

REPORT TO THE LEGISLATURE

Caseload ratio reduction project

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Chapter 334, 2021 Laws PV
ESSB 5268 Sec. 6 (1)(a)(b)(c)
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Overview

The Washington State Department of Social and Health Services Developmental Disabilities Administration currently has a ratio of one case manager to 75 clients (1:75) for most caseloads, more than double the national average of one case manager to 32 clients (1:32). Through ESSB 5092, SB 5268 and ESSB 5693 the Legislature directed DDA to submit a five-year plan to phase in the appropriate funding and staffing to achieve case management ratios of one case manager to no more than 35 (1:35) clients.

The Legislature asked DDA to:

- Analyze current procedures to hire and train new staff.
- Identify any necessary changes to hiring and training to ensure a more timely and efficient process.
- Identify the number of new hires needed on an annual basis to implement the five-year plan.

DDA's five-year plan is shared in this report, which:

- Provides details about the composition of current caseload sizes.
- Offers details on how case management functions will change and the positive impacts those changes will have on clients in the future.
- Analyzes current and future hiring and training procedures and needs.
- Provides a detailed plan on how we are going to get to smaller caseloads.

"Lower caseload ratios will help improve the quality of life for people with intellectual and developmental disabilities and help them live the lives they want to live." – DDA case manager





Background

In 2018, the William D. Ruckelshaus Center facilitated a workgroup with DDA, advocacy groups, legislative and union representatives and other state agencies to discuss how to transform services for individuals who reside in Residential Habilitation Centers. After nearly two years of consensus building, the group created recommendations to transform the system of community supports for people with intellectual and developmental disabilities, found in the 2019 report to the Legislature [Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services](#). One of the many recommendations that came from this workgroup was to improve caseload ratios. Washington state's current ratio of one case manager to 75 clients (1:75) for most caseloads is far higher than the national average identified in the Ruckelshaus report to the Legislature, as well as [NASDDDS Medicaid and Case Management for People with Developmental Disabilities](#) and the [Case Management Workforce Supporting People with ID/DD reports](#).

A DDA case manager who previously carried a caseload of 1:75 but transitioned to the Enhanced Case Management Program with a lower caseload reported that the "reduced caseload has allowed me to spend more time with clients to truly understand their lives and the goals they have. This allows me to partner with the client to identify which service/resources would set them on the path of success to achieve that goal."





Current state 1:75

In order to be qualified for their positions, DDA case managers already have years of personal or professional experience with the needs of people with intellectual or developmental disabilities. As they begin their careers with DSHS, they complete an intensive multi-week training program and continue to receive a variety of training once they have a caseload of clients. They also have access to several knowledgeable experts in the field who specialize in subjects. Case managers are not only proficient in assessing the needs of DDA clients, but also in navigating the interpersonal dynamics that are essential to working within teams that include those we serve. A typical day for DDA case managers can have many issues to work through as they strive to meet the unique and often unexpected needs of their clients. We are proud of the individuals who serve our clients for not only meeting these daily challenges but being excited to do so. Case managers and the administration at large are thankful for this opportunity to build on and strengthen the relationships cultivated between DDA and those we support.

Current hiring and retention

The Developmental Disabilities Administration continues efforts to meet the increased challenges of hiring throughout the pandemic and is continuing to bring in quality candidates who believe in our mission of transforming lives.

We met with DSHS human resources staff and DDA hiring managers to learn more about current recruitment, hiring and retention practices in this tight job market. We found that DSHS has seized on current challenges as an opportunity to launch the Employer of Choice initiative, which targets recruiting, hiring and workforce planning improvements to continue attracting top talent. DDA has a strategic goal to continue to support and promote equity, diversity and inclusion in the workplace by recruiting, hiring, training and retaining a diverse workforce through effective promotion, communication and training. At a local level, DDA regions also have piloted efforts that have shown success, such as creating hiring teams. Rising to meet current workforce challenges that are seen nationwide in many labor sectors with creativity and innovation has prepared us to hire, onboard and train the new staff needed to meet the 1:35 caseload ratio.



Self-Advocates have shared that smaller caseloads would bring an array of possibilities and opportunities as case managers become more familiar with available resources, what they are and how to use them.



Current training

New case managers receive a minimum of 458 hours (approximately 3 months) of training during their first year. They must have extensive knowledge of a complicated system that includes policy and procedures, state and federal rules and laws, eligibility criteria for dozens of services, person-centered approaches and proficiency in our assessment tool.

DDA currently has a robust and extensive training program for case managers. However, the needs of DDA clients and families are changing. DDA also has a growing clientele that will continue to evolve and expand in the future as our state population grows and under legislative changes, such as SSB2008, which will start in July 2025. There is constant change in federal and state statutes that govern DDA programs and services. The work environment and needs of employees have also changed. Case managers now have a remote or hybrid work environment that will continue. Because of the Public Health Emergency, DDA quickly changed training curriculum to accommodate remote learning but additional modifications are needed to keep up with the changes DDA will experience.

Currently, challenges around training include delayed training due to the limited number of trainers and workloads requiring new case managers to start managing their caseloads prior to completing all their training. In addition, the complexity of the necessary curriculum makes it difficult for case managers to digest the knowledge while simultaneously serving 75 clients. Our plan for overcoming these challenges and modifying our training processes are included later in this report.

Current case management

Most individuals served by DDA are enrolled on caseloads with a ratio of 1:75. Thankfully, the legislature has recognized that many DDA clients have unique needs or circumstances and has already provided funding for specialized, reduced caseload ratios for six caseload types. Monitoring of these lower caseloads has shown us the many positive impacts reduced caseload sizes has on client outcomes. Lower caseloads also reduce risk of department liability and abuse, neglect and isolation for our clients who are all vulnerable. For example, when the project team spoke with Enhanced Case Management Program case managers who have a caseload ratio of 1:30 they shared many stories where clients had positive outcomes that they are certain would not have occurred if they had a typical 1:75 caseload.



In Washington state, case managers begin managing caseloads as soon as they start employment, even before completing training. In the nationwide survey, 90% of states said they were able to wait until vital training was completed before assigning a caseload.



| Caseload | Ratio | Below National Average |
|---|------------|------------------------|
| Children's Intensive In-Home Behavior Support | 18 | ✓ |
| Enhanced Case Management | 30 | ✓ |
| Mental Health | 30 | ✓ |
| Out-of-Home Services | 30 | ✓ |
| Transition | 35 | |
| Community Protection Program | 40 | |
| PASRR | 50 | |
| Community First Choice | 75 | |
| Waivers | 75 | |
| Non-Waiver Paid Services | 105 | |
| No-Paid Services | 300 | |
| Residential Habilitation Center | Not funded | |

The job of case manager is difficult and complex. Case diversity and complexity requires a variety of skilled, specialty staff to be available to support case managers as they provide individualized, customer service to meet client and family needs. DDA currently has subject matter experts, trainers and other support staff who ensure case managers have the knowledge, skills, abilities and tools to perform their challenging jobs.

In order to reduce our caseloads, as well as keep and enhance the case managers support system, DDA has created the following plan for our future state.

"Lower caseloads would allow all case manager to be more available to try to meet their clients and family support needs and time to do so."
– DDA case manager





Future state 1:35

With an increasing population with a variety of needs and with the rapid hiring and training that will be needed to decrease caseloads to 1:35, we understand and have a plan to evolve our case management system to ensure we continue successfully serving individuals with IDD and their families.

To get a sense of what the case management system can look like in the future with smaller caseloads, we met with clients and families, DDA case management, other field staff, human resources staff, and surveyed other states who do similar work. For details on how these stakeholders helped us develop the following plan, please review the Appendix attached to this report.

Future hiring and retention

DDA employees are now and will continue to be essential to transforming the lives of the people DDA supports, and case managers are crucial to their overall client outcomes. Continuing to hire a diverse, inclusive, dedicated, qualified and compassionate workforce is important to the people we serve.

The project team identified needed changes to meet the hiring requirements of this project. The existing procedure for hiring and retention will have to be modified to hire the required number of employees in a five-year timespan. DDA will need to streamline efforts to promote timely and efficient hiring and onboarding practices while embodying equity, diversity, accessibility and inclusivity principles. With recent transformations in the workforce, finding qualified and adequate candidates for vacant case management positions has become a top objective. Our plan includes new opportunities for advancement to ensure we can recruit and retain top talent. DDA is excited to have an opportunity to address this need by:

- Establishing hiring teams in our regional offices who are dedicated to completing the administrative tasks around hiring new staff. This removes the burden of completing all the steps of hiring from the hiring managers who have full time responsibilities of supporting case managers and others to be successful.
- Establishing interview committees in our regional offices who review the hiring processes and procedures periodically to ensure they remain efficient and effective.
- Extending opportunities for a variety of staff to participate in pre-scheduled interview panels to promote diversity on hiring decisions.
- Having scheduled days in our local regional offices for applicant review and interviews to reduce calendar conflicts which often delay hiring.
- Continuing to become an Employer of Choice – this is an ongoing DSHS effort to create a place where people want to work.
- Being flexible and having an unbiased lens when hiring case managers to bring in passionate and competent individuals.



Future training

To successfully lower caseloads to 35 clients per case manager and for case managers to be able to provide more individualized and person-centered support, we will need to modify existing training practices and onboarding by:

- Modernizing training for all DDA staff to have less reliance on traditional classroom learning and more online or hybrid options.
- Expanding current curriculum to include the changing duties that case managers will have with smaller caseloads.
- Using new lead case manager positions to provide on the job support and training.
- Increasing focus of training on DDA's mission of providing person-centered services and supports.
- Developing and offering specialized tailored training in supporting specific groups, such as:
 - Aging caregivers.
 - Black, indigenous and people of color communities.
 - Individuals who have experienced trauma.
 - English as a second language groups.
 - Clients who use crisis and hospital services frequently.
 - Individuals with functional needs, not currently within the scope of services.
 - Clients with complex needs.

Future case management

Lower caseload ratios will help improve the quality of life for people with intellectual and developmental disabilities and help them live the lives they want to live. Lower caseloads will also give clients more access to their case manager than they experience now. With fewer individuals on their caseloads, DDA case managers will be able to work on a variety of different tasks and accomplish more than they can now. They will:

- Connect with clients and families more frequently.
- Have more time to better understand the needs of the individual clients and families they support and provide better customer service.
- Spend more time connecting families and caregivers with community services.
- Actively participate in Individualized Education Program meetings for children and youth who are involved in school.
- Better help clients and families plan for their future.
- Discuss and implement backup plans for if/when primary caregivers are not available.



- Connect more frequently with nursing care consultants to get advice on any medical issues and/or concerns they have with a client.
- Increase the number of home visits to more than annually.
- Coordinate and network with other members of the client's support team on a regular basis.
- Provide additional support to clients who do not have a sufficient support system.
- Identify and provide additional supports to individuals who are assessed at a higher risk for abuse or neglect.
- Be more available to help fill out paperwork that is necessary to access community resources.
- Provide more hands-on assistance to help in locating a paid provider.
- Have more time to collaborate and communicate with Adult Protective Service and Department of Children, Youth and Families when there are concerns about a client's health and safety.
- Stay connected, informed and up to date on resources in communities.

One example of the benefits of a reduced caseload is found with the ECMP Program: we worked with a single mother with three children, one of whom is a client of DDA. The client's mother has been battling cancer while also trying to raise her children. With ECMP, the case manager has had the time to increase home visits and strategize with mom to set up an emergency plan and identify community supports to step in and assure the safety of her children on the occasions when she is in the hospital. The reduction of this stressor allows the client's mother more time to be fully present and engaged with her children. This is one of many examples of the benefits of smaller caseloads.

In addition to case manager job changes with a reduced caseload, DDA plans to add lead case manager positions. These positions will lead by providing coaching, mentoring, on the job training and assistance in the transition of staff from a formal training program to fieldwork. They will also provide advanced level of social services, specialized case and/or resource management for people who have developmental disabilities and their families.

Options for the lead case manager could be one or two leads for every supervisor. Lead case managers could carry a reduced caseload or be non-case carrying positions. DDA recommends each supervisor be supported by two lead workers, who carry a caseload of no more than 17 clients. Establishing these lead positions will provide a pathway for experienced and talented case managers to advance with additional responsibilities around employee development. This will also provide a platform for all new case managers to have a more robust support system as they go through their first years of employment. This network of support and career ladder is one way to increase retention of quality staff.



Phase-in plan

The model below assumes a current base of 601.4 case manager FTEs. As shown in the table below, hiring case managers, necessary supervisors, quality assurance specialists, trainer specialists, hiring teams and other positions will be phased in over five years. We are also proposing the establishment of lead case management positions.

This plan brings in positions needed to support hiring and training at the beginning of the project. Each year would also first focus on hiring of supervisors with reorganization and establishment of new teams to follow.

| Hiring Plan - Number of new hires each year | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--|---------------|---------------|---------------|---------------|---------------|--------------|
| Case Managers | 46.7 | 86.4 | 86.4 | 86.4 | 86.4 | 392.3 |
| Lead Case Managers | 10.3 | 19.2 | 19.2 | 19.2 | 19 | 86.9 |
| Case Manager Supervisors | 4.6 | 8.4 | 8.4 | 8.4 | 7.8 | 37.6 |
| Assessor Certification Specialists | 1.7 | 1.3 | 1.2 | 1.2 | 1.3 | 6.6 |
| Administrative Support | 5.8 | 10.9 | 10.8 | 10.8 | 10.8 | 49.1 |
| Information Technology Systems | 2.6 | 4.8 | 4.8 | 4.8 | 4.8 | 21.1 |
| Quality Compliance Specialists | 2 | 0 | 0 | 0 | 0 | 2 |
| Quality Assurance Managers | 2 | 0 | 0 | 0 | 0 | 2 |
| Training Specialists | 3 | 0 | 0 | 0 | 0 | 3 |
| Waiver, Personal Care, and Payment Specialists | 7 | 0 | 0 | 0 | 0 | 7 |
| Hiring and Onboarding Specialists | 9 | 0 | 0 | 0 | 0 | 9 |

The table below shows the cumulative FTEs and estimated costs for the new positions needed to reduce the caseload ratios.

| | FTE | GF-State | Federal | Total |
|--------|------------|-----------------|----------------|---------------|
| Year 1 | 94.7 | \$ 7,500,000 | \$ 5,507,000 | \$ 13,007,000 |
| Year 2 | 225.7 | \$ 16,659,000 | \$ 12,233,000 | \$ 28,892,000 |
| Year 3 | 356.5 | \$ 25,895,000 | \$ 19,015,000 | \$ 44,910,000 |
| Year 4 | 487.3 | \$ 35,126,000 | \$ 25,793,000 | \$ 60,919,000 |
| Year 5 | 616.6 | \$ 44,215,000 | \$ 32,467,000 | \$ 76,682,000 |



Road to 35 - the five-year plan

Year ONE – infrastructure build-up

During the first year of our five-year plan, DDA will:

- Establish a statewide “Smaller Caseloads Implementation Committee” to establish best practices, communication to the field, change management and targeted resource sharing.
- Hire trainers and specialists to support and train case managers and lead workers as they are hired.
- Overhaul training curriculum in order to equip case managers with tools to provide clients and families with new and enhanced person-centered supports.
- Build a plan to reduce caseloads that takes into consideration the following:
 - Clients are not moved from case manager to case manager during this transition.
 - Populations who would benefit the most from reduced caseloads would transition first (e.g., clients living in rural areas).
 - Prioritize caseloads that are more demanding than others.
- Fill hiring and onboarding specialist positions, supervisors and lead case manager positions prior to hiring case managers.
- Implement a “job share” model for new case managers to work with established case managers so that caseloads are split thoughtfully and clients experience minimal change to their assigned case manager.
- Begin hiring, training and onboarding case managers.

Year TWO – strategic roll-out of new case managers

During the second year of our five-year plan, DDA will:

- Continue
 - Hiring, training, and onboarding case managers.
 - Hiring supervisors and leads ahead of case managers.
 - Using the “job share” model.
 - Refining the training of lead workers and supervisors.
- Implement a Project Improvement Plan where we will evaluate, monitor and adjust the project roll-out as needed.
- Collaborate between regions for resource sharing.



Years THREE, FOUR and FIVE – continuous improvement

During the third, fourth and fifth years of our five-year plan, DDA will:

- Evaluate the implementation plan to ensure continuous improvement.
- Continue hiring, training and onboarding case managers, lead workers and supervisors.
- Continuously improve our five-year plan process to make sure we are meeting the needs of clients and our employees.
- Refine the changing responsibilities of case managers.
- Enhance trainings around the evolving responsibilities of case managers.

Summary: transforming lives with smaller caseloads

Implementing this five-year plan will increase the frequency of case manager connections allowing them to innovatively collaborate with individuals and families. With smaller caseloads, case managers will provide specialized knowledge of community resources and DDA services so clients and families will have the resources needed to live meaningful lives. Case managers will be able to visit their clients more often, monitoring for changes to health and safety, and unmet needs. This will improve the state's ability to identify and correct dangerous situations before they result in injury, improve the lives of clients and their families and decrease the state's tort liability.

DDA is thankful for this opportunity and excited to continue transforming lives with smaller caseloads.



"Please support a 1:35 ratio caseload reduction with client equity, choice and service in mind. The support of a 1:35 caseload ratio will be the common denominator to success for all."
– DDA case manager

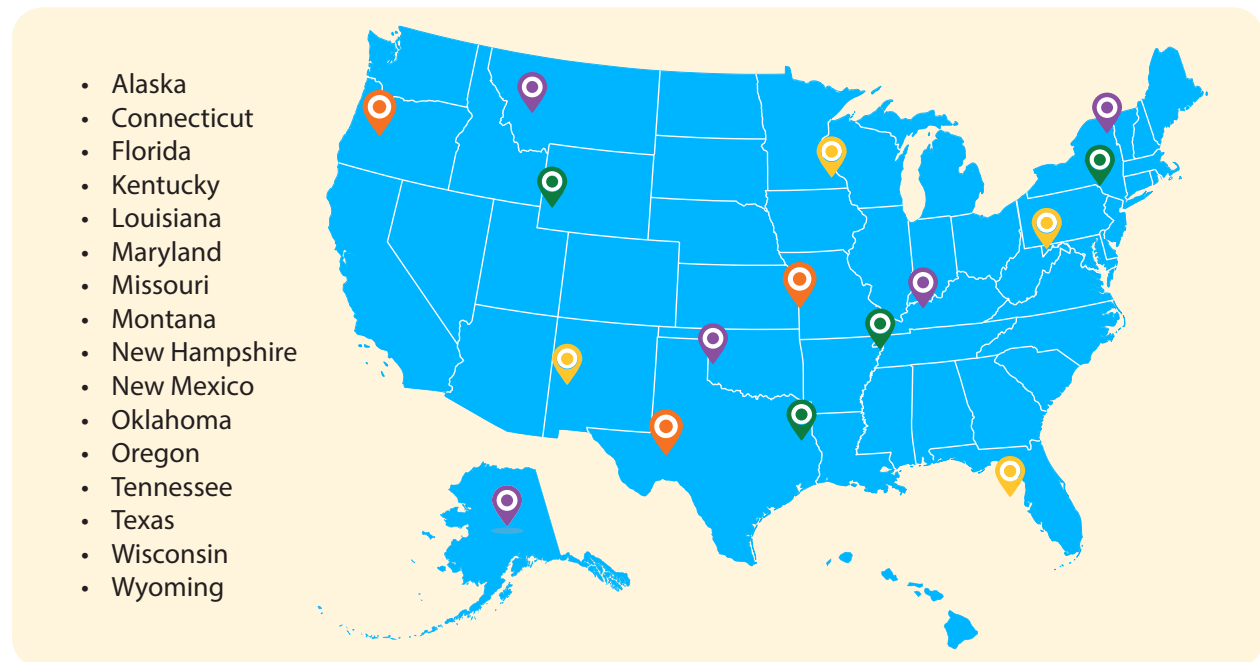


Appendix

Building the plan to reach a 1:35 ratio

Nationwide data

With help from the DSHS' Research and Data Analysis Division, the project team surveyed similar agencies across the nation to learn more about their caseload sizes, case manager duties, other staff to support case management, hiring, onboarding and training processes. We received 24 responses from the following states:



From this survey, it was verified that the DDA case manager's job duties and other staff duties are comparable to other states. There is, however, a notable difference in caseload ratios. The typical caseload ratio of DDA case managers in Washington is significantly higher than those of the responding states. DDA asked states about the caseload ratio for their case managers, their specific duties, and what types of support staff were available to assist them. We also asked whether case managers had enough time to complete their tasks.

States with smaller caseloads were nearly 5 times more likely to report that case managers had enough time to complete essential duties than DDA case managers.

In addition, we learned that other states provide more time to train before assigning initial case work and more training time overall.



External and internal stakeholders

Clients, families, case managers and other stakeholders told us that smaller caseloads would lead to better outcomes for people with intellectual and developmental disabilities. With a reduction in caseload size, their DDA case manager would have more time to:

- Attend key meetings.
- Connect clients, family members and providers with resources, providers and additional services.
- Improve skills and knowledge through training.
- Coordinate with Medicaid Managed Care.
- Help clients establish or maintain financial eligibility.



Community outreach

To gather direct feedback from our stakeholders, DDA held two “Show & Share” events. At these stakeholder events, we asked community members, advocacy organizations, families and clients to share how they have been impacted by the large caseloads at DDA. Participants also shared how case managers could better meet needs with a lower number of cases.

Ideas from the community

- If case managers had more time, they could:
 - Listen more and work with people on their goals, dreams and challenges.
 - Develop a relationship with their clients and be more person-centered.
 - Connect people with resources.
 - Have time to attend trainings to better understand DDA programs and services.
- Lower caseloads could also:
 - Reduce burnout.
 - Decrease turnover.

DDA currently has smaller caseloads for specific programs such as the Enhanced Case Management Program. Many clients in these programs have found success due to the additional time the lower caseload ratios afford. Case managers in these programs are better able to support clients and their families to live the lives they want.



DSHS staff

After receiving substantial feedback from a written survey, the project team held three focus group meetings for DSHS staff. We met with:

- Field leadership.
- Subject matter experts.
- Supervisors.
- Case managers.
- Customer support specialists.
- Human Resources staff.
- Information Technology.
- Training professionals.
- Program specialists.

During these sessions, we reviewed the internal survey results. We also collected feedback on existing hiring, onboarding and training practices, as well as gaps in the service system and how those gaps would be addressed by smaller caseloads.

Through internal stakeholder efforts, we heard minimal concerns and meaningful excitement about the potential of service improvements for clients and staff with a lower caseload ratio of 1:35 clients.



Success Story

A DDA client who lived with his parents was experiencing conflict with his family and struggling with his mental health. He was hospitalized for a short time to receive treatment for his mental health needs. This client was given a case manager as part of the Enhanced Case Management Program which not only has specialized caseload, but also a smaller caseload size. The case manager learned that the client had a goal of moving out of his family home to the "city." Together they were able to create a support team with the client, his employment vendor and community engagement provider. They found a residential provider he felt best meets his needs. Because his case manager was able to spend additional time and provide targeted attention, this client is thriving in his new home.