Bernalillo County Behavioral Health Initiative Peer Case Management Process Evaluation: Report in Brief

June 2021

Prepared for: Bernalillo County Department of Behavioral Health Services
Prepared by: Alexander Severson, Ph.D.

In this Brief: This brief summarizes the results of a process evaluation of two behavioral health providers'- Centro Sávila and Crossroads for Women - peer case management programs, discussing model fidelity, case management services provided, and program reach.

Highlights:

- 604 clients received 1,253 hours of PCM services from July 2019 - April 2021.
- Clients who received services of any duration typically received 60 minutes of case management.
- The median duration of case management meetings was 42.2 minutes, and the median number of total meetings with case managers was 1.5.
- 50.3% of clients met with their case managers more than one time.
- Performance measure reports and interviews indicate staff-to-client ratios in range of ICM recommendations, though there is month-to-month variability in caseloads.
- The use of screening tools by both programs was sporadic.

(Continued on Page 2)

Background

In 2019, the DBHS contracted with two community-based behavioral health providers – Centro Sávila and Crossroads for Women – to provide peer case management (PCM) interventions to individuals in Bernalillo County with co-occurring mental health and substance abuse diagnoses. The goal of PCM is to link clients to social services through relatable peers instead of licensed clinicians or behavioral health professionals. The evidence-base is mixed but suggests peer case managers are either equivalently effective or, in some cases, more effective than traditional behavioral health professionals at improving clients' behavioral health outcomes (Bellamy, Schmutte, and Davidson 2017).

Both providers offered case management by peers with a focus on small case manager-client loads (ICM) and Motivational Interviewing, the construction of service plans, employment and education support, and the provision of more general behavioral health services. Programs differed in the target populations served, referral streams, case management styles, program incentive structures, and existing organizational capacities.

The purpose of the process evaluation was to assess (1) fidelity (i.e., degree of correspondence between the program-in-theory and program-in-practice), (2) dose (i.e., how frequently clients utilize PCM services), and (3) reach (i.e., whether the programs serve their intended population).

This RIB summarizes the full report and references data from monthly performance measures, staff interviews, quarterly client -satisfaction surveys, and client-level data. We review findings across both providers and then examine each provider's PCM program individually. We conclude by summarizing key findings and limitations of the process evaluation and provide recommendations for data collection.

Service Provision

604 clients received 1,253 hours of PCM services from July 2019 - April 2021. Clients who received case management services of any duration typically received 60 total minutes of case management with typical meetings of 42 minutes. 50.3% of clients met with their case managers more than once. 62.2% of clients who completed SDOH assessments identified income/vocational needs and 59.5% identified housing needs. Older clients were more likely to have more case management contact and longer meeting durations. Per client satisfaction surveys, clients reported being satisfied with services. These results cannot be generalized due to the size and lack of representativeness of samples. Both programs experienced statistically significant short-term reductions in program enrollment and shifted case management delivery to primarily telephonic and virtual means because of the Covid-19 pandemic.

Staff Perceptions

Case managers reported a low-volume of clients (10.89 clients/week), perceived clients as similar (6.0 on 7-point scale), and were satisfied with the quality of their client-relationships (6.22 on 7-point scale). Case managers identified two primary barriers to working with their clients: client attrition and transportation. Table 1 presents results for overall staff perceptions of workplace satisfaction (7-point scale), role change, certification usefulness (7-point scale), quality of PCM-staff relations (7-point scale), and professional fulfillment (4-point scale).

Table 1. Work Environment Variables

Workplace Variables	*N*	*Mean*
Work Satisfaction	13	5.15
Role Change	13	0.76
Certification Use	10	6.4
PCM-Staff Relations	14	5.43
PFI	13	2.97

Centro Sávila's PCM Program

(Continued from Page 1)

- A majority of clients in both programs had unmet needs of housing and vocational/income support.
- Clients who were older were significantly more likely to use case management services but there is variation across providers in client use profiles.
- Both programs experienced short-term reductions in enrollment due to Covid-19 (see Figure 1 and Figure 2).
- Both providers shifted to primarily telephonic delivery of case management services after March 2020.
- It is unclear whether the programmatic shifts to telephonic and virtual case management are in tension with the underlying theoretical logic of ICM.
- Average levels of workplace satisfaction were high ($\bar{x}$ = 5.15 on 7-point scale) and perceptions of case management - staff relations were positive ($\bar{x}$ = 5.43 on 7-point scale).
- 76% (N = 10) of employees reported experiencing role change since starting their position.

Program Description

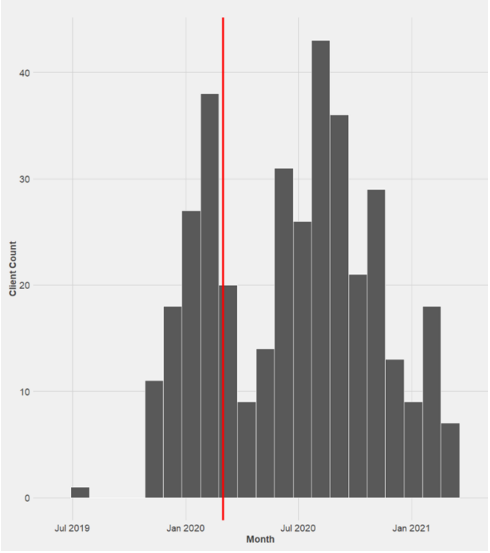
Centro Sávila's PCM program offers intensive and strengths-based peer case management with adjunct counselling services to high-risk individuals with co-occurring mental health illnesses and substance use disorders in Bernalillo County. Centro Sávila's approach to PCM emphasizes the development of individualized treatment plans, the provision of case management services emphasizing ICM and MI practices, and the provision of employment and education support. Centro Sávila provided PCM services primarily out of their Main Campus and the Westside Emergency Housing Center (WEHC).

Scope of Service Delivery

478 clients received 1,109 hours of case management services at Centro Sávila with roughly a third of referrals coming from the WEHC location. A majority of Centro Sávila's PCM client base was male (51.3%), and pluralities of Centro Sávila's PCM client base identified as "Other Race" (40.3%) and were between the ages of 45-64 (41.8%).

22.2% of PCM clients completed the WellRx SDOH Questionnaire. The typical client who completed the WellRx identified an average of 4.10 (of 11) unmet needs. The three most commonly identified unmet needs were income assistance (61%), housing (56%), and transportation (43%). The C-SSR was only administered to 2.7% of clients. It is unclear whether these needs typify the needs of the broader client-base. Table 2 reports descriptive statistics of case management dosage at Centro.

Figure 1. Centro Sávila Client Enrollment Levels



Centro Sávila did not report case management service data for WEHC clients. Of the remaining 374 clients who had at least one case management meeting scheduled, 74.1% of clients met with case managers no more than one time. Of the 303 clients who had contact with case managers of any duration (i.e., phone calls or in-person meetings), the median length of contact was 71.3 minutes per contact. Clients who had unmet needs in utilities, childcare, income, education, and emergency room usage were significantly more likely to have higher levels of contact with case managers than clients without such needs. Conversely, clients who indicated having unmet needs in employment, substance use, and safety were more likely to have significantly fewer contacts with case managers than clients without such needs.

METHODOLOGY

We used mixed-methods to assess program implementation including a review of program materials, client-level service data, client satisfaction surveys, and staff interviews. We obtained Human Subjects approval from the University of New Mexico Main Campus Institutional Review Board (IRB).

Program Materials

We reviewed required performance measures to help understand how programs were monitored and being implemented. We reviewed provider contracts and process maps to help describe model fidelity.

Client Data

We received identified data for 604 adult clients. Client data included demographic, referral, intake, admission, service, and discharge information.

Client Satisfaction Surveys

We received data from three client satisfaction surveys from October 2019 - January 2021 which reviewed client satisfaction with services, client demographics, and barriers to service.

Staff Interviews

From January - March 2021, we conducted 15 staff and administrator interviews. We asked respondents about program goals, evidence-based practices, service delivery, aftercare, and workplace satisfaction.

Scope of Service Delivery (cont)

Table 2. Descriptive Statistics of Dosage (Centro)

Variable	*Mean*	*Median*	*N*
Minutes/Client	177.9	60	374
# Scheduled Meetings	2.7	1	374
# Attended Meetings	2.2	1	374
Minutes/Contact	71.3	60	303

Relative to clients who lived at private residences, clients who were homeless received, on average, 133.2 more minutes of case management. Similarly, clients with expressed childcare needs, income needs, and ER needs were significantly more likely to have longer case management sessions than clients without those needs. Clients who reported having unmet housing needs at the point of intake had, on average, 15% higher no-show rates for case management appointments than clients reporting not having unmet housing needs. Conversely, clients with expressed substance use and safety needs were significantly more likely to have shorter case management sessions than clients without those needs. Of non-case management referrals identified in the data, public benefits enrollment (43.1%; N = 22) and outpatient services (27.4%; N = 14) were the primary services clients were referred out to.

Performance Measure Data

The provider did not provide a breakdown of performance measure data for clients at WEHC in Year 2 of the program's existence. The narrative portion of the performance measure report allowed providers to identify barriers to service delivery. Some examples included: challenges of clients at the WEHC location, friction with partnering agencies, limited ability to collect paperwork post-Covid 19, limited ability for clients to access resources at other agencies due to Covid-19, and difficulties acquiring case management certifications.

Client Satisfaction

We received aggregate data from Centro Sávila for one client satisfaction survey conducted in October 2020 (N = 33). A plurality of respondents (42.4%) indicated accessing services for between six months to a year. Most respondents indicated meeting with their counselors once a week (56.3%). Respondents also provided open-ended answers explaining why they might not have been able to attend a scheduled appointment with a counselor. The most common explanations offered for non-attendance of scheduled appointments included job responsibilities and family commitments.

A majority of respondents indicated that they felt much better since their first visit (81.3%), and all respondents (100%) indicated that they were satisfied with the services they had received. 19% of respondents reported receiving mental health services outside of Centro Sávila. Only 9% of respondents indicated having health insurance.

However, self-selection bias and small survey sample size likely limit how applicable these findings are to Centro Sávila 's broader client base. No clients from the WEHC location were included in the survey. Additionally, there was an overrepresentation of female respondents in the sample (90.6%) relative to the sex distribution of all Centro Sávila clients identified in the client-level data

Interview Data

We conducted 10 interviews with staff at Centro Sávila. Table 3 reviews facilitators and impediments to case management service delivery.

Table 3. Factors Influencing Service Delivery

Facilitator	*Impediment*
Consensus on the adequacy of referral sources.	Most identified issues with client retention.
Consensus on program purpose and goal.	Staff had slightly positive levels of workplace satisfaction.
Most agreed on common measures of program success.	Some noted de-emphasis on peerness in case management.
High perceptions of client similarity and satisfaction with client relationships.	Most indicated issues contacting clients.
High capacity for trust-building and use of self-disclosure with clients.	Most noted frustration with frequent EMR-Bear changes.
Some staff indicated that the new intake teams increased work efficiency.	Some frustrated with perceived hopelessness of housing access.
Staff perceived training to be effective and helpful.	Some frustrated by lack of certifications.
High levels of staff professional fulfillment.	Some concerned about working remotely.
Staff satisfied with frequency of staff meetings.	Some concerned about newer hires.
Staff agreed that provider facilitated work at home.	Some case managers dissatisfied with new roles.
Some staff indicated recent hires increased accountability.	Most identified multiple issues at WEHC location.

Crossroads for Women (CRFW)'s POPPS Program

Program Description

CRFW's Peer on Peer Supportive Services (POPSS) aftercare program deploys a matrix of peer case management, therapeutic groups, social events, and community-building activities among dual-diagnosis clients who previously completed any CRFW housing program. CRFW relies on internal referral streams from CRFW or from their existing transitional housing programs: Maya's Place and The Pavilions. The POPPS program offers intensive case management services, monthly check-ins with peer support specialists, monthly alumni group meetings, vocational support services, access to therapeutic groups located at CRFW community building, and access to the CRFW Incentives Program which included service-plan related incentives for need-based items which clients could access if they attended a certain number of case management meetings or groups.

Scope of Service Delivery

127 clients received 144 hours of case management services at CRFW with roughly equal numbers of referrals internally (35.4%) as there were from Maya's Place (29.9%) and The Pavilions (34.6%). 100% of CRFW's client base was female, and a majority identified as Hispanic/Latino (56.2%) and were in the 25-44 age bracket (65.4%).

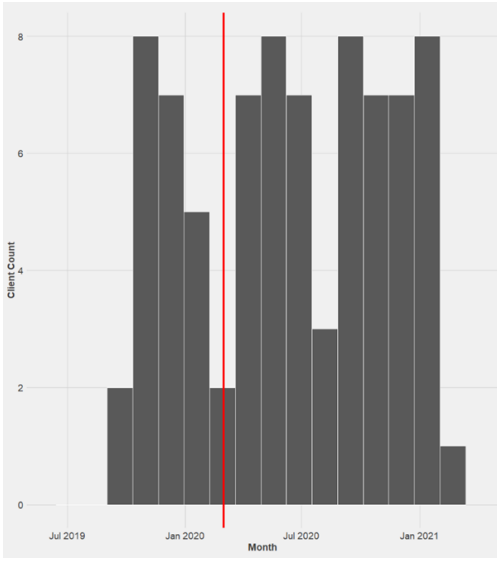
POPPS Screening Tool data was reported for 82 of the 127 (64.6%) clients who completed the intake process. 25.6% (21) of the 82 clients who completed the POPPS Screening tool completed it a second time. The primary unmet needs identified by clients on the POPPS screening tool were: substance use (86.6%;), vocational needs (63.4%), and housing needs (61%). The three most common needs identified in clients' initial service plans related to: (1) education (28.1%), housing (26.6%), and job security (25.0%). It is unclear whether these needs typify the needs of the broader client-base. CRFW only formally discharged 2.4% clients from their program. Because the program is aftercare-centric, most clients (97.6%) remained enrolled at the end of the data collection period on April 21, 2021. Table 4 reports descriptive statistics of case management dosage at CRFW. Table 5 reports the type of case management contact of all case management contacts at CRFW.

Table 4. Descriptive Statistics of Dosage (CRFW)

Variable	*Mean*	*Median*	*N*
Minutes/Client	125.4	60	69
Minutes/Contact	27.0	24.4	1953
F2F Meetings/Client	4.3	2.0	126

54.3% of clients logged more than 0 minutes of interactions with their case managers whereas 45.7% of clients only interacted with their case manager through text messages or mail.

Figure 2. CRFW Client Enrollment Levels



Of the 54.3% of clients who had contact with case managers of any non-zero duration (i.e., phone calls or in-person meetings), the median client received an average of 60 minutes of case management services. Of the this subset of clients who had contact with case managers of any duration (i.e., phone calls or in-person meetings), the median length of contact was 24.4 minutes/contact. 42.3% of case manager contacts with clients were face-to-face. The typical client logged a median of 2 face-to-face interactions with their case managers.

Table 5. Type of Case Management Contacts (CRFW)

Contact Type	*Count*	*Percent*
In-Person	827	42.3%
Phone Call	995	50.9%
Text	96	4.9%
Other	35	1.8%
Total	1,953	100%

Case managers were significantly more likely to meet for longer durations with older clients relative to younger clients and with divorced clients relative to never married clients. Specifically, all else equal, an additional decade of client age predicted an additional 64 minutes of case management received. All else equal, divorced clients received 102 fewer minutes of case management services relative to never married clients. A plurality of external referrals (47.1%) were for vocational services and 40.3% were for housing services.

Performance Measure Data

The narrative portion of the performance measure reports allowed providers to identify barriers to service delivery. Some examples identified by CRFW included: seasonal shifts in clients' use of services and corresponding relapse-risk, barriers engaging with the client population, specifically the frequency with which clients' addresses changed and the frequency with which clients' phone numbers changed which resulted in out-of-date contact information, and some growing pains associated with transitioning from in-person case management to virtual and telephonic case management.

Client Satisfaction Surveys

We received data from CRFW for two client satisfaction survey waves: one conducted using the survey platform SurveyMonkey in October 2019 (N = 52) and one conducted using the SurveyMonkey platform in January 2021 (N = 51). CRFW distributed their client satisfaction surveys through their Facebook group and by text.

In the October 2019 wave, a majority 82.7% (N = 43) of respondents indicated accessing services for over six months. On average, of the listed services, majorities of respondents used case management services (90%) and Facebook groups (65%). Large majorities of respondents reported mental health stability (90%) and substance use recovery (98%) and indicated that they felt their needs were met (98.1%). Most respondents (98%) indicated they felt they would continue making use of POPPS services in the future. Most respondents indicated that food boxes, gas cards, and bus passes were particularly helpful to them.

In the January 2021 wave, 61% of respondents indicated accessing services for over 6 months. On average, of the listed services, respondents accessed 2.7 services with the most common service utilized being case management services (77%).

Large majorities of respondents reported mental health stability (92%) and substance use recovery (94%) and indicated that they felt their needs were met by the POPPS program (96.2%). Respondents also were able to enter comments and suggestions for POPPS program staff. As with the October 2019 wave, a large majority of respondents indicated favorable attitudes toward services they were receiving. When clients did note areas where the POPPS program could be improved, the typical comment related to a client desiring more contact from their case managers. No respondent demographic information was collected across either survey wave.

Interview Data

We conducted 5 interviews with staff at CRFW. Table 6 reviews facilitators and impediments to case management service delivery.

Table 6. Factors Influencing Service Delivery

Facilitator	*Impediment*
Consensus on work environment being supportive and non-hierarchical.	Some expressed concerns about small staffing and caseloads.
Consensus on program purpose and goals.	Some staff noted low levels of intensiveness in case management.
Most agreed on common measures of program success.	Some noted services were more similar to peer drop-in center due to infrequent client contact.
Staff had positive levels of overall workplace satisfaction .	Some noted difficulties working with the client population (i.e., limited housing; ID issues).
High perceptions of client similarity and satisfaction with client relationships among case managers.	Some noted Covid-19 made it hard for clients to sustain housing gains.
High capacity for trust-building and use of self-disclosure with clients.	Some indicated supply-demand imbalances for clients using the incentive program.
Staff perceived training to be effective and helpful.	--
High levels of staff professional fulfillment.	--

Discussion

After approximately two years of program development, a total of 604 clients received over 1,250 hours of peer case management services while enrolled in both Centro Sávila's and CRFW's PCM programs. In general, there are elements of both programs' implementation which are consistent with ICM best practices (i.e., average caseloads for case managers are typically under 15 active caseloads per case manager; service delivery, before Covid-19, featured more streets-based service provision) and PCM best practices (i.e., peerness perceptions are high among case managers; peers generally perceive supportive work environments; peers have the capacity to receive state peer support certifications and are generally supported by their providers in doing so).

However, there are other elements of program implementation which fall short of these standards (i.e., the frequency and intensity of case management contact is low; service-delivery post-Covid-19 was mostly telephonic; the distinction between peer case management and other related interventions is unclear at times; both providers identified transportation barriers to working with their client bases). Further, limitations to data collection and gathering (i.e., high levels of assessment data missingness and re-administration; gaps in more extensive data collection for clients at the WEHC; limitations to the interpretability of client satisfaction surveys) – paired with the unique and unprecedented disruption to service-delivery of Covid-19 mid-intervention – present considerable challenges to evaluation going forward.

For instance, both programs incorporate elements of other behavioral health interventions in addition to peer case management into their programming which makes it hard to assess the independent effect of peer case management - versus the other incorporated interventions - on outcomes in the absence of a pure control group. The conceptual distinction between the two programs' case management services and other models of case management is ambiguous, at times, given the target population served out of the WEHC location and for the POPPS program which make these programs resemble Critical Time Interventions. The absence of data on variables which predict behavioral health outcomes (i.e., demographics, residential status, employment status) – both at intake and throughout program progression – limits our ability to explore how program participation and other client characteristics influence outcomes. Further, a number of key assumptions underlying common outcome evaluation research designs are violated because of the Covid-19 pandemic.

Both providers identified low levels of consistent client participation as problematic. While low levels of client engagement are not unique to these providers and while the low level of engagement may reflect the unique profile of clients' short term behavioral health needs, we want to flag that low service usage rates are at odds with the ICM models' emphasis on high frequency, high-intensity contact between case managers and their clients, make both programs somewhat indistinguishable from other case management models at times (i.e., CIT), and risks undermining program fidelity. Relatedly, the switch to primarily telephonic and telehealth style case management after Covid-19, while overcoming some traditional barriers to behavioral health service provision and while declining because of the recent relaxation to public health orders, risks excluding portions of the client base without reliable Internet access or consistent telephone services.

It is important to note that there are issues with the data - detailed more fully in the full report - which limit strong conclusions about program process (i.e., large patches of missingness in the data either by site or by assessment tool). However, in sum, the evidence from the process evaluation presents a mixed picture of program successes (i.e., high client satisfaction rates per satisfaction surveys; generally positive staff perceptions of work environments; high peerness perceptions) and limitations (i.e., common difficulties engaging the target population repeatedly; concerns about timing and frequency of scale administration, and the quality of data collection).

RECOMMENDATIONS

1. Performance measure reporting needs to be changed to address issues with client count ambiguity, aggregation, measures' unknown psychometric properties, inaccurate Excel formulas, demographic measures being reported at the provider-level and not program-level, and the omission of performance measures identified in the original provider contracts (i.e. number of staff trainings).
2. The full process evaluation details a number of strategies for increasing client appointment attendance rates (i.e., appointment reminders) and the intensiveness of both programs.
3. The full report provides recommendations to providers on (1) how case managers can deliver SDOH scales in a trauma-informed fashion and (2) HHS guidelines on when to administer and re-administer screening and assessment tools.
4. The lack of data on relevant variables (i.e., demographics, residential status, employment status) – particularly at intake but also throughout program progression – limits our ability to assess what effect program participation has on outcomes. We encourage providers to be more comprehensive in the data they collect at intake.