

**Responses to Placer County's Questions
May 13, 2011**

Questions:

Placer County is currently comparing their case management case loads with other counties and they would like to know the following:

What is your average case load per case manager (non FSP)?

Do you have a case load of meds only clients that receive case management? If so what is the case load for meds only receiving case management?

Responses:

Placer County – Bill Thomas (wthomas@placer.ca.gov)

Question #1 – What is the average case load per Service Coordinator, (non-FSP)

Answer – It depends what teams you include and do not include. Just looking at the Outpatient clinic in general and only including my team, the average is 34 for the Intensive cases. If you add in the Non-Intensive cases for which the entire team is responsible, it is 66.

Question #2 – Do you have a case load of meds only cases that receive case management?

Answer – Yes. When Meds Only cases call into the clinic, the Service Coordinators are obligated to handle those phone calls. We are also responsible to complete Triennial Biopsychosocial assessments and annual Meds Only Authorizations. We cannot bill for those services, however.

There are 192 Meds Only cases assigned to the Meds Only team.

Alameda County – Michael Lisman (mlisman@acbhs.org)

I understand that you are looking for information regarding average case loads for intensive case management teams. Alameda County has 17 Service Teams that are at a level of intensive case management. These are non-FSP/ACT Teams. Each case manager is providing services for an average of 31 consumers.

We have some teams with meds only clients who receive services from a psychiatrist only. These clients do not have a case manager providing services. They are not counted in the average case load numbers per team. There may be other clients on teams that are receiving meds mostly services with some case management services; however those clients aren't separated out from any other case managed clients on those teams to come up with our totals and average numbers. The case managers must perform the initial assessment and treatment plan for each of those clients the same as any other client they are serving; as well as performing six month reviews and updates to each treatment plan. In addition, in order to be counted as a client on that team's case load, the client needs to be seen not less than once every ninety days.

I hope this is helpful. If you have any questions about this information, feel free to email or call me.

Sierra County – April Waldo (awaldo@sierracounty.ws)

I have found out this information about case loads for Sierra County, although I am not sure how helpful it will be to Lynn as Sierra is so small!!! Please let me know if you have any questions or need any other information.

What is your average case load per case manager (non FSP)? **Average case load of 20... seen mostly on an as needed basis.**

Do you have a case load of meds only clients that receive case management? If so what is the case load for meds only receiving case management? **Case load of three for medications only.**

Calaveras County – Brock Kolby (bkolby@co.calaveras.ca.us)

At Calaveras Co. BHS, the case managers primarily focus on FSP clients and high-needs ASOC clients for a caseload of about 1:20 with 3-5 of those being FSP's. For med. only clients, we do not provide ongoing case management except 1-2x as needed by the doctor or occasionally as requested by a therapist. Sometimes, that work is done by the walk-in worker of the day. In the last 2 years, we have been trying to refer clients to Clubhouse and drop-in day services, as well as NAMI socialization program, for their social supports.

Sacramento County – Rod Kennedy (kennedyr@saccounty.net)

What is your average case load per case manager (non FSP)? **The caseloads for our outpatient, level 2 providers is between 1-65 – 1-75, each provider is serving 900 clients, of those 900 we expect that at any given time their may be 100 level 3 intensity and give them 1-25 for that.**

Do you have a case load of meds only clients that receive case management? If so what is the case load for meds only receiving case management? **At this time we do not have any meds only, prior to the drastic reduction in July of 10 we were allowing providers to have meds only at 1-200 per case manager. And at 1800 clients I think we had around 600 meds only. During the transition it was expected that they transfer to an FQHC or any provider who would accept any meds only. Of course that did not completely happened for a number of reasons, so I am reconsidering the service member size.**

The County Operated clinics are not at all in this range but there are to many variables in our system to make a reasonable comparison.

Riverside County – Steve Steinberg (ssteinberg@rcmhd.org)

Riverside County has no traditional case managers in our outpatient programs. We have some "specialized" case management services for people on our Payee program or those living in Board and Cares. Our caseloads would not translate very well for the questions that Lynn is asking. I know this is probably not all that helpful, but it is what I got!

Fresno County – Susan Holt (sholt@co.fresno.ca.us)

At this time for Fresno County Adult System of Care the average caseload size is 52.

We do not have a caseload of meds only clients who are also receiving case management. If a person is on a meds only caseload, they are only receiving psychiatry services. If a need for case management is identified, the consumer is moved to the caseload of a case manager.