



**VALLEY
MOUNTAIN
REGIONAL
CENTER**

Helping People
with Developmental
Disabilities Reach Their
Maximum Potential

2021 Report, Feedback, and Plan of Correction for Non-Compliance of the Required Caseload Ratios

Public Presentation of the Valley Mountain
Regional Center Caseload Ratios

By Tony Anderson, Executive Director

DDS Letter. . .

DEPARTMENT OF DEVELOPMENTAL SERVICES

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Sacramento, CA 95814
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(916) 651-6309



July 2, 2021

Tony Anderson, Executive Director
Valley Mountain Regional Center
P.O. Box 692290
Stockton, CA 95269-2290

Dear Mr. Anderson:

Thank you for your service coordinator caseload survey emailed to the Department of Developmental Services (Department) on March 10, 2021. The data provided indicates that, as of March 1, 2021, Valley Mountain Regional Center (VMRC) did not meet all the required caseload ratios mandated by Welfare & Institutions (W&I) Code §4640.6(c). Specifically, VMRC did not meet required caseload ratios for the highlighted categories. Of the highlighted categories, VMRC caseload ratios for individuals enrolled in the Home and Community-Based Services Waiver program and individuals over three years old, non-waiver, non-mover, have been out of compliance for two consecutive reporting periods.

Regional Center	On Waiver*	Under 3 Years	Movers Over 24 Months	Movers Between 12 and 24 Months	Movers Within Last 12 Months	Over 3 Years, Non-Waiver, Non-Mover*	Complex Needs
W&I Code Required Ratios	1:62	1:62	1:62	1:45	1:45	1:66	1:25
VMRC Number of Individuals Served	5,371	1,901	3	0	0	8,171	137
VMRC Ratios	1:77	1:62	1:51	N/A	N/A	1:82	1:27
CA Average	1:77	1:58	1:59	1:38	1:29	1:81	1:25

*Out of compliance for two consecutive reporting periods

This letter is to notify you that, as specified by W&I Code §4640.6(f), VMRC is required to submit a plan of correction for the caseload ratio categories that were not met for two consecutive reporting periods.

"Building Partnerships, Supporting Choices"

Tony Anderson, Executive Director
July 2, 2021
Page two

The plan of correction must be developed with input from the State Council on Developmental Disabilities, local organizations representing the individuals you serve, their family members, regional center employees, including recognized labor organizations, service providers, and other interested parties. Please include in your plan of correction how you incorporated feedback from all required stakeholders.

We encourage you to review your process for determining service coordinator caseload assignments to assist in meeting the required caseload ratios and in developing your plan of correction.

Please email your plan of correction within 60 days from the date of this letter to:

Email: OCO@dds.ca.gov

The Department is available to provide technical assistance with the development of your plan of correction. If you have questions, please contact Danielle Hurley, Research Data Specialist I, Office of Community Operations, at (916) 654-3228, or by email, at danielle.hurley@dds.ca.gov.

Sincerely,

Original signed by:

ERNIE CRUZ
Assistant Deputy Director
Office of Community Operations

cc: Margaret Heinz, Valley Mountain Regional Center, Inc.
Amy Westling, Association of Regional Center Agencies
Brian Winfield, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Services
LeeAnn Christian, Department of Developmental Services
Rapone Anderson, Department of Developmental Services
Erin Paulsen Brady, Department of Developmental Services
Danielle Hurley, Department of Developmental Services

DDS Letter. . .

- ▶ a plan of correction is required since VMRC failed to maintain the required service coordinator caseload ratios for two consecutive reporting periods.
- ▶ The plan of correction must be developed following input from the state council, local organizations representing consumers, family members, regional center employees, including recognized labor organizations, service providers, and other interested parties.
- ▶ With the plan of correction, please describe how input was incorporated from interested parties.

VMRC Met and Unmet Compliance for Caseload Ratios

- ▶ **Out of compliance** for consumers enrolled on the Home and Community-Based Services Waiver over ratio by 11 consumers (The state average is the same as VMRC);
- ▶ **Met compliance** for consumers under the age of three in the early Start program (state average is better than required with a ration of 1:58).
- ▶ **Met compliance** for consumers who may moved from institutional care settings over 2 years ago by 11 consumers.
- ▶ Two of the seven categories are not applicable because we don't have consumers in the categories. VMRC has a low number of formally institutionalized consumers.
- ▶ **Out of compliance** for consumers not enrolled on the Home and Community-Based Services Waiver by 15 consumers (The state average is one less than VMRC);
- ▶ **Out of compliance** for consumers with complex behavioral and forensic needs VMRC is reportedly one staff member short of compliance.

Systemic in Nature

- ▶ As reported in previous years the problem is systemic as the Valley Mountain Regional Center, and our sister regional centers, have inadequate funding to offer a competitive wage to recruit and retain sufficient numbers of Service Coordinators to comply with case load average ratios.
- ▶ Since 2017 we have increased the wages for our service coordinators by over 6% to try and maintain competitive with local similar positions.
- ▶ We now start our service coordinators at \$42,212 and their top salary is at \$59,400.67 - this is still lower than the regional equivalent and lower than some other regional centers.
- ▶ Our starting salaries are \$2450 (annually) less than the equivalent county positions though our experienced salaries are more competitive.

Recruitment Campaigns

- ▶ As of the date of the report, March 2021, VMRC employed 273 service coordinators which is 32 more than the same date a year ago.
- ▶ 72% of our entire workforce are service coordinators and over the past year we have had a net reduction in management positions and costs through restructuring.
- ▶ This year in our growth allocation part of our budget we will hire 13 additional case carrying staff.
- ▶ The DDS budget will provide for an amendment soon to VMRC that will enable us to hire potentially 14-17 specialized case carrying staff - these are not for full caseloads.
- ▶ However, given our growth rate (we've added over 1000 consumers from March 2019 to March 2021 and the current intake activity has rebounded) we anticipate the additional staff may not have much of an impact on our ratio problem.
- ▶ We promote a diverse staff (except gender with 83% identified as female) and a robust work at home practice.

Past Recruitment Campaigns

- ▶ In 2017 VMRC employed 319 people and as of today we employ 375 and we had hoped to hire 17 more but we ran out of money. We now have just enough funds to cover our employees we currently have for the year.
- ▶ In 2018 we completed our two year expansion hiring campaign culminating in the hiring of 25 more case managers.
- ▶ In 2019 we added five case managers and 1200 new consumers
- ▶ In 2020 VMRC hired 20 more case managers and backfilled 17 case managers and added a new team.
- ▶ Every month we report on the caseload status to our Finance and Personnel Committee.
- ▶ This issue is also discussed at VMRC Board meetings and reported at several community meetings with parents, vendors and advocates.

Our Hiring Outcomes

- ▶ This year the DDS budget includes a significant effort to increase staff that will begin to provide some relief as well as to address various specialized needs such as:
 - ▶ (1) Self-Determination workload,
 - ▶ (2) Enhanced smaller caseloads for monolingual consumers and families,
 - ▶ (3) additional staff to provide case management to children who are now "provisionally" eligible for VMRC,
 - ▶ (4) other special projects that help consumers and provide more tools for service coordinators.
- ▶ The DDS Budget also includes language promising a major funding commitment to hiring service coordinators and supervisors for more teams.
- ▶ If the promise is realized VMRC estimates at least 50 new service coordinators over the period of 2022-2024 budget years.

Our Hiring Outcomes

- ▶ Our plan is to continue our recruiting efforts to fill backfill vacancies as fast as possible to reduce the burden on case managers who must cover for uncovered caseloads.
- ▶ If growth trends continue to be met with budget allocations, we will continue to increase hiring service coordinators.
- ▶ Continue to identify time saving tools for Service Coordinators to meet increasing expectations (tools, technology and other resources for telecommuting to reduce travel and other non-direct activities).

Our Hiring Outcomes

- ▶ Provide training and consistent policy oversight to assure they have the tools and inspiration necessary to be productive, happy, and efficient in their case management duties.
- ▶ Provide supports to minimize the non-case management core functions (quality assurance, provider development, communications to inform their consumers of resources and events, and remove as many administrative functions as we can).
- ▶ Maintaining and developing software solutions that can assist Service Coordinators in doing their work.
- ▶ We will also continue to solicit ideas from the community to improve our recruitment and employee retention efforts.
- ▶ The success of our plan will depend, in large part, on receiving sufficient funding from DDS to hire and keep our salaries and benefits competitive with other social services agencies in our area.

Other Factors Impacting the Ratios and Turnover

- ▶ It has been a constant struggle to not only recruit more Service Coordinators, but also to retain them. Our average tenure is down to 8.8 years (down from 9.2) and our turnover rate for the past year has increased to 9.8 % (down from 10.1%).
- ▶ Recently DDS expanded non-case management staffing resulting in oversight for Enhanced Behavioral Support Homes (BCBA), compliance and disclosures, forensics, family home agency oversight and development, foster care coordination, etc. but no new targeted funds for Case management
- ▶ In addition to the internal promotions, we have had some staff leaving for a variety of other reasons including:
 - ▶ Personal reasons seems to be number 1 which can mean anything.
 - ▶ Too much stress, over worked and behind in case loads with a feeling they can't get caught up
 - ▶ Education
 - ▶ New opportunities,
 - ▶ Retirement,
 - ▶ The need for a better paying jobs and the need to find a job with less pressure and rigid documentation timelines.
 - ▶ Overwhelming workload
 - ▶ Pay (other opportunities are paying more)
 - ▶ Upper management not understanding workloads

Public Input . .

- ▶ As a vendor, it is difficult keeping good communication with VMRC because the caseloads are constantly changing. In the past, we would send over a list of our consumers to get updated but in the last few years, we don't know until new SC contacts us or we contact main office. This is very disruptive to our consumer's services.
- ▶ case worker does not follow protocol placed client in home with no supervision and client receives \$150.00 a month for doing nothing appalled at program
- ▶ The larger caseloads for Service Coordinators make it difficult for timely collaboration with vendors and coordination of services.
- ▶ Our office hears from families that they are not in contact with their case manager, or they do not know who their case manager is or the case manager is too busy to help them.

Public Input . .

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- ▶ I hardly hear from the case manager and I need aba training for my daughter and i am having difficulty finding respite care and I need help with something I can push my daughter in when I have to take her to school walking and walking to pick her up.
- ▶ They are doing a great job.
- ▶ We have great communication with our case manager, and he always responds within 24 hours.. awesome job!!
- ▶ They have been amazing. They have helped my son learn and helped myself with finding resources to learn and progress
- ▶ During the Pandemic, the increased larger caseload has not been as impactful as I have not had to drive to the meetings. Once in person IPP meetings are needed again. These larger case #'s will be overwhelming.
- ▶ with a heavy caseload you're overwhelmed, stressed out, and we are constantly receiving emails, and voicemails.
- ▶ Less contact

Public Input . .

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- ▶ I love my caseworker she is awesome she's been nothing but nice and helpful and she's checked up on me this whole entire covid situation we've stayed in touch the whole entire time she is a really cool case worker I like having Jennifer Green Street as my vmrc worker I wouldn't ask for any other case worker
- ▶ Adam's caseworker is an amazing person who supports our family. If VMRC doesn't take care of their employees then the turn around rate will be high. Please treat your employees well so that they can in turn take care of their most vulnerable clients who need them.
- ▶ I really haven't heard much from any case management.
- ▶ Very helpful and understanding.
- ▶ I am a client of regional center. Case Manager overworked and unable to respond in a timely manner.

Public Input . .

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- ▶ Case Management is overloaded with responsibilities. It was challenging enough to stay caught up before the pandemic. The pandemic set us back even further with all the additional tasks required. We just can't catch a break. Some of us are also covering another caseload.
- ▶ I have not been impacted by the larger caseload and honestly would never had guessed that it could be an issue.
- ▶ My case manager, Tracy Vaughn, is always extremely prompt at returning my calls or emails and I have always been treated with patience and courtesy and I even have felt as though Tracy has gone above and beyond to help us.
- ▶ Anytime I've reached out to her about any issue that comes about she is very quick to provide options to help and the options have all ended up being very helpful and she makes sure we are taken care.
- ▶ No complaints at all with the service I receive with my case worker.

Public Input . .

- ▶ Thanks for asking! :) I've been working here over 5 years, and my caseload has for the most part been around 80-85+. I'm grateful to have work, and to get paid a wage that supports my wife and kids, thank you! Here are the effects i've noticed from the high caseload:
- ▶ 1. When a disaster or emergency occurs that effects more than a household or two it's impossible to keep up and get ahead in order to be appropriately reactive and even proactive.
- ▶ 2. The completion/accuracy of CDER's, POS', IPP's, ARS', etc are less thorough and are skimmed through rather than taking the time to complete well.
- ▶ 3. I don't have time to enter my T19's as required.
- ▶ 4. My effectiveness to consider med waiver appropriateness and required wording on IPP/ARS is diminished.
- ▶ 5. I have to force myself to offer a service even though I'm thinking of all the additional work it will add.
- ▶ 6. I fill out forms/reports too quickly and have them returned by my PM for corrections. Just adding to the time it takes to complete.
- ▶ 7. ICC families become a huge burden. 4+ hour meetings and the steamrolled feeling afterward leave a larger emotional toll on not just the SC, but clearly on the PM as well (this effects the entire team).
- ▶ 8. Trainings outside and internal are more difficult to schedule in.



Public Input . .

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- ▶ think overall, I would give an analogy like this. What kind of care would expect from your doctor when you see them?
- ▶ For me, I hope they would give me their best, my life is important to me and I hope he/she would take that into consideration.
- ▶ But what kind of care could i expect to get if he realistically could only meet with me 15 minutes (because he is overbooked) instead of the 30 minutes i was supposed to get with him when i scheduled the appointment?
- ▶ Will he be thorough if i tell him i've been falling a lot lately and feeling dizzy? Will he skip ordering the appropriate lab work, or parts of his physical examination, or referring for an MRI because all that takes time, and might spill over into his next appointment?
- ▶ I think so, and the same applies to us when we can't give our families and consumers the time/services they deserve.



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Public Input . .

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- ▶ The consumers themselves are not getting the high quality of service because SC's are in the rush to get to the next meeting and the massive paperwork that needs to be completed. As a SC, the feelings of anxiety, panic attacks, urgency, frustration is daily due to the high caseload.
- ▶ all the service coordinator's that we work with get back to us in a timely manner and spend the needed about of time via zoom or phone with our consumers as needed.
- ▶ We have a great sc
- ▶ I think my case worker did very well and I did not feel like it impacted me or my child
- ▶ They are doing their best but they're overloaded. Difficult for them to be proactively person centered when simply trying to keep up (especially since COVIDs constantly changing landscape).

Ideas . . .

- ▶ Allow your receptionists to help us update our lists. Or at least have someone contact consumers that there has been a change, however temporary, in their SC. In the past, we have received numerous letters letting us know of a change. That was nice.
- ▶ review the home care facilities and make sure they are in the clients best interest
- ▶ Communicating concrete steps for new group home vendors and other services to address the needs of clients.
- ▶ Continue the effort of hiring and training case managers- but this has been a problem for all regional centers for many years and therefore might need legislative intervention and/or budget increases to sustain caseload ratios.

Ideas . . .

- ▶ 1. Atticus mobile isn't helping and we've been trying to make it work for far too long.
- ▶ 2. Hire staff for specific SC related duties.
 - ▶ a. EJ and maybe another staff should complete DOR referrals. This is so huge an area to increase satisfaction, joy, and independence in the life of our consumers. But these referrals can slip through the cracks because they take a good deal of time for SCs to complete.
 - ▶ b. Telepsych appointments take a huge toll. Designate a staff or two to free SC's from attending these appointments and the endless emails we get about them.
 - ▶ c. ICC consumers are extremely difficult cases to manage for BOTH SC and the PM. They are so aggressive, but the majority of our SC's, and based on what i hear, managers, cannot stand well under the pressure they dish out. We need a support staff or SC team who are more equipped for handling the complexity and attitude of these cases. The cultural specialist should be included in these meetings but she isn't the solution i'm referring too.
- ▶ 3. Simplify internal referral processes/forms. So many of them designate a lot of the work to the SC. Some of the questions and forms are redundant, unnecessary, or confusing. That's a pretty good starting list. Again so glad to have this job, and so thankful you care enough to send this survey out to us. I hope it helps :)

Ideas . . .

- ▶ It sounds like we are already trying to hire more staff so that our caseload ratios even out; however, we need to figure out a way to decrease the turnover rate specifically for Early Start SCs. If/when any SC on any team is carrying a larger caseload than expected, some compensation would be beneficial.
- ▶ Lower the caseload. Give higher pay to the SC which will motivate them more instead of giving up. Please Note: Higher pay will not get rid of the high stress, anxiety, panic attacks and frustration.
- ▶ not a recommendation just something I find odd, is the difference between regional centers. For some reason I always thought they all worked under the same guidelines. I think you all are doing a good job deal with this pandemic.
- ▶ Keep fighting for funding to 1) decrease caseload numbers and 2) keep up with new people coming into system. Recognize them, publicly, for their efforts in ways that are meaningful to THEM. (Ask them :-)



Our Plan for Correction . . .

- ▶ Our plan is to continue our recruiting efforts to fill backfill vacancies as fast as possible to reduce the burden on case managers who have to cover for uncovered caseloads.
- ▶ Continue to identify time saving tools for Service Coordinators to meet increasing expectations (resource for telecommuting to reduce travel and other non-direct activities).
- ▶ Provide training and consistent policy oversight to assure they have the tools and inspiration necessary to be productive, happy, and efficient in their case management duties.
- ▶ Continue to provide supports to minimize the non-case management core functions (quality assurance, provider development, communications to inform their consumers of resources and events, and remove as many administrative functions as we can).
- ▶ The VMRC IT Department is looking at several software programs that can assist Service Coordinators in doing their work.
- ▶ We will also continue to solicit ideas from the community to improve our recruitment and employee retention efforts.
- ▶ The success of our plan will depend, in large part, on receiving sufficient funding from the DDS to keep our salaries and benefits competitive with other social services agencies in our area.

Public Input . . .



What Do Think?



Any other ideas besides increasing funding?



What's your experience with high caseloads.