Major,” “Moderate” or “Minor Problem,” or “Not a Problem,” over 60 percent of respondents indicated that case management staff turnover was a “Major” (34.6 percent) or “Moderate” (28.4 percent) problem, while approximately 15 percent indicated that it was “Not a Problem.”

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## Appendices

Appendix A: Consumer Survey Instrument

Appendix B: Case Manager Survey Instrument

Appendix C: Consumer Survey Results, by Department

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**Appendix A:  
Consumer Survey Instrument**

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Hello, my name is \_\_\_\_\_ and I am calling from Navigant Consulting. The Texas Health and Human Services Commission hired us to conduct a survey on case management. We are calling people receiving case management services from the state to determine your satisfaction with the assistance (you/or your family member/or the foster child in your care) have received in planning, coordinating and accessing needed services. The information that you give us will be reviewed along with information we will receive from other consumers. The information you give us will be confidential. The information that you give us will help Texas improve case management services.

1. Do (you/family member/foster child) receive services from one or more of the following Texas health and human services departments or from an organization that contracts with one of the departments? **(SELECT YES, NO OR UNSURE FOR EACH)**

Note: Interviewer will read description of the department, only if respondent is not familiar with the name of the department.

	Yes	No	Unsure	If Yes, Go to
<i>Department of Assistive and Rehabilitative Services (DARS)</i> – provides case management services to children birth to age three with disabilities or delays through an Early Childhood Intervention Program (ECI) provider in the community; children and adults who are blind or have visual impairments, and people with physical or mental disabilities that are preparing for employment (vocational rehabilitation).	1	2	3	2a
<i>Department of Family and Protective Services (DFPS)</i> – provides services to protect children and adults from abuse, neglect and exploitation.	1	2	3	2b
<i>Department of State Health Services (DSHS)</i> – provides case management services to high-risk pregnant women, adults and children with mental health needs, and to children with a health condition/health risk, or special needs.	1	2	3	2c
<i>Department of Aging and Disability Services (DADS)</i> – provides case management services to individuals who are elderly, or are medically dependent, or have disabilities or mental retardation. These individuals	1	2	3	2d

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may live in the community, in nursing homes or intermediate care facilities for the mentally retarded.				
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*NOTE: The computer-assisted telephone interviewing program will take the interviewer to the first program (Q.2a, 2b, 2c, or 2d) from which the respondent/family member/foster child receives services and then skip appropriately to the next applicable question.*

Note to interviewer: If respondent or family member or foster child receives services from the Department of Assistive and Rehabilitative Services (DARS), ask Q.2a, otherwise skip to Q.2b.

2a. From which of the following programs do (you/your family/foster child) receive services? **(SELECT ALL THAT APPLY)**

- 1 Blind Children Vocational Discovery and Development Program
- 2 Early Childhood Intervention Program (ECI)
- 3 Vocational Rehabilitation Program (VR)

Note to interviewer: If respondent or family member or foster child receives services from the Department of Family and Protective Services (DFPS), ask Q.2b, otherwise skip to Q.2c.

2b. From which of the following programs do (you/your family/foster child) receive services? **(SELECT ALL THAT APPLY)**

- 1 Adult Protective Services Case Management (APS) **(SKIP TO Q.2C)**
- 2 Child Protective Services Case Management (CPS)

2b1. How long has (name of foster child) been in foster care? **(SELECT ONE ANSWER ONLY)**

- 1 Less than 1 year
- 2 1 to 2 years
- 3 3 to 4 years
- 4 5 to 6 years
- 5 7 to 8 years
- 6 9 to 10 years

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- 7 11 to 12 years
- 8 More than 12 years
- 9 Unsure/Don't know

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2b2. How long have you been a foster care provider? **(SELECT ONE ANSWER ONLY)**

- 1 Less than 1 year
- 2 1 to 2 years
- 3 3 to 4 years
- 4 5 to 6 years
- 5 7 to 8 years
- 6 9 to 10 years
- 7 11 to 12 years
- 8 More than 12 years

2b3. How long has (name of foster child) been in your care **(SELECT ONE ANSWER ONLY)?**

- 1 Less than 3 months
- 2 3 to 6 months
- 3 6 months to 1 year
- 4 1 to 2 years
- 5 3 to 4 years
- 6 5 to 6 years
- 7 7 to 8 years
- 8 9 to 10 years
- 9 11 to 12 years
- 10 More than 12 years

Note to interviewer: If respondent or family member or foster child receives services from the Department of State Health Services (DSHS), ask Q.2c, otherwise skip to Q2d.

2c. In which of the following programs are (you/your family member/foster child) enrolled? **(SELECT ALL THAT APPLY)**

- 1 Children and Pregnant Women (CPW) Case Management Services
- 2 Children with Special Health Care Needs (CSHCN) Services Program
- 3 Adult Mental Health Care Management
- 4 Children's Mental Health Care Management



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Note to interviewer: If respondent or family member or foster child receives services from the Department of Aging and Disability Services (DADS), ask Q.2d, otherwise skip to Q3.

2d. From which of the following programs do (you/your family/foster child) receive services? (**SELECT ALL THAT APPLY**)

- 1 Area Agencies on Aging (AAAs)
- 2 Community Based Alternative Program (CBA)
- 3 Primary Home Care Program (PHC)
- 4 Community Attendant Services Program (CAS)
- 5 Community Care for the Aged and Disabled (CCAD)
  - Day Activity Health Services Program (DAHS)
  - Primary Home Care
  - Home Delivered Meals
  - Emergency Response Services
  - Consumer Managed Personal Assistant Services
  - Family Care
  - Special Services to Persons with Disabilities
- 6 Community Living Assistance and Support Services (CLASS)
- 7 Home and Community-based Services Program (HCS)
- 8 Medically Dependent Children Program (MDCP)
- 9 Intermediate Care Facility for the Mentally Retarded (ICF/MR) Services Program (community or state school)
- 10 Texas Home Living Program (TxHmL)
- 11 MENTAL RETARDATION AUTHORITY (MRA) SERVICES
- 12 Deaf/Blind with Multiple Disabilities Medicaid Waiver Program
- 13 Consolidated Waiver
- 14 Guardianship Program
- 15 NURSING FACILITY SERVICES
- 16 Aging and Disability Resource Center Pilot Sites (ADRC)
- 17 Relocation Assistance for Individuals Transitioning from Nursing Facilities into Community Settings
- 18 Unsure

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3. Overall, for how many years have (you/family member/foster child) received services from this program (these programs)? **(SELECT ONE ANSWER ONLY)**

- 1 Less than 1 year
- 2 1 to 2 years
- 3 3 to 4 years
- 4 5 to 6 years
- 5 7 to 8 years
- 6 9 to 10 years
- 7 11 to 12 years
- 8 13 to 16 years
- 9 17 to 20 years
- 10 More than 20 years

4. Which of the following services have (you/family member/foster child) received? **(INTERVIEWER: DO NOT READ SERVICES; FIT ANSWERS RESPONDENT GIVES INTO FOLLOWING CATEGORIES)**

- 1 Adaptive aids, assistive technology, and medical supplies
- 2 Adult foster care
- 3 Assisted living/Residential care
- 4 Attendant services, including personal care
- 5 Audiology
- 6 Benefits counseling/legal assistance
- 7 Case management services
- 8 Counseling (individual, family)
- 9 Dental services
- 10 Early childhood developmental services
- 11 Educational services
- 12 Emergency response services
- 13 Employment assistance
- 14 Guardianship
- 15 Habilitation (day, residential)
- 16 Home management (housekeeping, laundering, shopping, washing dishes, etc)
- 17 In-home support services
- 18 Intermediate care facility for individuals with mental retardation (ICR/MR)
- 19 Medical services
- 20 Minor home modifications
- 21 Nursing services

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- 22 Nursing facility services
- 23 Nutrition/Dietary services (including home delivered meals)
- 24 Prescription drugs (if not covered through Medicare)
- 25 Psychological services
- 26 Respite care
- 27 Service coordination
- 28 Skills training
- 29 Social work
- 30 State school services
- 31 Supported employment
- 32 Therapy (speech, hearing, occupational, physical, cognitive)
- 33 Transition assistance
- 34 Transportation
- 35 Vision services
- 36 Other (**SPECIFY**): \_\_\_\_\_
- 37 Don't know/Unsure

5. This survey is for people who receive case management services from a health and human services agency or a provider contracted by a state agency. Case management services are services where someone helps you figure out the services you need and then helps you get those services. The person who provides these services is sometimes called a case manager, or a case worker, social worker, counselor, service coordinator or support coordinator. Is there someone who helps (you/your family member/the foster child) in this way?

- 1 Yes
- 2 No (**SKIP TO Q.19**)
- 3 Unsure (**SKIP TO Q.19**)

- 5a. For this survey, we will call the person who helps (you/your family member/ foster child) coordinate and get services a "case manager". What do you call this person?

- 1 Case manager
- 2 Case worker
- 3 Service coordinator
- 4 Support coordinator
- 5 Other (**SPECIFY**): \_\_\_\_\_

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5b. How long has the case manager been helping (you/your family member/foster child)? (SELECT ONE ANSWER ONLY)

- 1 Less than 6 months
- 2 Between 6 months and a year
- 3 Between 1 and 2 years
- 4 3 to 5 years
- 5 More than 5 years
- 6 Unsure

6. Since (you/your family member/foster child) started receiving services, how many case managers have (you/family member/foster child) had? \_\_\_\_\_

7. Thinking back to all the case managers (you/family member/foster child) had, how many of these case managers:

	All	Most	Some	None	Not Applicable
Understood (your/your family member's/foster child's) needs	1	2	3	4	5
Spoke (your/family member's/ foster child's) language well	1	2	3	4	5
Understood (your/foster child's) cultural background	1	2	3	4	5
Asked for your opinion	1	2	3	4	5

8. Do (you/family member/foster child) now have more than one person acting as case manager?

- 1 Yes
- 2 No

8a. Since (you/family member/foster child) started receiving services, how many times did (you/family member/foster child) have more than one person acting as your case manager at the same time?

\_\_\_\_\_

**If none, SKIP TO Q. 9**

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8b. When (you/family member/foster child) (have/had) more than one case manager, (is/was) it more difficult, less difficult for (you/your family member/your foster child), or (is/was) it the same?

- 1 More difficult
- 2 Less difficult
- 3 The same

9. On average, how often do you talk to (your/your family member's/ foster child's) case manager by phone, in person, or through e-mail? **(SELECT ONE ANSWER ONLY)**

- 1 Once a week or more often
- 2 Once a month
- 3 2 or 3 times a month
- 4 Once every 2 months
- 5 Once every 3 months
- 6 Once every 4 months
- 7 Once every 6 months
- 8 Once a year
- 9 Less often than once a year
- 10 As needed
- 11 Other (SPECIFY): \_\_\_\_\_

10. How often do (you/family member/foster child) typically see this person? **(SELECT ONE ANSWER ONLY)**

- 1 Once a week
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once every 2 months
- 5 Once every 3 months
- 6 Once every 4 months
- 7 Once every 6 months
- 8 Once a year
- 9 Less often than once a year
- 10 As needed

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11 Other (SPECIFY): \_\_\_\_\_

11. Over the last year, about how many times did (you/family member/foster child) see the case manager?

At your home: \_\_\_\_\_

At the case manager's office: \_\_\_\_

Somewhere else (SPECIFY NUMBER OF TIMES) \_\_\_\_\_  
(SPECIFY WHERE): \_\_\_\_\_

11a. In your opinion, do (you/family member/foster child) meet with your case manager enough?

- 1 Yes (SKIP TO Q.12)
- 2 No

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11b. Would you like to meet with the case manager:

- 1 More often
- 2 Less often

12. Does (your/your family member's/ your foster child's) case manager (**SELECT ONE ANSWER FOR EACH QUESTION**):

	Always	Most of the Time	Some of the Time	Rarely	Never	Not Applicable
Help you figure out what services (you/ family member/foster child) need	1	2	3	4	5	6
Explain clearly what services (you/family member/foster child) can get	1	2	3	4	5	6
Understand (your/ family member's/foster child's) needs	1	2	3	4	5	6
Involve (you/family member/foster child) in planning and choosing services	1	2	3	4	5	6
Ask for (your/family member's/foster child's) opinion in all major decisions	1	2	3	4	5	6
Give you information on where (you/family member/foster child)	1	2	3	4	5	6

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	<b>Always</b>	<b>Most of the Time</b>	<b>Some of the Time</b>	<b>Rarely</b>	<b>Never</b>	<b>Not Applicable</b>
can get the service(s)						
Arrange the services for (you/family member/foster child)	1	2	3	4	5	6
Return your phone calls	1	2	3	4	5	6
Act friendly to you and your family or foster child	1	2	3	4	5	6
Listen carefully to your concerns	1	2	3	4	5	6
Treat you and your family, foster child, with respect	1	2	3	4	5	6
Help you in dealing with the people or agencies that give you services	1	2	3	4	5	6
Ask you if the services (you/family member/foster child) have been receiving meet (your/family member's/foster child's) needs	1	2	3	4	5	6
Ask if you are satisfied with the services	1	2	3	4	5	6



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13. Do you think this case manager:

	Very	Somewhat	Not At All
Understands (your/family member's/foster child's) condition	1	2	3
Knows what services meet (your/your family member's/ foster child's) needs	1	2	3
Communicates well	1	2	3
Has a good relationship with you and your family/foster child	1	2	3
Cares about (you/family member/foster child)	1	2	3

14. Over the last year, did you have any problems getting any services that (you/ (family member/foster child) were authorized to get?

- 1 Yes
- 2 No (**SKIP TO Q.15**)

14a. What problems did you have in getting these services? (**SELECT ALL THAT APPLY**)

- 1 Could not find anyone to provide the service in the area
- 2 The provider organization staff was not reliable: did not show up on time, did not show up at all, did not do what they were supposed to do, etc.
- 3 The provider organization staff was not knowledgeable about (your/ family member's/foster child's) condition and how to handle it
- 4 The provider organization staff was rude and did not treat (you/family member/foster child) with respect
- 5 The provider organization staff did not do a good job
- 6 The provider organization staff changes all the time (high staff turnover)
- 7 The provider organization did not return calls
- 8 Don't have transportation to the service provider
- 9 Other (**SPECIFY**): \_\_\_\_\_

14b. Did you tell the case manager about the problem you were having in getting services?

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- 1 Yes
- 2 No (SKIP TO Q.15)

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14c. Did the case manager help you with this problem or difficulty?

- 1 Yes
- 2 No (**SKIP TO Q.14e**)

14d. How helpful was your case manager with this problem? (**SELECT ONE ANSWER ONLY**)

- 1 Very helpful
- 2 Helpful
- 3 Somewhat helpful
- 4 Of little help
- 5 Not at all helpful

**SKIP TO Q.15**

14e What was the main reason why the case manager did not help you with this problem? (**SELECT ONE ANSWER ONLY**)

- 1 The service was not covered
- 2 The service was not available
- 3 The case manager did not know how to help me
- 4 The case manager did not have time to help me
- 5 The case manager did not understand my problem
- 6 Transportation was not available
- 7 Other (**SPECIFY**): \_\_\_\_\_
- 8 Don't know/Unsure

15. Did you ever file a complaint about a problem you had when you tried to access services?

- 1 Yes
- 2 No (**SKIP TO Q.16**)

**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Satisfaction Survey**

- 15a. How many complaints have you filed since (you/family member/ foster child) started receiving services? \_\_\_\_\_

**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Satisfaction Survey**

16. Overall, how would you rate your case manager? (**SELECT ONE ANSWER ONLY**)

- 1. Excellent
- 3 Very good
- 4 Good
- 5 Fair
- 6 Poor

17. Overall, how satisfied have you been with the case management services you have received in the past year? (**SELECT ONE ONLY**)

- 1 Very satisfied
- 2 Satisfied
- 3 Moderately satisfied
- 4 Dissatisfied
- 5 Very dissatisfied

18. Are you more satisfied, less satisfied, or as satisfied with (your/your family member's/foster child's) case management services now than you were a year ago? (**SELECT ONE ONLY**)

- 1 More
- 2 The same (**SKIP TO Q.19**)
- 3 Less (**SKIP TO Q.18b**)
- 4 Not applicable (have only received services for 1 year) (**SKIP TO Q.19**)

18a. Why are you more satisfied with the case management services (you/family member/foster child) received in the last year than before? (*Interviewer: If Q.8 shows that respondent receives case management services from more than one provider at present, ask respondent to identify provider below*) (**SELECT ALL THAT APPLY**)

- 1 Case manager is very helpful
- 2 Case manager cares about (you/family/foster child)

**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Satisfaction Survey**

- 3 Case manager involved you in planning and choosing services or service providers
- 4 (You/Family member/Foster child) were able to access services not able to access before
- 5 Have better service providers than in the past
- 6 Other (SPECIFY): \_\_\_\_\_

*For respondent with more than one case manager at present (Q.8):*

Case Management Providers: \_\_\_\_\_

**SKIP TO Q.19**

18b. Why are you less satisfied with the case management services (you/family member/foster child) received in the last year than before?

- 1 Case manager is not helpful
- 2 It is difficult to communicate with the case manager
- 3 Case manager does not involve you in planning and choosing services
- 4 You were not able access the services you need (family member needs/ foster care child in your care need)
- 5 Don't have transportation
- 6 The service providers you have are not as good as those you had before
- 7 Other (SPECIFY): \_\_\_\_\_

**Demographic Information**

19. How old are you or the member of your family/foster child receiving services?

\_\_\_\_\_

20. Are you (Is family member/a foster care child in your care):

- 1 Male
- 2 Female

**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Satisfaction Survey**

21. What is your (family member's/foster care child in your care) ethnic/racial background? (SELECT ONE ANSWER ONLY)

- 1 White/Caucasian
- 2 African American
- 3 Hispanic
- 4 Asian American
- 5 Indian/Native American
- 6 Other (SPECIFY): \_\_\_\_\_



**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Satisfaction Survey**

22. What is your (family member's/foster care child) primary disability? (**SELECT ONE ANSWER ONLY**)

- 1 None
- 2 Muscular
- 3 Mental/Emotional
- 4 Cognitive—learning problems
- 5 Deaf or hard of hearing
- 6 Blind or vision impaired
- 7 Substance abuse (drugs or alcohol)
- 8 Neurological
- 9 Traumatic Brain Injury
- 10 Spinal Cord Injury
- 11 Heart/breathing problems/problems with circulation
- 12 Speech/Communication
- 13 Skeletal issues (bones)
- 14 Other (**SPECIFY**): \_\_\_\_\_

*Note to Interviewer: If respondent is a foster care provider/foster child, end of Interview.*

23. If you are (family member is) 18 or older, what is the highest education level you (family member) have completed? (**SELECT ONE ANSWER ONLY**)

- 1 Less than high school
- 2 Some high school
- 3 High school diploma/GED
- 4 2-year college degree
- 5 Technical school certification/licensure
- 6 4-year college degree
- 7 Master's degree
- 8 Doctorate degree
- 9 Other (**SPECIFY**): \_\_\_\_\_

**THANK YOU FOR ANSWERING THE QUESTIONS!!!**

**Texas Case Management Optimization  
Stakeholder Involvement**

**Appendix B:  
Case Manager Survey Instrument**

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

Please complete the survey and mail it to:

Melissa Lupella, Attn: Provider Survey  
Navigant Consulting  
30 S. Wacker Dr., Suite 3100  
Chicago, IL 60606

**Surveys must be received by June 18, 2007**

The Texas Health and Human Services Commission hired Navigant Consulting to conduct this survey to determine ways in which case management services in Texas can be improved. The information that you give us will be analyzed together with information Navigant Consulting receives from other providers, and will help Texas decide how to improve case management services.

Thank you for taking the time to complete this survey. Please answer all of the questions, choosing the most single appropriate answer unless otherwise specified.

**Please complete and submit the survey by June 18, 2007**

**Your comments are important to us!**

---

1. What is your job title? (**CHECK ALL THAT APPLY**)

- Care Coordinator
- Case Manager
- Case Worker
- Counselor
- Guardianship Specialist
- Program Consultant
- Program Specialist
- QMRP
- Social Worker
- Registered Nurse
- Service Coordinator
- System Navigator
- Other (**SPECIFY**):

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

2. From which agency/department are the clients that you serve? **(CHECK ALL THAT APPLY)**

1. Department of Aging and Disability Services (DADS)

- Area Agencies on Aging (AAAs)
- Community Care for the Aged and Disabled (CCAD): Day Activity Health Services Program (DAHS), Primary Home Care Program (PHC), Home Delivered Meals, Family Care, Consumer Managed Personal Assistance Services, Emergency Response Services, Community Attendant Services Program (CAS)
- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services Program (HCS)
- Medically Dependent Children Program (MDCP)
- Community Based Alternatives Program (CBA)
- Intermediate Care Facility for the Mentally Retarded (ICF/MR) Services Program (Community or State School)
- Texas Home Living Program (TxHmL)
- Mental Retardation Authority (MRA) Services
- Deaf/Blind with Multiple Disabilities Medicaid Waiver Program
- Consolidated Waiver Program
- Guardianship Program
- Nursing Facility
- Aging and Disability Resource Center Pilot Site (ADRC)
- Relocation Assistance for Individuals Transitioning from Nursing Facilities into Community Settings

2. Department of Assistive and Rehabilitative Services (DARS)

- Blind Children's Vocational Discovery and Development Program
- Vocational Rehabilitation
- Early Childhood Intervention (ECI) Contractor

3. Department of Family and Protective Services (DFPS)

- Adult Protective Services (APS)
- Child Protective Services (CPS)

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

4. Department of State Health Services (DSHS)

- Case Management Services for Children and Pregnant Women (CPW)
- Children with Special Health Care Needs (CSHCN) Services Program
- Adult Mental Health Services
- Children's Mental Health Services

3. Who are you employed by or provide services for? (**CHECK ONE ANSWER ONLY**)

1. Department of Aging and Disability Services (DADS)

- Area Agencies on Aging (AAAs)
- Community Care for the Aged and Disabled (CCAD):
- Day Activity Health Services Program (DAHS), Primary Home Care Program (PHC), Home Delivered Meals, Family Care, Consumer Managed Personal Assistance Services, Emergency Response Services, Community Attendant Services Program (CAS)
- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services Program (HCS)
- Medically Dependent Children Program (MDCP)
- Community Based Alternatives Program (CBA)
- Intermediate Care Facility for the Mentally Retarded (ICF/MR) Services Program (Community or State School)
- Texas Home Living Program (TxHmL)
- Mental Retardation Authority (MRA) Services
- Deaf/Blind with Multiple Disabilities Medicaid Waiver Program
- Consolidated Waiver Program
- Guardianship Program
- Nursing Facility
- Aging and Disability Resource Center Pilot Site (ADRC)
- Relocation Assistance for Individuals Transitioning from Nursing Facilities into Community Settings

2. Department of Assistive and Rehabilitative Services (DARS)

- Blind Children's Vocational Discovery and Development Program
- Vocational Rehabilitation
- Early Childhood Intervention (ECI) Contractor

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

3. Department of Family and Protective Services (DFPS)

- Adult Protective Services (APS)
- Child Protective Services (CPS)

4. Department of State Health Services (DSHS)

- Case Management Services for Children and Pregnant Women (CPW)
- Children with Special Health Care Needs (CSHCN) Services Program
- Adult Mental Health Services
- Children's Mental Health Services

5. Contractor (**SPECIFY**):

6. Other (**SPECIFY**):

4. What is the highest education level you have completed? (**CHECK ONE ANSWER ONLY**)

- Less than high school
- High school diploma/GED
- College, 2-year degree
- Technical school certification/licensure
- College, 4-year degree
- Master's degree
- Doctorate degree
- Other (**SPECIFY**):

5. Please identify any medical or other special credentials that you have: (**CHECK ALL THAT APPLY**)

- Early Intervention Specialist (EIS)
- LBSW
- LCSW
- LMSW
- Licensed Professional Counselor
- Licensed Therapist (physical therapy, occupational therapy, speech, etc)
- MD

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

- RN
- Other (**SPECIFY**):

5a. Is there required certification that qualifies you to provide case management services?

- Yes
- No (**SKIP TO Q.6**)

5b. How long does it take to complete the certification process? (**CHECK ONE ANSWER ONLY**)

- Less than 1 year
- 1 – 2 years
- More than 2 years
- Other (**DESCRIBE**):

6. On average, how many clients do you provide case management services to each month? (**CHECK ONE ANSWER ONLY**)

- 1 – 15
- 16 –30
- 31 – 45
- 46 – 60
- 61 – 75
- 76 – 90
- 91 – 106
- More than 106 (**SPECIFY**):

7. How would you characterize your monthly caseload: (**CHECK ONE ANSWER ONLY**)

- About right
- Have to provide case management services to too many consumers
- Could serve additional consumers

8. Does the agency/employer for which you work have case load requirements?

- Yes
- No (**SKIP TO Q.11**)
- Don't Know

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**



**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

9. What are the case load requirements (number of consumers per month)?

<b>Department and Agency/Program</b>	<b>Number of Consumers Per Month</b>
<b>Department of Aging and Disability Services (DADS)</b>	
Area Agencies on Aging (AAA)	
Community Care for the Aged and Disabled (CCAD): Day Activity Health Services Program (DAHS), Primary Home Care Program (PHC), Home Delivered Meals, Family Care, Consumer Managed Personal Assistance Services, Emergency Response Services, Community Attendant Services Program (CAS)	
Community Living Assistance and Support Services (CLASS)	
Home and Community-based Services Program (HCS)	
Medically Dependent Children Program (MDCP)	
Community Based Alternatives Program (CBA)	
Intermediate Care Facility for the Mentally Retarded (ICF/MR) Services Program (Community or State School)	
Texas Home Living Program (TxHmL)	
Mental Retardation Authority (MRA) Services	
Deaf/Blind with Multiple Disabilities Medicaid Waiver Program	
Consolidated Waiver Program	
Guardianship Program	
Nursing Facility	
Aging and Disability Resource Center Pilot Site (ADRC)	
Relocation Assistance for Individuals Transitioning from Nursing Facilities into Community Settings	

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

Department and Agency/Program	Number of Consumers Per Month
<b>Department of Assistive and Rehabilitative Services (DARS)</b>	
Blind Children’s Vocational Discovery and Development Program	
Vocational Rehabilitation	
Early Childhood Intervention (ECI) Contractor	
<b>Department of Family and Protective Services (DFPS)</b>	
Adult Protective Services (APS)	
Child Protective Services (CPS)	
<b>Department of State Health Services (DSHS)</b>	
Case Management Services for Children and Pregnant Women (CPW)	
Children with Special Health Care Needs (CSHCN) Services Program	
Adult Mental Health Services	
Children’s Mental Health Services	

10. How would you characterize these case load requirements: (**CHECK ONE ANSWER ONLY**)

- Just about right
- Too many
- Too low, I could serve additional consumers
- Varies by program (**SPECIFY**):

11. With which agencies do you coordinate services for your consumers? (**CHECK ALL THAT APPLY**)

1. Department of Assistive and Rehabilitative Services (DARS)

- Blind Children’s Vocational Discovery and Development Program
- Vocational Rehabilitation
- Early Childhood Intervention (ECI) Contractor

**Texas Case Management Optimization  
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Provider Survey**

2. Department of Family and Protective Services (DFPS)

- Adult Protective Services (APS)
- Child Protective Services (CPS)

3. Department of State Health Services (DSHS)

- Case Management Services for Children and Pregnant Women (CPW)
- Children with Special Health Care Needs (CSHCN) Services Program
- Adult Mental Health Services
- Children's Mental Health Services

4. Department of Aging and Disability Services (DADS)

- Area Agencies on Aging (AAAs)
- Community Care for the Aged and Disabled (CCAD):
- Day Activity Health Services Program (DAHS), Primary Home Care Program (PHC), Home Delivered Meals, Family Care, Consumer Managed Personal Assistance Services, Emergency Response Services, Community Attendant Services Program (CAS)
- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services Program (HCS)
- Medically Dependent Children Program (MDCP)
- Community Based Alternatives Program (CBA)
- Intermediate Care Facility for the Mentally Retarded (ICF/MR) Services Program (Community or State School)
- Texas Home Living Program (TxHmL)
- Mental Retardation Authority (MRA) Services
- Deaf/Blind with Multiple Disabilities Medicaid Waiver Program
- Consolidated Waiver Program
- Guardianship Program
- Nursing Facility
- Aging and Disability Resource Center Pilot Site (ADRC)
- Relocation Assistance for Individuals Transitioning from Nursing Facilities into Community Settings

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

12. How often do you talk to your consumers (or family members of your consumers) by phone, in person or through email? (**CHECK ONE ANSWER ONLY**)

- Once a week or more often
- Once a month
- 2 or 3 times a month
- Once every 2 months
- Once every 3 months
- Once every 4 months
- Once a year
- Less than once a year
- As needed
- Other (**SPECIFY**)

13. How would you rate the amount of time you are in contact with consumers?

- Just about right
- Not enough, I would spend more time if my caseload allowed

14. How often do you visit with your consumers face-to-face (or family members of consumers)? (**CHECK ONE ANSWER ONLY**)

- Once a week or more often
- Once a month
- 2 or 3 times a month
- Once every 2 months
- Once every 3 months
- Once every 4 months
- Once a year
- Less than once a year
- As needed
- Other (**SPECIFY**)

15. Where do you most typically meet with the consumers you serve? (**CHECK ONE ANSWER ONLY**)

- Their home
- Your office
- An institution where they reside (e.g., nursing home, ICF/MR, other)
- Elsewhere (**SPECIFY WHERE**):

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

16. What roles do you play in assisting consumers? **(CHECK ALL THAT APPLY)**

- Advocate
- Authorize services (i.e, gatekeeper)
- Determine eligibility
- Service coordinator
- Client empowerment
- Education
- Crisis intervention
- Developer of a limited service plan
- Developer of a comprehensive plan of care
- Other **(SPECIFY):**

17. Do you have all of the resources you need to help consumers?

- Yes **(SKIP TO Q.19)**
- No

18. What resources would help you serve consumers better? **(CHECK ALL THAT APPLY)**

- Additional information about program eligibility
- Additional information about resources in the community
- Additional community resources for consumers
- Additional training
- Other **(SPECIFY):**

19. How do you find out about the services that are available to consumers? **(CHECK ALL THAT APPLY)**

- Network with other case managers from my agency
- Network with other case managers outside my agency
- Use local/regional office resources
- Use Department resources
- Use non-Departmental resources **(SPECIFY):**

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

20. Do you believe that (the agency you work for/your employer) has educated you sufficiently about services that are relevant to your consumers?

- Yes (**SKIP TO Q.22**)  
 No

21. Which of the following describe the additional educational efforts the agency you work for/your employer should make? (**CHECK ALL THAT APPLY**)

- Training regarding consumer's functional needs  
 Training regarding service plans for consumer needs  
 Training on available referral sources  
 Training on other disability and eligibility groups  
 Training on managing caseload requirements  
 Training on overall components of a case manager's job  
 Training on administrative and reporting requirements  
 Other (**SPECIFY**):

22. Do you believe that the agency for which you work has made case management a high priority?

- Yes  
 No

23. In what region of Texas is your office is located? (**CHECK ONE ANSWER ONLY**)

- HHSC Region 1: High Plains  
 HHSC Region 2: Northwest Texas  
 HHSC Region 3: Metroplex  
 HHSC Region 4: Upper East Texas  
 HHSC Region 5: Southeast Texas  
 HHSC Region 6: Gulf Coast  
 HHSC Region 7: Central Texas  
 HHSC Region 8: Upper South Texas  
 HHSC Region 9: West Texas  
 HHSC Region 10: Upper Rio Grande  
 HHSC Region 11: Lower South Texas  
 Don't know/unsure

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

23a. Please provide the city or town as well as the zip code where your office is located.

City or town name:

Zip code:

23b. Where do the consumers that you serve primarily live **(CHECK ALL THAT APPLY)**?

- Rural areas
- Small towns
- Cities
- Suburbs
- Other (**SPECIFY**):

23c. Have you experienced difficulties in finding and coordinating services for consumers because of the type of areas where they live?

- Yes
- No (**SKIP TO Q.24**)

23d. In which of the following types of locations are each of the problems listed below most likely to make it difficult for consumers to receive services? **(CHECK ALL THAT APPLY)**

	<b>Rural Areas (1)</b>	<b>Small Towns (2)</b>	<b>Cities (3)</b>	<b>Suburbs (4)</b>
Shortage of providers ( <b>SPECIFY</b> provider type):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical professionals do not have an understanding of consumers' diagnoses and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service professionals do not have an understanding of consumers' diagnoses and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of program funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider reimbursement rates are too low ( <b>SPECIFY</b> type of provider):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

Other (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

24. Are you serving any clients that have more than one case manager?

- Yes
- No (**SKIP TO Q.25**)
- Unsure (**SKIP TO Q.25**)

24a. In cases where you are serving a client with more than one case manager, how would you describe your collective work efforts? (**CHECK ONE ANSWER ONLY**)

- Case managers are collaborating together
- Case managers are duplicating services (**SKIP TO Q. 24D**)

24b . If you consider your work efforts with another case manager(s) to be collaborative, how are you coordinating with each other? (**CHECK ALL THAT APPLY**)

- We communicate with each other on a regular basis (i.e., every week/every other week)
- We communicate with each other sporadically (i.e., every other month/every six months)
- We compare customer needs and discuss the service plan to ensure that the most appropriate services are provided
- We split tasks between case managers so we do not duplicate services provided
- We mail our client's care plan to the other case manager(s)
- Other: (**SPECIFY**):

24c. With which department(s) and program(s) are the case managers with whom you collaborate associated? (**SPECIFY**):

24d. What types of case management services are most often duplicated? (**CHECK ALL THAT APPLY**)

- Intake
- Assessment
- Service coordination
- Other (**SPECIFY**):
- I do not find that case management activities are duplicated (**SKIP TO Q.25**)

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

24e. With which department(s) and program(s) are the case managers with whom you duplicate services associated? (**SPECIFY**)

25. What percentage of your time do you spend on administrative activities, such as completion of reports, monitoring, billing, and training? (**CHECK ONE ANSWER ONLY**)

- Less than 10 percent of my time
- 10– 20 percent of my time
- More than 20 percent of my time

26. How has your efficiency in providing case management services to your clients changed in the past few years? (**CHECK ONE ANSWER ONLY**)

- Improved
- Gotten worse
- Stayed the same

27. For how many years have you been a case manager (or in a position with responsibilities similar to those you have now)? (**CHECK ONE ANSWER ONLY**)

- Less than 1 year
- 1 or more years but less than 3 years
- 3 or more years but less than 5 years
- 5 or more years but less than 10 years
- 10 or more years

28. How would you describe, in general, the quality of case management services that are delivered to consumers by your program? (**CHECK ONE ANSWER ONLY**)

- Excellent
- Very good
- Good
- Poor

**Texas Case Management Optimization  
Stakeholder Involvement  
Provider Survey**

29. Which of the following do you consider major, moderate, minor or no problems within the case management system? (CHECK ONE ANSWER FOR EACH RESPONSE CATEGORY)

	<b>Major Problem (1)</b>	<b>Moderate Problem (2)</b>	<b>Minor Problem (3)</b>	<b>Not a Problem (4)</b>
Case management staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sufficient time for face-to-face encounters with consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salaries for case management workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseloads are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding (reimbursement levels) for case management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting lists for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of services in rural areas of the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of qualified case managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient coordination across agencies who can help consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education levels of case managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information systems and technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Other (SPECIFY AND RATE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Texas Case Management Optimization  
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Provider Survey**

30. Please describe the strengths of the case management system.

31. Please list and describe actions that you believe should be taken to improve case management services.

32. Please provide any other comments about case management services.

**Texas Case Management Optimization  
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Provider Survey**

**Thank you for completing the survey!**

Please mail the completed survey to:

Melissa Lupella, Attn: Provider Survey  
Navigant Consulting  
30 S. Wacker Dr., Suite 3100  
Chicago, IL 60606

**Surveys must be received by June 18, 2007**

**Texas Case Management Optimization  
Stakeholder Involvement**

**Appendix C:  
Consumer Survey Results, by Department**

Department of Assistive and Rehabilitative Services (DARS).....	C-1
Department of Family and Protective Services (DFPS).....	C-10
Department of State Health Services (DSHS).....	C-19
Department of Aging and Disability Services (DADS).....	C-27

**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Survey Results by Department**

This appendix provides the department-specific results of the consumer survey. As discussed in the methodology section of the report, *given the approaches used to identify consumers for the survey and the related challenges as well as the relatively low response rate from case managers, there is no statistical confidence that the survey results included in the report are representative of the HHSC enterprise's case management services in total, or by department, and care must be taken when drawing conclusions from the findings.*<sup>14</sup>

**Survey Results – Department of Assistance and Rehabilitative Services**

In this section we describe survey responses for the Department of Assistive and Rehabilitative Services (DARS) which consists of the following programs:

- Division for Blind Service (DBS):
  - Blind Children's Vocational Discovery and Development Program
  - Vocational Rehabilitation
- Division for Early Childhood Intervention:
  - Early Childhood Intervention (ECI)
- Division for Rehabilitation Services:
  - Vocational Rehabilitation<sup>15</sup>

*Background – Demographic Profile*

One hundred and fifty-five (155) consumers reported receiving services from the DARS. The DARS consumers varied in age from less than one year to more than 66 years old. Two-thirds of the DARS consumers (67.1 percent) were 18 years old or younger; 49.7 percent were 12 or younger. About eight percent were 56 or older.

DARS consumers who participated in the survey were 53 percent male and 47 percent female.

DARS consumers represented a wide range of ethnic and racial groups. About 50 percent were Caucasian, 27 percent Hispanic and 13 percent African American.

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<sup>14</sup> The consumer lists that Navigant Consulting received contained some consumer phone numbers that were invalid (i.e., disconnected or wrong numbers), some with the names of individuals who were deceased and some with the names of consumers who indicated they had not received services. For some lists, a high proportion of consumers did not have telephone numbers recorded.

<sup>15</sup> Vocational Rehabilitation consumers were not included in the survey.



**Texas Case Management Optimization  
Stakeholder Involvement  
Consumer Survey Results by Department**

About 38 percent, or 58 of the DARS consumers, were older than 18. The highest educational attainment of 70.7 percent of these consumers was high school or less. In fact, 50 percent were high school graduates, 17 percent had less than a high school education and 3.4 percent had some high school. More than one-quarter (27.6 percent) were either college graduates or had some college.

Nearly 90 percent of the DARS consumers reported having a disability.<sup>16</sup> Most frequently, DARS consumers reported mental and emotional disabilities (23.2 percent) or being blind/vision impaired (19.4 percent).

*DARS Programs and Services*

DARS consumers who participated in the survey indicated that they received services from three programs: 46.5 percent received services from the ECI Program; 20.6 percent received services from the Blind Children Vocational Discovery and Development Program and 44.5 percent received Vocational Rehabilitation services.<sup>17</sup>

The length of time during which DARS consumers have been receiving services from these programs ranged widely from less than one year to more than 20 years. One-quarter of the consumers have been receiving services for less than one year. More than 60 percent have been receiving services for four or fewer years. About 13 percent have been receiving services for more than 10 years.

DARS consumers have been receiving a wide arrange of services. Most commonly, DARS consumers have been receiving:

- Medical services (27.7 percent)
- Therapy (speech, hearing, occupational, physical, cognitive) (27.1 percent)
- Case management (20 percent)
- Vision services (17.4 percent)
- Early childhood developmental services (15.5 percent)
- Dental services (14.8 percent)
- Adaptive aids, assistive technology and medical supplies (11 percent)
- Educational services (11 percent)

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<sup>16</sup> The remaining 10 percent of DARS consumers did not report having a disability.

<sup>17</sup> Total is greater than 100 percent because some respondents indicated that they received services from more than one DARS program.

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- Home management (housekeeping, laundering, shopping, etc.) (9.7 percent)

*Case Management*

The following narrative describes consumer responses to questions regarding the definition of case management, characteristics of case management services, duplication of case management services, resource availability, case manager’s helpfulness and consumer satisfaction.

Title of Case Management Services Provider

DARS consumers were asked whether they have a person who helps them identify and coordinate services. About 90 percent, or 139 DARS consumers, reported having such a person. The analysis presented in the rest of the DARS report focuses on the 139 DARS consumers who reported having a case manager.

DARS consumers indicated that the person who helps them identify and coordinate services has different titles. Most commonly, this person is called either a “case manager” (46.8 percent) or a “case worker” (35.3 percent). This report refers to this person as a “case manager.”<sup>18</sup>

Characteristics of DARS Case Management Services

The length of time DARS consumers have had case management services ranged from less than six months to more than five years. Nearly 45 percent of the DARS consumers had a case manager for less than one year. On average, DARS consumers have had their case managers for 2.04 years.

Nearly two-thirds of the DARS consumers with a case manager (65 percent) indicated that they have either had one or two case managers since they started to receive services. More than one-third of the DARS consumers reported that they have had only one case manager since they started to receive services. Twelve percent of the consumers had five or more case managers since they started to receive services. On average, DARS consumers had 2.77 case managers since they started to receive services.

DARS consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. More than two-thirds (68.3 percent) reported that that they communicated once a month or more frequently with their case manager; 27 percent reported communicating once a week or more often. Only two percent of the DARS consumers indicated that they typically communicated with their case managers once a year, less than once a year, or only once.

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<sup>18</sup> Note: the DARS vocational rehabilitation program refers to case managers as “counselors.”

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The frequency with which DARS consumers met with their case managers in person ranged widely. More than one-half (53.2 percent) of the DARS consumers reported meeting with their case managers once a month or more often: 9.3 percent of them met with their case managers once or more a week, 13.7 percent met their case managers several times a month and 30.2 percent met their case managers once a month. About eight percent reported meeting with their case managers rarely: once a year, less than once a year or never.

Most commonly, over the last year, DARS consumers met with their case managers at their homes. More than 81 percent of DARS consumers met with their case managers at their homes, 46 percent met at the case managers' offices and 36.7 percent met the case managers in other locations. On average, DARS consumers met the case managers at their homes 7.17 times. Those who met at the case managers' offices did so on average 6.06 times last year. DARS consumers who met their case managers at other locations did so, on average, 3.82 times.

DARS consumers identified a variety of locations, other than their homes or the case managers' offices, in which they met their case managers. The most common locations consumers identified consisted of the children's schools, outings and social activities, group meetings and the consumers' places of employment.

Most of the DARS consumers (83.5 percent) were satisfied with the number of times they met with their case managers.

Of the 21 DARS consumers (15.1 percent) who were not satisfied with the frequency with which they met their case managers, 15 consumers (71.4 percent) would like to meet with their case managers more often and six (28.6 percent) would like to meet with the case managers less often.

**Multiple Case Managers**

About 27 percent of the DARS consumers who indicated that they have a case manager at present reported having more than one person acting as their case manager. Although the survey did not specifically ask consumers to identify the department or program with which their other case manager(s) was associated, of the 38 DARS consumers with multiple case managers, 17 reported receiving services from DFPS, 10 reported receiving services from DSHS and 16 reported receiving DADS services. The consumers with multiple case managers received services from a range of programs within each department.

Sixty-five of the 139 consumers (46.8 percent) reported that they have had more than one case manager at the same time since they started getting services. More than 41 percent of these consumers (27 out of 65) had multiple case managers at the same time only once; 35.4 percent (23 out of 65) had multiple case managers twice. On average, these 65 DARS consumers had multiple case managers 2.92 times.

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While 48.6 percent of consumers reported that they have had multiple case managers at some point since they started receiving services, only 27.3 percent of consumers indicated that they *currently* have multiple case managers, demonstrating a reduction in the percentage of consumers with multiple case managers.

Two-thirds (67.7 percent) of DARS consumers did not see any difference between having a single case manager or multiple case managers at the same time. Twelve percent found the situation more difficult for them and 20 percent indicated that having multiple case managers made things less difficult for them and their family.

Resource Availability

Over the last year, 20.9 percent (or 29 consumers) of the DARS consumers reported having difficulties getting services for which they have been authorized. Seven of these 29 DARS consumers reported services from the Blind Children Vocational Discovery and Development Program; eight received Early Childhood Intervention services; and 14 received Vocational Rehabilitation Program services.

The 29 DARS consumers who reported problems in getting the services their case managers authorized attributed these problems primarily to lack of providers (13 consumers or 44.8 percent), provider's staff not doing a good job (34.5 percent), lack of provider staff knowledge (five consumers or 17.2 percent) and lack of provider respect toward the consumer (five consumers or 17.2 percent).

About 11 percent of DARS consumers filed complaints relating to their difficulty accessing services.

On average, these 15 DARS consumers had filed 1.73 complaints since they started getting services.

Case Manager's Helpfulness

The majority of DARS consumers considered their case managers helpful.

The case manager is expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is expected to understand the consumer's needs, understand the consumer's language and cultural background and involve the consumer in the decision-making process. As indicated in Table C.1 below, the percent of DARS consumers who reported that "all" of their case managers met these expectations ranged from 61.2 to 79.1, depending on the expectation. The percent who considered "all" or "most" of their case managers helpful in these areas ranged from 74.8 to 87.7 percent, depending on the expectation. The percent of DARS consumers who indicated that "some" of their case managers

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met these expectations ranged from 5 to 15.8 percent and the percent who reported that “none” of their case managers met these expectations ranged from 0.7 to 8.6 percent.

**Table C.1: Case Manager’s Understanding of Consumer Needs – DARS Consumer**

<b>How many of your case managers...</b>	<b>All</b>	<b>Most</b>	<b>Some</b>	<b>None</b>	<b>Not Applicable</b>
Understood (your/your family/foster child’s) needs	61.2%	16.5%	15.8%	3.6%	2.2%
Spoke Understood (your/your family/foster child’s) language well	77.0%	7.9%	5.0%	2.2%	7.2%
Understood (your/your family/foster child’s) cultural background	79.1%	8.6%	7.9%	0.7%	2.9%
Asked for your opinion	61.9%	12.9%	13.7%	8.6%	2.2%

The majority of DARS consumers had a positive perception of their case manager. For example, a majority of consumers:

- Indicated that their case managers cared very much about them (76.3 percent)
- Said that their case managers understood very well their condition (74.1 percent)
- Indicated that their case managers communicated very well with them (72.7 percent)
- Reported that their case managers had a very good relationship with them (70.5 percent)
- Indicated that their case managers knew what services meet their needs (63.3 percent)

Less than 10 percent of the consumers had a negative perception of their case manager: 5.8 percent said that their case managers did not communicate well, 7.2 percent reported that their case managers did not care about them, 7.2 percent also indicated that their case managers did not understand their condition, 8.6 percent said that their case managers did not know which services they needed and 8.6 percent indicated that their case managers did not have a good relationship with them.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of DARS consumers found their case managers helpful “always” or “most of the time” in the following areas:

- Treat (you/family member/foster child) with respect (92.1 percent)

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- Act friendly to (you/family member/foster child) (92.1 percent)
- Listen carefully to (your/family member's/foster child's needs) concerns (83.5 percent)
- Return (your/family member's/foster child's needs) phone calls (83.4 percent)
- Understand (your/family member's/foster child's) needs (79.8 percent)
- Ask you if the services (you/family member/foster child) have been receiving meet (your/family member's/foster child's needs) (79.1 percent)
- Explain clearly what services (you/family member/foster child) can get (73.4 percent)
- Ask if (you/family member/foster child) are satisfied with the services (71.9 percent)
- Help (you/family member/foster child) figure out what services (you/family member/foster child) need (69 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give (you/family member/foster child) services (67.6 percent)
- Give (you/family member/foster child) information on where (you/family member/foster child) can get the service(s) (64.1 percent)
- Involve (you/family member/foster child) in planning and choosing services (61.8 percent)
- Arrange the services for (you/family member/foster child) (60.4 percent)
- Ask for (your/family member's/foster child's) opinion in all major decisions (54.7 percent)

Involving the consumer in planning and choosing services and asking for the consumer's opinion in all major decisions – two key areas – were among the lowest rated areas based on the frequency with which case managers involved DARS consumers. Indeed, 15.9 percent and 20.1 percent, respectively of the DARS consumers reported that their case managers, “rarely” or “never” asked them for input in these areas.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services. All the 29 DARS consumers who

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reported that they had experienced problems in accessing authorized services in the last year told their case managers about their problem accessing services. Sixty-five percent of these consumers, 19 out of the 29, got help from their case manager.

The 19 consumers who received help from their case managers also rated the extent to which the case managers helped them. About 32 percent considered the case managers very helpful or helpful, 32 percent considered the case managers' efforts on their behalf moderately helpful and the rest considered their case managers to be of little help.

Six of the 10 DARS consumers who indicated that their case managers did not help them, indicated that their case managers did not understand their problem and thus was not able to help them.

Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, DARS consumers gave a rating of "very good" to their case managers. About 49 percent of the DARS consumers considered their case managers "excellent" and 20.9 percent rated them as "very good." Hence, nearly 70 percent of the DARS consumers considered their case managers as "excellent" or "very good." In addition, 11.5 percent rated their case managers as "good." Eighteen percent indicated that their case managers were either "fair" or "poor."

Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). DARS consumers also expressed a high level of satisfaction with case management services. On average, DARS consumers were satisfied with these services: a rating of 1.83 on a 5-point scale. Nearly one-half of the consumers were "very satisfied" and one-third were "satisfied;" 9.4 percent were "moderately satisfied," accounting for 91.3 percent of consumers. About nine percent expressed dissatisfaction.

Nearly 30 percent of the DARS consumers were more satisfied with their current case management services compared to their satisfaction a year ago; 51.1 percent did not experience any difference and 11.5 percent were less satisfied.

The 40 DARS consumers who indicated that their case management services improved compared to last year, attributed the improvement mostly to the helpfulness of the current case managers (47.5 percent), getting services from better providers (30 percent), the extent to which the case managers were involved the consumer in service planning and selection (22.5 percent), the case managers' caring about the consumers (17.5 percent) and the fact that the consumers succeeded in accessing services they were not previously able to access (15 percent).

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Sixteen of the DARS consumers who were less satisfied with the current case management services compared with last year's, attributed their dissatisfaction with current case management services mostly to case manager's lack of help, lack of communication and access, lack of involving them in decision-making.



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**Survey Results – Department of Family and Protective Services**

The Department of Family and Protective Services (DFPS) has two programs: Adult Protective Services (APS) and Child Protective Services (CPS). As noted previously, we only conducted telephone surveys of foster parents for the CPS program. These foster parents come in contact with two types of case manager. The first type is a case manager hired directly by DFPS who is assigned to each consumer entering the foster care system. The second type is a case manager hired by a private agency to assist in coordinating a consumer's care. The second type will only be present if the consumer receives foster care services through a private agency.<sup>19</sup>

*Background – Demographic Profile*

Six hundred and forty-three (643) consumers (or their foster parents) reported receiving services from the DFPS. These included 611 consumers in the CPS program and 32 consumers in the APS program. While the DFPS sample consisted only of CPS consumers, in the course of surveying consumers from DARS, DADS and DSHS, 32 consumers reported receiving services from the DFPS APS program. Eleven of the 32 APS consumers received DARS services, 18 received DSHS services and 24 received DADS services. Five of the consumers reporting receiving APS services responded to the consumer online survey.

The DFPS consumers varied in age from less than one year to more than 66 years old. More than 92 percent of the DFPS consumers were 18 or younger, 26.9 percent were 3 or younger, 41.4 percent were between 4 and 12 years old and 23.8 percent were 13 to 18 years old. Four percent were 56 or older.

DFPS consumers who participated in the survey were 53.7 percent male and 46.2 percent female.<sup>20</sup>

DFPS consumers were 34.5 percent Hispanic, 34.2 percent Caucasian and 20.7 percent African American.

Only 42 of the 643 consumers were older than 18. Of those 42 consumers, six (14.3 percent) did not attend high school, 20 (47.6 percent) attended or graduated from high school and the rest (38.1 percent) were college graduates or had some college.

Nearly 65 percent of the DFPS consumers reported having a disability. DFPS consumers reported a wide range of disabilities. Most frequently, DFPS consumers reported mental and

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<sup>19</sup> The foster parents who responded to this survey also work with the case manager for the biological parents of the child and the case manager assigned to assist the foster parents themselves. Thus, foster parents can work with as many as four case managers at one time. However, this may not indicate duplication of services, as each case manager has a different role.

<sup>20</sup> One respondent (0.1 percent) did provide an answer to the question related to the consumer's gender.

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emotional disabilities (28.1 percent), cognitive-learning problems (9.8 percent) and speech/communication (6.2 percent).

*DFPS Programs and Services*

DFPS consumers who participated in the survey received services from two programs: 95.3 percent were in the Child Protective Services CPS Program and 5.9 percent received services from the APS.<sup>21</sup>

DFPS consumers in the CPS Program have been in foster care from less than one year to more than 12 years. More than 77 percent of these children have been in foster care four years or less. About 37 percent have been in foster care less than one year, 28.1 percent have been in foster care between one and two years and 12.6 percent have been in foster care between three and four years. About 13 percent have been in foster care five or more years. On average, these children have been in foster care for 2.8 years.

The length of time the foster parents who responded to the survey provided care ranged from less than one year to more than 12 years. About 55 percent of these foster parents have provided care for four years or less, 10.3 percent provided care for five to six years and one-third provided care for seven or more years. About 13 percent provided care for more than 12 years. On average, these foster parents provided care for 3.8 years.

Fifty-five percent of the foster parents reported that the child has been in their care for one year or less. Twenty-seven percent have cared for the child between one and two years and 15.2 percent had cared for the child for three or more years. On average, respondents have cared for the child 3.32 years.

The length of time during which DFPS consumers have been receiving services from these programs ranged widely from less than one year to more than 20 years. About 39 percent of the DFPS consumers have been receiving services less than one year, 30.5 percent between one and two years and 12.3 percent between three and four years. More than 81 percent have been receiving services for four or fewer years. About five percent have been receiving services for more than 10 years. On average, DFPS consumers received services for 2.9 years.

DFPS consumers have been receiving a wide range of services. Most commonly, DFPS consumers have been receiving coordination of:

- Medical services (61.7 percent)
- Dental services (26.6 percent)

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<sup>21</sup> Total is greater than 100 percent because some respondents indicated that they received services from more than one DFPS program.

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- Therapy (speech, hearing, occupational, physical, cognitive) (25.2 percent)
- Psychological services (15.7 percent)
- Counseling (13.1 percent)
- Vision services (12.3 percent)
- Case management (11.4 percent)
- Early childhood developmental services (7.8 percent)

*Case Management*

The following narrative describes consumer responses to questions regarding the title of the case management services provider, characteristics of case management services, having multiple case managers, resource availability, case manager’s helpfulness and consumer satisfaction.

Title of Case Management Services Provider

DFPS consumers were asked whether they have a person who helps them identify and coordinate services. About 90 percent, or 574 DFPS consumers, reported having such a person.<sup>22</sup> The analysis results presented in the rest of the section focus on the 574 DFPS consumers who reported having a case manager. Of these 574 DFPS consumers, 94.8 percent received Child Protective Services and 5.2 percent received Adult Protective Services.

DFPS consumers indicated that the person who helps them identify and coordinate services has different titles. Most commonly, this person is called either a “case worker” (56.4 percent) or a “case manager” (37.6 percent). This report refers to this person as a “case manager.”

Characteristics of DFPS Case Management Services

The length of time DFPS consumers have had case management services ranged from less than six months to more than five years. Sixty-one percent of the DFPS consumers had a case manager for one year or less. More than 23 percent had a case manager for between one and two years. On average, DFPS consumers have had their case managers for 1.36 years.

Nearly 70 percent of the DFPS consumers with a case manager indicated that they have either had one or two case managers since they started to receive services. Forty-one percent of the DFPS consumers reported that they have had only one case manager and 28.6 percent had two

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<sup>22</sup> The other 10 percent did not indicate that they had such a person.

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case managers. More than nine percent of the consumers had five or more case managers. On average, DFPS consumers had 2.45 case managers.

DFPS consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. About 88 percent reported that they communicated once a month or more frequently with their case manager, 42.5 percent reported communicating once a week or more often. Less than one percent of the DFPS consumers indicated that they typically communicated with their case managers once a year, less than once a year or only once.

The frequency with which DFPS consumers met with their case managers in person ranged widely. About 85 percent of the DFPS consumers reported meeting with their case managers once a month or more often: 13.5 percent of the met with their case managers once or more a week, 25.1 percent met their case managers several times a month and 46.3 percent met their case managers once a month. About two percent reported meeting with their case managers rarely: once a year, less than once a year or never.

Most commonly, over the last year DFPS consumers met with their case managers at their home. About 94 percent of DFPS consumers met with their case managers at their home, 53.1 percent met at their case managers' offices and 41.3 percent met their case managers in other locations. On average, DFPS consumers met their case managers at their home 9.9 times. Those who met at their case managers' offices did so on average 10 times last year. DFPS consumers who met their case managers at other locations did so, on average, 4.6 times.

DFPS consumers identified a variety of locations, other than their home or their case managers' office, in which they met their case manager. The most common locations consumers identified consisted of the child's school and social outings.

About 87 percent of the DFPS consumers were satisfied with the number of times they met their case managers.

Of the 76 DFPS consumers (13.3 percent) who were not satisfied with the frequency with which they met their case manager, 68 consumers (89.5 percent) would like to meet with their case managers more often and eight (10.5 percent) would like to meet with their case managers less often.

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Multiple Case Managers

About 32 percent of the DFPS consumers who indicated that they have a case manager at present, reported having more than one person acting as their case managers at present. Case managers are assigned to the biological parents as well as to the foster parents.<sup>23</sup>

About 54 percent, or 311 DFPS consumers, reported that they have had more than one case manager at the same time since they started getting services. More than 61 percent, or 190 out of these 311 consumers, had multiple case managers at the same time only once and 25.7 percent (80 out of 311) had multiple case managers twice. On average, these 311 consumers had multiple case managers 1.75 times.

While 54 percent of consumers reported that they have had multiple case managers at some point since they started receiving services, only 32.4 percent of consumers indicated that they *currently* have multiple case managers, demonstrating a reduction in the percentage of consumers with multiple case managers.

Two-thirds (67.2 percent) of DFPS consumers who had multiple case managers at the same time did not see any difference between having a single case manager or multiple case managers at the same time. Nineteen percent found the situation more difficult for them and 13.8 percent indicated that having multiple case managers actually made things less difficult for them.

Resource Availability

Over the last year, 18 percent of the DFPS consumers reported having difficulties getting services for which they have been authorized.

Of the 103 DFPS consumers who reported problems in getting services their case managers authorized, 33 percent attributed these problems to a lack of providers to provide the authorized service, 15.1 percent attributed them to lack of reliability of the service provider's staff, 13.6 percent attributed them to the service provider's staff not doing a good job and 10.7 percent attributed these problems to lack of responsiveness on the part of the provider.

Thirty-five of the DFPS consumers (6.1 percent) filed complaints relating to their difficulty accessing services.

On average, these 35 DFPS consumers filed 3.6 complaints each since they started getting services.

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<sup>23</sup> As previously discussed, the foster parents who responded to this survey work with the case manager assigned to them as well as the case manager assigned to the biological parents of the child. Thus, foster parents can work with as many as four case managers at one time. However, this may not indicate duplication of services, as each case manager has a different role.

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Case Manager’s Helpfulness

The majority of DFPS consumers considered their case managers helpful.

The case manager is expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is expected to understand the consumer’s needs, understand the consumer’s language and cultural background and involve the consumer in the decision-making process. As indicated in Table C.2 below, the percent of DFPS consumers who reported that “all” their case managers met these expectations ranged from 60.8 to 80 percent, depending on the expectation. The percent who considered “all” or “most” of their case managers helpful in these areas ranged from 72.5 to 86.4 percent. The percent of DFPS consumers who indicated that “some” of their case managers met these expectations ranged from 4.9 to 26.2 percent and the percent who reported than “none” of their case managers met these expectations ranged from 1.4 to 6.1 percent.

**Table C.2: Case Manager’s Understanding of Consumer Needs – DFPS**

<b>How many of your case managers...</b>	<b>All</b>	<b>Most</b>	<b>Some</b>	<b>None</b>	<b>Not Applicable</b>
Understood (your/your family/foster child’s) needs	62.4%	14.8%	26.2%	4.4%	2.3%
Spoke Understood (your/your family/foster child’s) language well	80.0%	6.3%	4.9%	2.8%	6.1%
Understood (your/your family/foster child’s) cultural background	77.0%	9.4%	8.7%	1.7%	3.1%
Asked for your opinion	60.8%	11.7%	16.2%	9.9%	1.4%

The majority of DFPS consumers had a positive perception of their case manager. For example, majority of consumers:

- Indicated that their case managers cared very much about them (81.7 percent)
- Reported that their case managers had a very good relationship with them (73.5 percent)
- Indicated that their case managers communicated very well with them (70.9 percent)
- Said that their case managers understood very well their condition (68.8 percent)
- Indicated that their case managers knew what services meet their needs (63 percent)

Less than nine percent of the consumers had a negative perception of their case manager: 3.8 percent reported that their case managers did not care about them, 6.6 percent indicated that

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their case managers did not understand their condition, 6.6 percent also said that their case managers did not know which services they needed, 8.2 percent said that their case managers did not communicate well and 8.6 percent indicated that their case managers did not have a good relationship with them.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of DFPS consumers found their case managers helpful “always” or “most of the time” in the following areas:

- Treat (you/family member/foster child) with respect (96.2 percent)
- Act friendly to (you/family member/foster child) (94.6 percent)
- Listen carefully to (your/family member’s/foster child’s) concerns (83.3 percent)
- Understand (your/family member’s/foster child’s) needs (79.4 percent)
- Return (your/family member’s/foster child’s needs) phone calls (72.8 percent)
- Ask you if the services (you/family member/foster child) have been receiving meet (your/family member’s/foster child’s) needs (71.2 percent)
- Help (you/family member/foster child) figure out what services (you/family member/foster child) need (70.7 percent)
- Explain clearly what services (you/family member/foster child) can get (68.4 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give you services (66.7 percent)
- Give (you/family member/foster child) information on where (you/family member/foster child) can get the service(s) (64.6 percent)
- Ask if (you/family member/foster child) are satisfied with the services (61.6 percent)
- Involve (you/family member/foster child) in planning and choosing services (50.1 percent)
- Arrange the services for (you/family member/foster child) (46.4 percent)

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- Ask for (your/family member's/foster child's) opinion in all major decisions (40.7 percent)

Involving the consumer in planning and choosing services and asking for consumer's opinion in all major decisions – two key areas – were among the lowest rated areas based on the frequency with which case managers involved DFPS consumers. Indeed, only 37.9 percent indicated that their case managers “always” involved them in planning and choosing services and 20.2 percent indicated that their case managers “rarely” or “never” did so. Similarly, only 27.6 percent indicated that their case managers “always” asked their opinion in all major decisions and 25.1 percent reported that their case managers “rarely” or “never” asked them for input.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services. Ninety percent of those who reported having problems accessing authorized services informed their case managers about their difficulties.

Of the 93 DFPS consumers who informed their case managers that they had experienced problems in accessing authorized services in the last year, 59, or 63.4 percent, got help from their case manager.

On average, these 59 DFPS consumers considered their case managers' efforts on their behalf to be “helpful,” a rating of 2.08 on the 5-point scale. Forty one percent considered their case managers very helpful, 16.9 percent indicated their case managers were helpful and 35.6 percent found their case managers moderately helpful.

Eight of the 34 DFPS consumers who did not get help from their case managers when they experienced a problem accessing authorized services indicated that their case managers did not understand their problem and thus was not able to help them. Seven reported that their case managers did not have time to help them and five reported that their case managers did not know how to help them. The other 14 gave a variety of explanations.

#### Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, DFPS consumers gave a rating of “very good” to their case managers. More than 42 percent of the DFPS consumers considered their case managers “excellent” and 26 percent rated them as “very good.” Hence, more than two-thirds (68.4 percent) of the DFPS consumers considered their case managers as excellent” or “very good.” In addition, 16.4 percent rated their case managers as “good.” Fifteen percent indicated that their case managers were either “fair” or “poor,” the two lowest ratings.



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Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). DFPS consumers also expressed a high level of satisfaction with case management services. On average, DFPS consumers were satisfied with these services (a rating of 1.91 on a 5-point scale). About 48 percent were “very satisfied” and 27.9 percent were “satisfied,” accounting for 75.7 percent of consumers. Nearly 15 percent were “moderately satisfied.” About 10 percent expressed dissatisfaction.

Nearly 30 percent of the DFPS consumers were more satisfied with their current case management services compared to their satisfaction a year ago; 47.1 percent did not experience any difference and 11 percent were less satisfied.

The 170 DFPS consumers who indicated that their case management services improved compared to last year, attributed the improvement mostly to the helpfulness of their current case manager (50.6 percent), getting services from better providers (32.3 percent), the case manager’s caring about the consumer (26.5 percent), the extent to which their case managers involved the consumer in service planning and selection (18.8 percent), and the fact that the consumer succeeded in accessing services he or she was not previously able to access (10.6 percent).

Sixty-three of the DFPS consumers who were less satisfied with the current case management services compared with last year’s, attributed their dissatisfaction with current case management services mostly to case manager’s lack of help (36.5 percent), difficulty communicating with their case managers (38.1 percent), having providers who are not as good as past providers (33.3 percent), lack of consumer involvement in decision-making (12.7 percent), and inability to access needed services (7.9 percent).

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**Survey Results – Department of State Health Services**

The Department of State Health Services (DSHS) has the following programs:

- Case Management Services for Children and Pregnant Women (CPW)
- Children with Special Health Care Needs (CSHCN) Services Program
- Adult Mental Health Services
- Children’s Mental Health Services

*Background – Demographic Profile*

One hundred and eighty-six (186) consumers reported receiving services from DSHS. The age of DSHS consumers varied from three years or younger to more than 66 years. More than 63 percent of the DSHS consumers were 18 or younger; 10.8 percent were 3 years old or younger, 32.8 percent were between 4 and 12 years old and 19.9 percent were 13 to 18 years old. Sixteen percent were 19 to 35 years old, 8.6 percent were between 36 and 55 years old and 11.9 percent were 56 or older.

DSHS consumers who participated in the survey were 56.5 percent male and 43.5 percent female.

DSHS consumers consisted of 43 percent Hispanic, 31.2 percent Caucasian and 19.4 percent African American.

Only 37.6 of the 186 consumers were older than 18. Of those 70 consumers, 13 (18.6 percent) did not attend high school, 46 (65.7 percent) attended or graduated from high school and 10 (14.3 percent) were college graduates or had some college.

More than 90 percent of the DSHS consumers reported having a disability. DSHS consumers reported a wide range of disabilities. Most frequently, DSHS consumers reported mental and emotional disabilities (37.5 percent), neurological problems (9.1 percent) and cognitive-learning problems (7.5 percent).

*DSHS Programs and Services*

DSHS consumers who participated in the survey received services from four programs: 39.8 percent were in the CSHCN Program, 32.3 percent received services from the Adult Mental

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Program, 28.5 percent received services from Children’s Mental Health Program and 7.5 percent received services from the CPW Program.<sup>24</sup>

The length of time DSHS consumers have been receiving services from these programs varied greatly from less than one year to more than 20 years. More than one-quarter of the DSHS consumers have been receiving services for less than one year, 19.4 percent have been receiving services between one and two years and 14 percent between three and four years. Twenty-two percent have been receiving services between five and ten years, 12.3 percent have been receiving services for 11 to 20 years and 5.9 percent for more than 20 years. On average, these DSHS consumers have been receiving services for 5.61 years.

DSHS consumers have received a wide arrange of services. Most commonly, DSHS consumers have received:

- Medical services (45.2 percent)
- Therapy (speech, hearing, occupational, physical, cognitive) (25.8 percent)
- Psychological services (14 percent)
- Dental services (13.4 percent)
- Counseling (11.3 percent)
- Case management (11.8 percent)
- Adaptive aids, assistive technology and medical supplies (10.8 percent)
- Nursing services (10.2 percent)
- Prescription drugs (if not covered by Medicare) (10.2 percent)
- Vision services (9.1 percent)
- Home management (8.1 percent)
- Early childhood developmental services (7.8 percent)

*Case Management*

The following narrative describes consumer responses to questions regarding the title of the case management services provider, characteristics of case management services, having

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<sup>24</sup> Total is greater than 100 percent because some consumers indicated that they received services from more than one CPW program.

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multiple case management managers, resource availability, case manager’s helpfulness and consumer satisfaction.

Title of Case Management Services Provider

DSHS consumers were asked whether they have a person who helps them identify and coordinate services. About 91 percent, or 169 DSHS consumers, reported having such a person. The analysis results presented in the rest of the section is focused on the 169 DSHS consumers who reported having a case manager.

DSHS consumers indicated that the person who helped them identify and coordinate services has different titles. Most commonly, this person is called either a “case manager” (42.6 percent) or a “case worker” (32 percent). This report refers to this person as a “case manager”.

Characteristics of DSHS Case Management Services

The length of time DSHS consumers have had case management services ranged from less than six months to more than five years. About 38 percent of the DSHS consumers had a case manager for one year or less. About one-quarter had a case manager for between one and two years. On average, DSHS consumers have had their case managers for 2.2 years.

Nearly 59 percent of the DSHS consumers with a case manager indicated that they have either had one or two case managers since they started to receive services. About 35 percent of the DSHS consumers reported that they have had only one case manager and 23.7 percent had two case managers. About 12 percent of the consumers had five or more case managers. On average, DSHS consumers had 2.6 case managers.

DSHS consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. More than 76 percent reported that they communicated once a month or more frequently with their case manager, 30.8 percent reported communicating once a week or more often. Less than five percent of the DSHS consumers indicated that they typically communicated once a year, less than once a year or not at all.

The frequency with which DSHS consumers met with their case managers in person ranged widely. Sixty-five percent of the DSHS consumers reported meeting with their case managers once a month or more often: 10.1 percent of the met with their case managers once or more a week, 21.3 percent met their case managers several times a month and 33.7 percent met their case managers once a month. Seven percent reported meeting with their case managers rarely: once a year, less than once a year or never.

Most commonly, over the last year DSHS consumers met with their case managers at their home. More than 85 percent of DSHS consumers met with their case managers at their home,

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42 percent met at their case managers' offices and 36.1 percent met their case managers in other locations. On average, DSHS consumers met their case managers at their home 11.7 times. Those who met at their case managers' offices did so on average 6.9 times last year. DSHS consumers who met their case managers at other locations did so, on average, 4.5 times.

DSHS consumers identified a variety of locations, other than their home or their case managers' offices, in which they met their case manager. The most common locations consumers identified consisted of the child's school, social outings and the provider's offices or facility.

More than 81 percent of DSHS consumers were satisfied with the number of times they met with their case manager; 17.1 percent were not satisfied with the frequency with which they met their case manager.

Of the 29 DSHS consumers who were not satisfied with the number of times they met their case manager, 27 consumers (93.1 percent) would like to meet with their case managers more often and two (6.9 percent) would like to meet with their case managers less often.

**Multiple Case Managers**

Nearly one-third of the DSHS consumers who indicated that they have a case manager at present, reported having more than one person acting as their case manager.

About 53 percent, or 89 out of 169 DSHS consumers, reported that they have had more than one case manager at the same time since they started getting services. About 52 out of these 89 consumers (58.4 percent) had multiple case managers at the same time only once and 20 out of the 89 consumers (22.5 percent) had multiple case managers twice. On average, these consumers had multiple case managers 1.98 times.

While 53 percent of consumers reported that they have had multiple case managers at some point since they started receiving services, only 32.5 percent of consumers indicated that they *currently* have multiple case managers, demonstrating a reduction in the percentage of consumers with multiple case managers.

Nearly 60 percent of the 89 DSHS consumers who had multiple case managers at the same time, did not see any difference between having a single case manager or multiple case managers at the same time. Twenty percent found the situation more difficult for them and another 20 percent indicated that having multiple case managers actually made things less difficult for them.

**Resource Availability**

Over the last year, 22.5 percent of the DSHS consumers reported having difficulties getting services authorized by their case manager.

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Of the 38 DSHS consumers who reported problems in getting the services authorized by their case managers, 31.6 percent attributed these problems to lack of providers to provide the authorized service, 26.3 percent attributed the problems to lack of reliability of service provider’s staff, 23.7 percent attributed them to poor job performance on the part of the service provider, 13.1 percent attributed them to lack of knowledge on the part of the service provider’s staff and 13.1 percent attributed the problems to lack of respect on the part of the service provider toward the consumer.

Seventeen of the DSHS consumers (10 percent) filed complaints relating to their problems accessing services authorized by their case manager.

On average, these 17 DSHS consumers had filed 2.18 complaints since they started getting services.

**Case Manager’s Helpfulness**

The majority of DSHS consumers considered their case managers helpful.

The case manager is expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is expected to understand the consumer’s needs, understand the consumer’s language and cultural background and involve the consumer in the decision-making process. As indicated in Table C.3 below, the percent of DSHS consumers who reported that “all” their case managers met these expectations ranged from 63.9 to 79.9 percent, depending on the expectation. The percent who considered “all” or “most” of their case managers helpful in these areas ranged from 75.7 to 87.6 percent. The percent of DSHS consumers who indicated that “some” of their case managers met these expectations ranged from 5.3 to 16.6 percent and the percent who reported than “none” of their case managers met these expectations ranged from 1.8 to 5.3 percent.

**Table C.3: Case Manager’s Understanding of Consumer Needs – DSHS**

<b>How many of your case managers...</b>	<b>All</b>	<b>Most</b>	<b>Some</b>	<b>None</b>	<b>Not Applicable</b>
Understood (your/your family/foster child’s) needs	63.9%	11.8%	16.6%	5.3%	1.2%
Spoke Understood (your/your family/foster child’s) language well	79.9%	7.7%	5.3%	3.0%	3.0%
Understood (your/your family/foster child’s) cultural background	75.7%	8.9%	9.5%	1.8%	3.0%
Asked for your opinion	66.9%	10.1%	16.6%	4.1%	1.2%

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The majority of DSHS consumers had a positive perception of their case manager. For example, a majority of consumers:

- Indicated that their case managers cared very much about them (77 percent)
- Reported that their case managers had a very good relationship with them (76.9 percent)
- Indicated that their case managers communicated very well with them (76.3 percent)
- Said that their case managers understood very well their condition (71 percent)
- Indicated that their case managers knew what services meet their needs (66.6 percent)

Less than six percent of the consumers had a negative perception of their case manager: 4.7 percent indicated that their case managers did not understand their condition, 4.7 percent also indicated that their case managers did not have a good relationship with them, 5.3 percent reported that their case managers did not care about them, 5.3 percent also said that their case managers did not communicate well and 5.9 percent said that their case managers did not know which services they needed.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of DSHS consumers found their case managers helpful “always” or “most of the time” in the following areas:

- Treat (you/family member/foster child) with respect (91.7 percent)
- Act friendly to (you/family member/foster child) (90.5 percent)
- Listen carefully to (your/family member’s/foster child’s) concerns (87.6 percent)
- Return (your/family member’s/foster child’s) phone calls (83.5 percent)
- Understand (your/family member’s/foster child’s) needs (79.9 percent)
- Help (you/family member/foster child) figure out what services (you/family member/foster child) need (78.1 percent)

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- Ask you (you/family member/foster child) if the services (you/family member/foster child) have been receiving meet (your/family member's/foster child's) needs (76.9 percent)
- Give (you/family member/foster child) information on where (you/family member/foster child) can get the service(s) (74.6 percent)
- Ask if (you/family member/foster child) are satisfied with the services (74.6 percent)
- Explain clearly what services (you/family member/foster child) can get (73.4 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give (you/family member/foster child) services (72.2 percent)
- Arrange the services for (you/family member/foster child) (62.7 percent)
- Involve (you/family member/foster child) in planning and choosing services (60.9 percent)
- Ask for (your/family member's/foster child's) opinion in all major decisions (57.4 percent)

Involving the consumer in planning and choosing services and asking for consumer's opinion in all major decisions – two key areas – were the lowest rated areas based on the frequency with which case managers involved DSHS consumers. Indeed, only 49.7 percent indicated that their case managers “always” involved them in planning and choosing services and 17.2 percent indicated that their case managers “rarely” or “never” did so. Similarly, only 43.8 percent indicated that their case managers “always” asked their opinion in all major decisions and 17.8 percent reported that their case managers “rarely” or “never” asked them for input.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services. All 38 DSHS consumers who reported having problems accessing services their case managers authorized informed their case managers about their difficulties. Twenty-four, or 63.2 percent, of these consumers got help from their case managers.

Fifteen of the 24 consumers (65.2 percent) considered their case managers very helpful, one consumer (4.2 percent) considered their case managers helpful, four consumers (16.7 percent) indicated that their case managers were moderately helpful and four (16.7 percent) found their case managers of little help. On average, these 24 consumers considered their case managers' efforts on their behalf to be “helpful;” a rating of 1.88 on a 5-point scale.



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Fourteen of the 38 DSHS consumers who experienced a problem accessing authorized services explained that their case managers did not help them mostly because their case managers did not know how to help them or did not understand their problem.

Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, DSHS consumers gave a rating of “very good” to their case managers. About 46 percent of the DSHS consumers considered their case managers “excellent” and 24.9 percent rated them as “very good.” Hence, 70.5 percent of the DSHS consumers considered their case managers as “excellent” or “very good.” In addition, 16.6 percent rated their case managers as “good.” Eleven percent indicated that their case managers were either “fair” or “poor,” the two lowest ratings.

Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). DSHS consumers also expressed a high level of satisfaction with case management services. On average, DSHS consumers were satisfied with these services (a rating of 1.80 on a 5-point scale). More than 48 percent were “very satisfied” and 32.5 percent were “satisfied,” accounting for 81 percent of consumers. More than eight percent were “moderately satisfied.” About nine percent expressed dissatisfaction.

About one-third of the DSHS consumers were more satisfied with their current case management services compared to their satisfaction a year ago; 52.7 percent did not experience a different level of satisfaction and 8.9 percent were less satisfied.

The 56 DSHS consumers who indicated that their case management services improved compared to last year, attributed the improvement mostly to the helpfulness of their current case manager (53.6 percent), the extent to which their case managers involved the consumer in service planning and selection (25 percent), getting services from better providers (21.4 percent), the case manager’s caring about the consumer,(21.4 percent) and the fact that the consumer succeeded in accessing services he or she was not previously able to access (14.3 percent).

Fifteen of the DSHS consumers who were less satisfied with the current case management services compared with last year’s, attributed their dissatisfaction with current case management services mostly to case manager’s lack of help (46.7 percent), difficulty communicating with their case managers (40 percent), inferior providers (33.3 percent), lack of involving the consumer in decision-making (26.7 percent) and inability to access services the consumer needs (13.3 percent).

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**Survey Results – Department of Aging and Disability Services**

The Department of Aging and Disability Services (DADS) has the following programs:

- Aging and Disability Resource Center (ADRC) pilots
- Area Agencies on Aging (AAAs) Care Coordination and Care Management
- Community Attendant Services (CAS)
- Community Based Alternatives (CBA) waiver
- Community Care for the Aged and Disabled (CCAD) including Primary Home Care, Day Activity Health Services (DAHS), Home Delivered Meals, Emergency Response Services, Consumer Managed Personal Assistant Services, Family Care and Special Services for Persons with Disabilities
- Community Living Assistance and Support Services (CLASS) waiver
- Consolidated Waiver Program (CWP)
- Deaf/Blind with Multiple Disabilities (DBMD) waiver
- Guardianship
- Home and Community-Based Services (HCS) waiver
- Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) (includes both community-based ICFs/MR and state schools)
- Medically Dependent Children Program (MDCP) waiver
- Mental Retardation Local Authority (MRA)
- Nursing Facility services
- Primary Home Care (PHC)
- Relocation Assistance for Individuals Transitioning from Nursing Facilities to Community Settings
- Texas Home Living (TxHmL) waiver

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*Background – Demographic Profile*

Three hundred and sixty-nine (369) consumers reported receiving services from DADS. More than 28 percent of the DADS consumers were 18 or younger and 39.2 percent were 19 to 55. About one-third of the DADS consumers were 56 or older and 20.9 percent were 66 or older.

Forty-five percent of the DADS consumers who participated in the survey were male and 54.7 percent were female.<sup>25</sup>

Nearly one-half of the DADS consumers were Caucasian, 30.9 percent were Hispanic and 14.6 percent were African American.

About three-quarters of the 369 DADS consumers were older than 18. Of those 276 consumers, 68 (24.6 percent) did not go to high school, 148 (53.6 percent) attended or graduated from high school and 57 (20.6 percent) were college graduates or had some college.

More than 97 percent of the DADS consumers reported having a disability. DADS consumers reported a wide range of disabilities. Most frequently, DADS consumers reported mental and emotional disabilities (23.3 percent), heart/breathing problems/problems with circulation (10.8 percent), neurological problems (10.6 percent) and skeletal issues (10.3 percent).

*DADS Programs and Services*

DADS consumers who participated in the survey received services from 17 programs. The highest percentage of consumers who participated in the survey received services from the CCAD Program (45.3 percent), CLASS program (26.8 percent), the HCS program (25.7 percent) and the CBA program (22.2 percent).<sup>26</sup>

The length of time DADS consumers have been receiving services from these programs varied greatly from less than one year to more than 20 years. More than 14 percent have been receiving services for less than one year, 20.9 percent have been receiving services between one and two years and 15.4 percent between three and four years. About 31 percent have been receiving services between five and ten years; 11.3 percent have been receiving services for 11 to 20 years; and seven percent for more than 20 years. On average, these DADS consumers have been receiving services for 6.3 years.

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<sup>25</sup> One respondent (0.3 percent) did provide an answer to the question related to the consumer's gender.

<sup>26</sup> Total is greater than 100 percent because some respondents indicated that they received services from more than one DADS program.

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DADS consumers have been receiving a wide range of services. Ten percent or more of the DADS consumers reported they have been receiving:

- Medical services (23.6 percent)
- Home management (23 percent)
- Nursing services (22 percent)
- Attendant services including personal care (17.9 percent)
- Case management (17.6 percent)
- In-home support services (16.8 percent)
- Therapy (speech, hearing, occupational, physical, cognitive) (14.1 percent)
- Adaptive aids, assistive technology and medical supplies (12.2 percent)
- Respite care (10 percent)

*Case Management*

The following narrative describes consumer responses to questions regarding the title of the case management services provider, characteristics of case management services, having multiple case managers, resource availability, case manager’s helpfulness and consumer satisfaction.

Title of Case Management Services Provider

DADS consumers were asked whether they have a person who helps them identify and coordinate services. Eighty-two percent, or 303 DADS consumers, reported having such a person. The analysis results presented in the rest of the section, is focused on the 303 DADS consumers who reported having a case manager.

DADS consumers indicated that the person who helps them identify and coordinate services has different titles. Most commonly, this person is called either a “case manager” (53.8 percent) or a “case worker” (27.4 percent). This report refers to this person as a “case manager.”

Characteristics of DADS Case Management Services

The length of time DADS consumers have had case management services ranged from less than six months to more than five years. Twenty-nine percent of the DADS consumers had a case manager for one year or less. One-quarter had a case manager between one and two years.

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Nearly one-quarter had their case managers for more than five years. On average, DADS consumers have had a case manager for 2.6 years.

More than 58 percent of the DADS consumers with a case manager indicated that they have either had one or two case managers since they started to receive services.<sup>27</sup> About one-third of the DADS consumers reported that they have had only one case manager and one-quarter had two case managers. More than 16 percent of the consumers had five or more case managers since they had started receiving services. On average, DADS consumers had 3.05 case managers since they started receiving services.

DADS consumers were asked to indicate the frequency with which they communicated with their case managers in person, by phone or through e-mail. About 53 percent reported that they communicated once a month or more frequently with their case manager; 22.8 percent communicated several times a month with their case manager. More than seven percent of the DADS consumers indicated that they typically communicated once a year, less than once a year, or not at all.

The frequency with which DADS consumers met with their case managers in person ranged widely. Thirty-five percent of the DADS consumers reported meeting with their case managers once a month or more often. Most typically, 23.4 percent met their case managers monthly and 22.1 percent met their case managers once every three months. More than 14 percent reported meeting with their case managers rarely: once a year, less than once a year or never.

Most commonly, over the last year DADS consumers met with their case managers at their homes. More than 87 percent of DADS consumers met with their case managers at their homes; 28.4 percent met at their case managers' offices; and 26.4 percent met their case managers in other locations. On average, DADS consumers met their case managers at their homes 5.65 times last year. Those who met at their case managers' offices did so on average 4.62 times last year. DADS consumers who met their case managers at other locations did so, on average, 2.48 times.

DADS consumers identified a variety of locations, other than their homes or their case managers' offices, in which they met their case manager. The most common locations consumers identified consisted of the child's school, the provider's office or facility, at social outings and activities and at the consumer's place of employment.

About 80 percent of the DADS consumers were satisfied with the number of times they met with their case managers; 19.8 percent were not satisfied with the frequency with which they met their case managers.

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<sup>27</sup> This result does not necessarily mean that all of the case managers were from DADS. Consumers were not asked to identify the Department that assigned the case manager, so when consumers indicated that they had more than one case manager, it is possible they were from different departments.

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Of the 60 DADS consumers who were not satisfied with the number of times they met their case managers, 49 or 81.7 percent would like to meet with their case managers more often and 11 (18.3 percent) would like to meet with their case managers less often.

**Multiple Case Managers**

More than 22 percent of the DADS consumers who indicated that they have a case manager at present reported having more than one person acting as their case managers at present.

Thirty-nine percent, or 118 of the DADS consumers, reported that they have had more than one case manager at the same time since they started getting services. Sixty-one out of these 118 consumers (51.7 percent) had multiple case managers at the same time only once and 28 out of the 118 consumers (23.7 percent) had multiple case managers at the same time twice. On average, these consumers had multiple case managers 2.61 times per year since they started receiving services.

While more than 38.9 percent of consumers reported that they have had multiple case managers at some point since they started receiving services, only 22.5 percent of consumers indicated that they *currently* have multiple case managers, demonstrating a reduction in the percentage of consumers with multiple case managers.

Nearly three-quarters of the DADS consumers who had multiple case managers at the same time, did not see any difference between having a single case manager or multiple case managers at the same time. More than 14 percent found the situation more difficult for them and 11.9 percent indicated that having multiple case managers actually made things less difficult for them.

**Resource Availability**

Over the last year 28 percent of the DADS consumers reported having difficulties getting services for which they have been authorized.

Of the 85 DADS consumers who reported problems in accessing services their case managers authorized, 43.5 percent attributed these problems to lack of providers to provide the authorized service, 28.2 percent attributed them to lack of reliability of the service provider's staff, 27 percent attributed them to high service provider staff turnover, 24.7 percent attributed them to poor job performance on the part of the service provider, 20 percent attributed them to lack of knowledge on the part of the service provider's staff, 17.6 percent attributed them to lack of responsiveness to calls and 15.3 percent attributed these problems to lack of respect on the part of the service provider toward the consumer.

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Thirty-five of the DADS consumers (11.6 percent) filed complaints relating to their difficulty accessing services.

On average, these 17 DADS consumers had filed 3.06 complaints since they started getting services. Nearly one-half of these consumers filed two to five complaints.

**Case Manager’s Helpfulness**

The majority of DADS consumers considered their case managers helpful.

The case manager is expected to help the consumer identify needed services and access these services. To identify needed services, the case manager is expected to understand the consumer’s needs, understand the consumer’s language and cultural background and involve the consumer in the decision-making process. As indicated in Table C.4, the percent of DADS consumers who reported that “all” their case managers met these expectations ranged from 59.1 to 83.8 percent, depending on the expectation. The percent who considered “all” or “most” of their case managers helpful in these areas ranged from 70.3 to 90.7 percent. The percent of DADS consumers who indicated that “some” of their case managers met these expectations ranged from 4.0 to 22.1 percent and the percent who reported than “none” of their case managers met these expectations ranged from 2.0 to 7.9 percent.

**Table C.4: Case Manager’s Understanding of Consumer Needs – DADS**

<b>How many of your case managers...</b>	<b>All</b>	<b>Most</b>	<b>Some</b>	<b>None</b>	<b>Not Applicable</b>
Understood (your/your family/foster child’s) needs	59.1%	11.2%	22.1%	5.0%	2.0%
Spoke Understood (your/your family/foster child’s) language well	83.8%	6.9%	4.0%	2.3%	2.3%
Understood (your/your family/foster child’s) cultural background	74.3%	9.6%	8.3%	2.0%	5.0%
Asked for your opinion	62.4%	11.2%	14.9%	7.9%	3.0%

The majority of DADS consumers had a positive perception of their case manager. For example, a majority of consumers:

- Indicated that their case managers cared very much about them (70.3 percent)
- Reported that their case managers had a very good relationship with them (71.9 percent)
- Indicated that their case managers communicated very well with them (72.3 percent)

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- Said that their case managers understood very well their condition (67.3 percent)
- Indicated that their case managers knew what services meet their needs (61.7 percent)

Fewer than eight percent of the consumers had a negative perception of their case manager: 6.6 percent indicated that their case managers did not have a good relationship with them, 6.6 percent also reported that their case managers did not care about them, 7.3 percent said that their case managers did not communicate well, 7.3 percent also indicated that their case managers did not understand their condition and 7.9 percent said that their case managers did not know which services they needed.

The survey explored in detail the different areas of interaction between the case manager and the consumer and the extent to which the case manager has been helpful. The following percentages of DADS consumers found their case managers helpful “always” or “most of the time” in the following areas:

- Act friendly to (you/family member/foster child) (91.1 percent)
- Treat (you/family member/foster child) with respect (89.7 percent)
- Listen carefully to (your/family member’s/foster child’s) concerns (85.2 percent)
- Return (your/family member’s/foster child’s) phone calls (83.5 percent)
- Ask (you/family member/foster child) if the services (you/family member/foster child) have been receiving meet (your/family member’s/foster child’s) needs (77.5 percent)
- Understand (your/family member’s/foster child’s) needs (75.5 percent)
- Ask if (you/family member/foster child) are satisfied with the services (74.3 percent)
- Help (you/family member/foster child) figure out what services (you/family member/foster child) need (72.7 percent)
- Explain clearly what services (you/family member/foster child) can get (70.3 percent)
- Arrange the services for (you/family member/foster child) (67.3 percent)
- Help (you/family member/foster child) in dealing with the people or agencies that give you services (66.7 percent)



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- Involve (you/family member/foster child) in planning and choosing services (65.7 percent)
- Give you information on where (you/family member/foster child) can get the service(s) (65.4 percent)
- Ask for (your/family member's/foster child's) opinion in all major decisions (64 percent)

Involving the consumer in planning and choosing services and asking for the consumer's opinion in all major decisions – two key areas – were among the lowest rated areas based on the frequency with which case managers involved DADS consumers. Indeed, only 49.2 percent indicated that their case managers “always” involved them in planning and choosing services and 17.2 percent indicated that their case managers “rarely” or “never” does so. Similarly, only 51.5 percent indicated that their case managers “always” asked their opinion in all major decisions and 18.5 percent reported that their case managers “rarely” or “never” asked them for input.

The relationship between the case manager and the consumer is especially critical when the consumer experiences problems in accessing services. Twenty-eight percent, or 85 of the consumers, reported that they had experienced problems in accessing services their case managers authorized in the last year. Most of these consumers (90.6 percent) indicated that they told their case managers about their problem accessing services.

Fifty-two, or 67.5 percent, of these 77 consumers got help from their case manager.

On average, these 52 consumers considered their case managers' efforts on their behalf to range between “helpful” and “somewhat helpful;” a 2.71 out of a 5-point scale rating.

The 25 DADS consumers who experienced problems accessing authorized services gave a variety of explanations of why the case manager did not help them. Most frequently, these consumers claimed that the case manager did not know how to help them or did not understand their problem.

Consumer Satisfaction

Consumers were asked to rate their case managers as excellent, very good, good, fair or poor. On average, DADS consumers gave a rating of “very good” to their case managers. About 46 percent of the DADS consumers considered their case managers “excellent” and 23.8 percent rated them as “very good.” Hence, 69.3 percent of the DADS consumers considered their case managers as “excellent” or “very good.” In addition, 13.9 percent rated their case managers as

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“good.” More than 15 percent indicated that their case managers were either “fair” or “poor,” the two lowest ratings.

Consumers were asked to rate their satisfaction with their case managers on a 5-point scale ranging from very satisfied (1), satisfied (2), moderately satisfied (3), and dissatisfied (4), to very dissatisfied (5). DADS consumers also expressed a high level of satisfaction with case management services. On average, DADS consumers were satisfied with these services (a rating of 1.91 on a 5-point scale). More than 46 percent were “very satisfied” and 31.7 percent were “satisfied,” accounting for 77.9 percent of consumers. In addition, 10.6 percent were “moderately satisfied.” More than 11 percent expressed dissatisfaction.

About 27 percent of the DADS consumers were more satisfied with their current case management services compared to their satisfaction a year ago; 55.4 percent did not experience any difference and 9.9 percent were less satisfied.

The 81 DADS consumers who indicated that their case management services improved compared to last year, attributed the improvement mostly to the helpfulness of their current case manager (50.6 percent), the extent to which they were able to access services not previously accessible (33.3 percent), having better providers than in the past (33.3 percent) and having a case manager who cared about them (28.4 percent).

The 30 DADS consumers who were less satisfied with the current case management services compared with last year’s, attributed their dissatisfaction with current case management services mostly to case manager’s lack of help (46.7 percent), not being able to access services they need (43.3 percent), difficulty communicating with their case managers (43.3 percent), having providers who are not as good as past providers (40 percent) and lack of involving them in decision-making (26.7 percent).