



CENTER FOR  
DEVELOPMENT  
& DISABILITY

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MEDICALLY FRAGILE CASE MANAGEMENT PROGRAM  
NEEDS ASSESSMENT

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NM LEND CAPSTONE PROJECT

# Agenda

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Background

Methodology

Preliminary Results

Next Steps

Questions



# Background

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**Goal:** Needs assessment of MFCMP

**Purpose:** Ask, “What do clients need and how can those needs be met?” (Patton, 1982 as cited in Donaldson & Franck, 2016)

**Expected outcome:**

- Address gaps in services
- Program planning and communication with key stakeholders
- Quality improvement/evaluation

\* Exempt from IRB rules as falls under quality improvement/evaluation to improve service by the program.

# Medically Fragile Case Management Program

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**Serves children and adults who have a:**

- Medically fragile condition

**and**

- Developmental disability (or at risk for DD)

**Provides nurse case management**

**Provides Medicaid**

- Family eligible financially  
or
- via the Medically Fragile Waiver





# Why an MFCMP needs assessment?

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## Vulnerability of the population

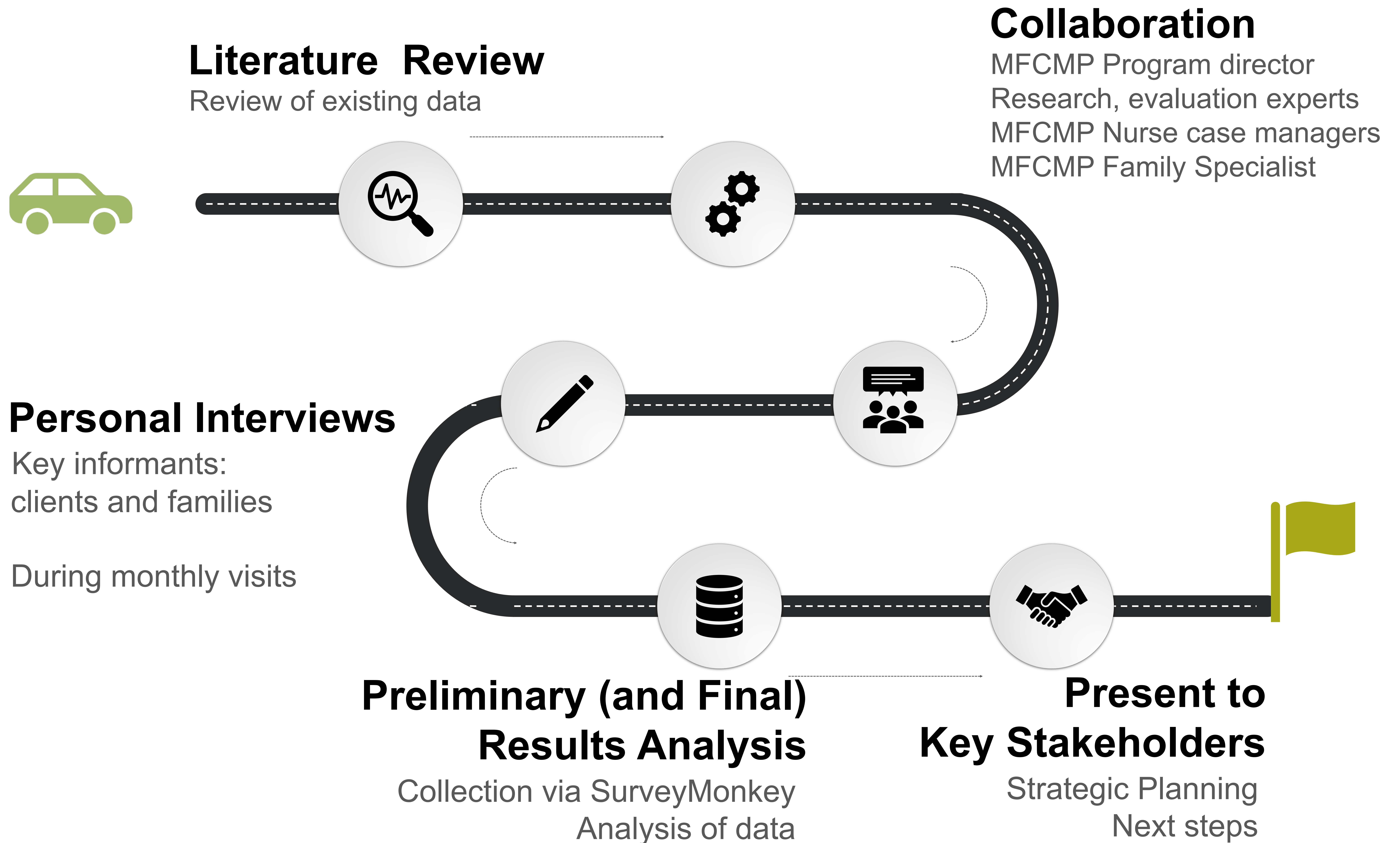
- Complex care needs
- Reliance on in-home and community supports and services
- Reliance on caregiver support through lifetime

## Impact of COVID-19

- Reduced access to, and loss of, much needed services

Aishworiya & Kang, 2020; Houtrow et al., 2020; Neece et al., 2020; Stratton et al., 2020, Wong et al., 2020

# Process Roadmap



# MFCMP Needs Assessment

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## Areas explored:

- In-home supports (nursing and home health aide)
- Respite support
- Home-based, virtual schooling
- Access to services and providers (i.e. WCC, acute illness visits, therapies)
- Any other helpful services



## Preliminary results

# MFCMP Needs Assessment

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As of April 16, 2021:

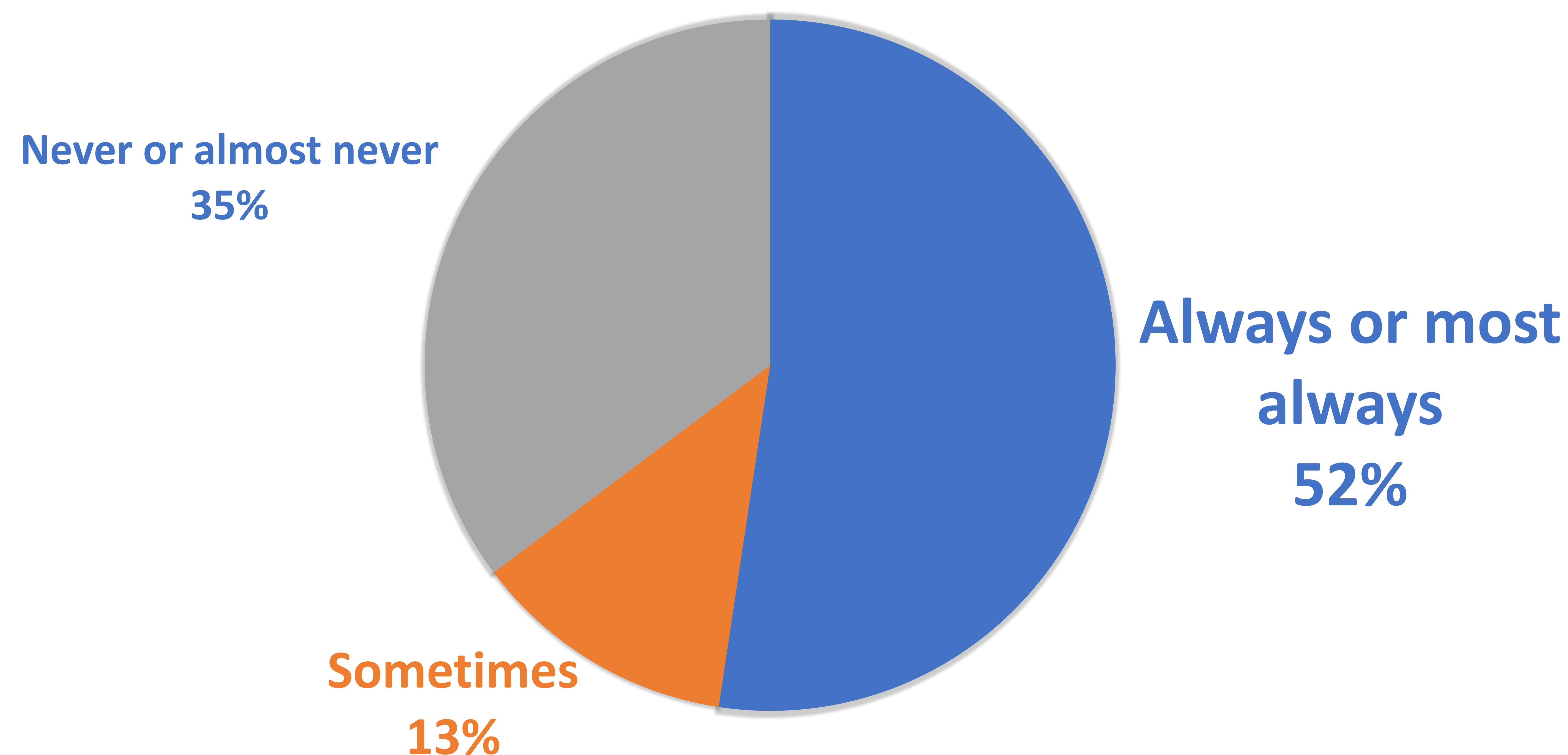
- 105 ( $n=105$ ) of the 217 clients/families on program have been interviewed
- 43% of those interviewed reside in Bernalillo and Sandoval counties
- 100 of the 105 clients served were 20 years of age or younger



## Preliminary results

# What we learned (so far) ...

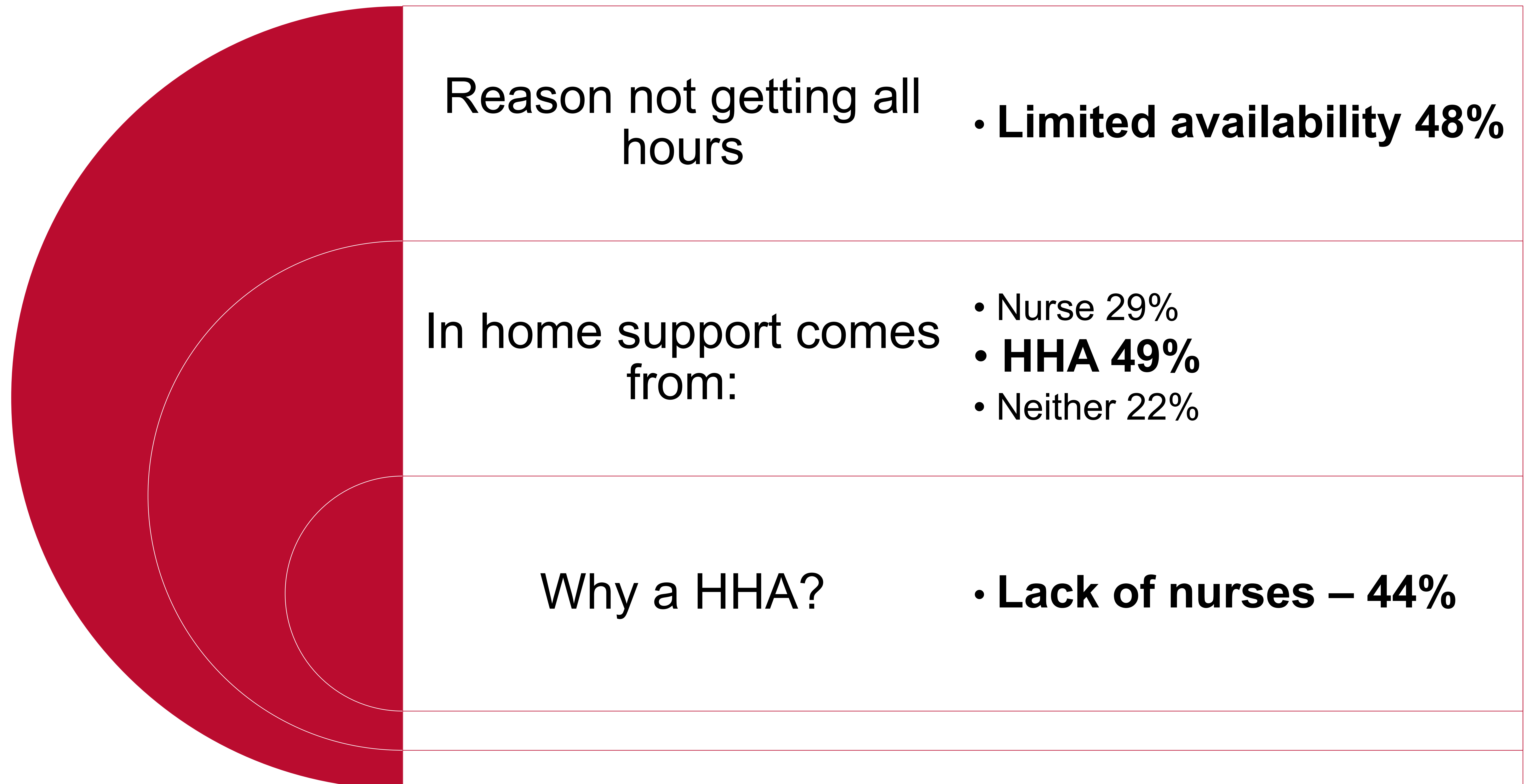
Receiving all eligible hours of in-home nursing and/or home health aide support: ( $n = 105$ )



**35% *never/almost never* vs 52% *always/most always***

## Preliminary results

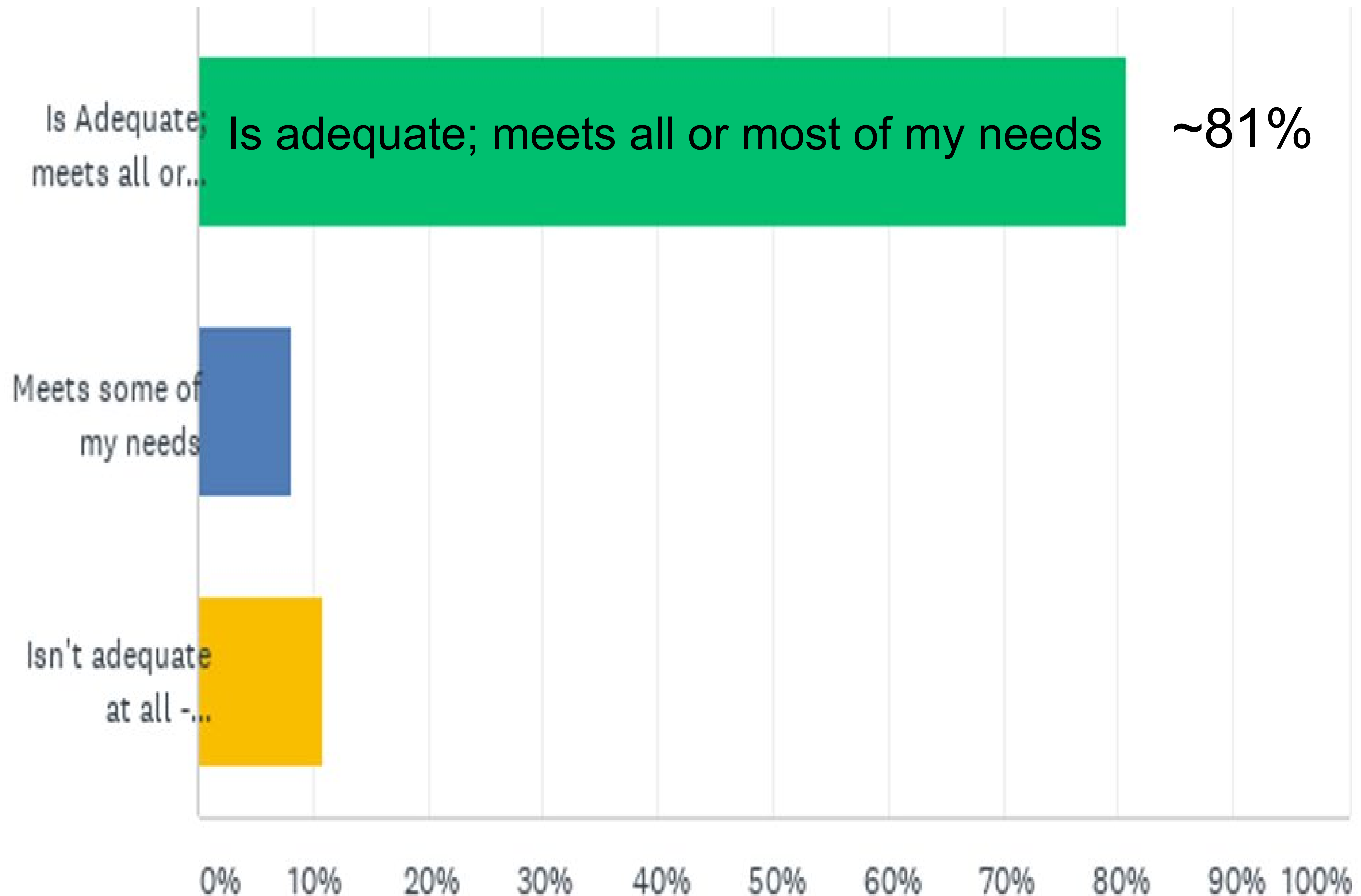
# What's the reason not getting all the hours? Why a HHA?



## Preliminary results

### Q17: Overall, would you say that the in-home support you get:

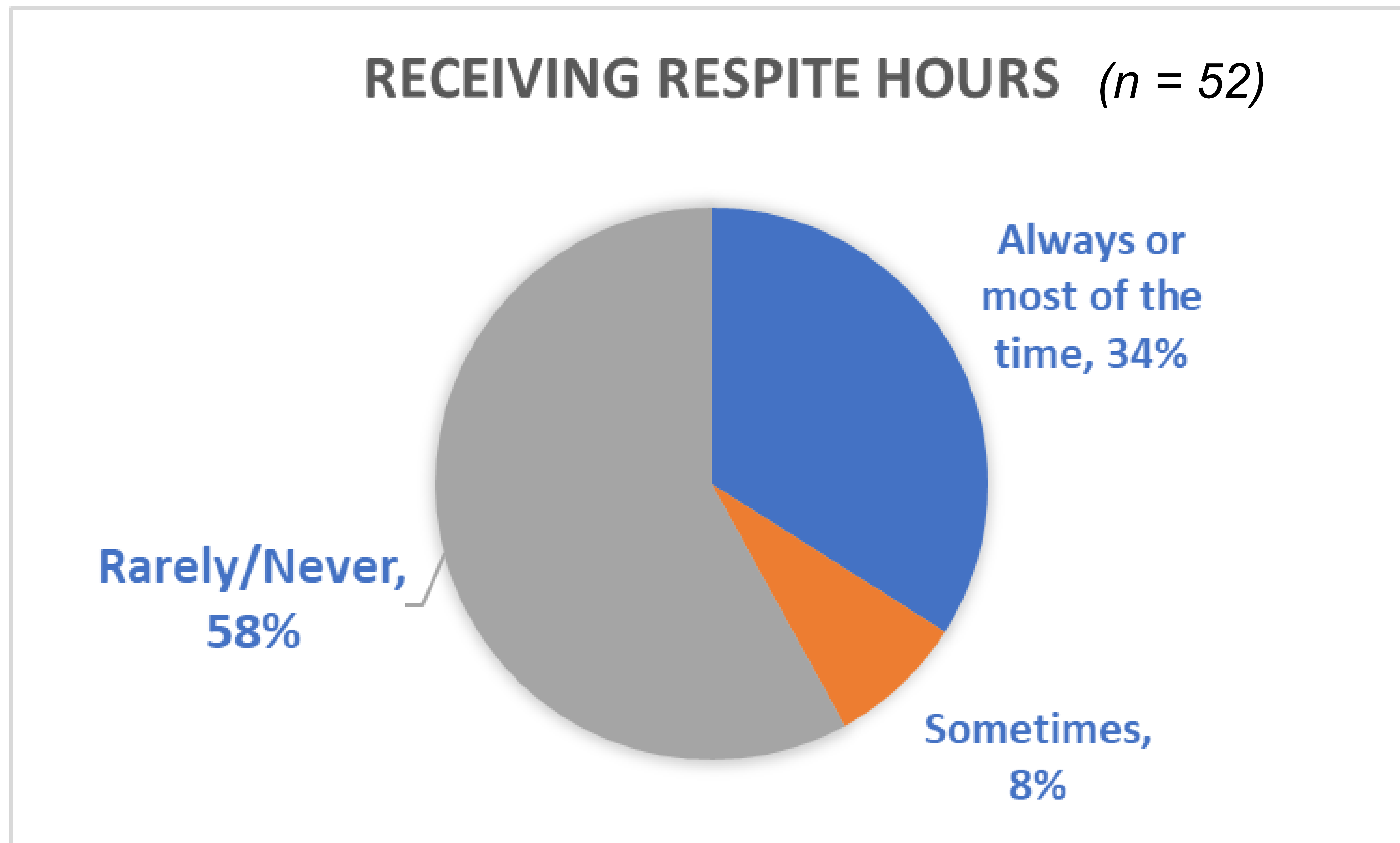
Answered: 73 Skipped: 29  
(n=102)





Preliminary results

# How often do you get your actual number of respite hours?



## Preliminary results

# Impact of not receiving all hours....

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**“Exhaustion.”**

**“Physical  
impact of 24  
hour care.”**

**“Caregiver  
burnout.”**

**“Mental  
health,  
exhaustion...  
we all need a  
break.”**

## Preliminary results

# Barriers accessing services

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### BEFORE THE PANDEMIC:

- 1) Specialists
- 2) Well child check
- 3) Immunizations/Vaccines

### SINCE THE PANDEMIC:

- 1) Therapies
- 2) Dental Care
- 3) Specialists



Preliminary results

# Services that would be helpful...

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## Therapies

Hippotherapy

Aquatic therapy

Music therapy

Cranio-sacral therapy

Massage therapy

Vision therapy

ABA

Acupuncture



Anat Baniel Method® NeuroMovement

# Next Steps

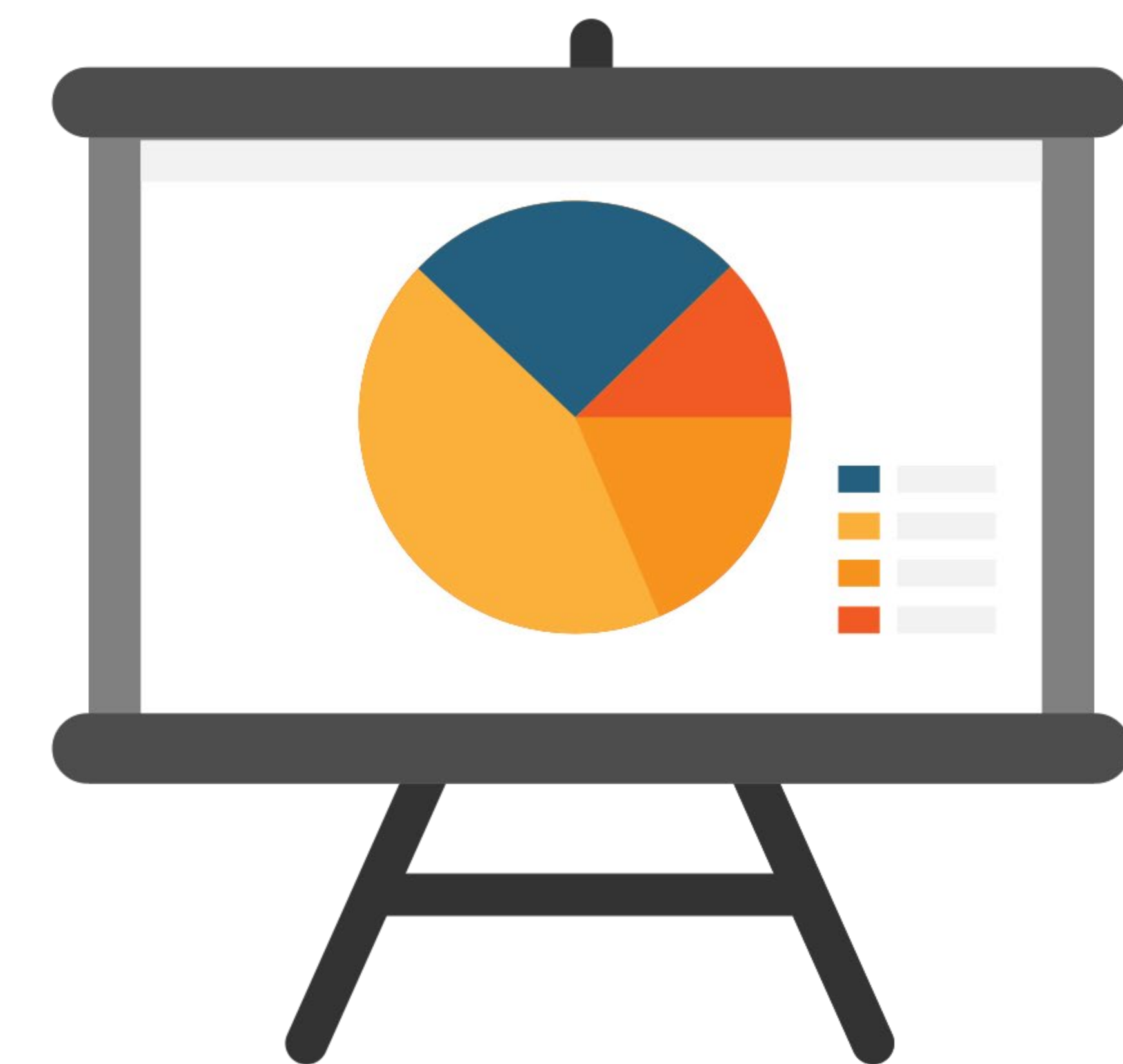
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Finalize results

Present results to RN CM staff and other stakeholders

Strategic planning on ways to address gaps

Revise and continue to utilize



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# Areas to dig deeper?

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Quantify the gap

- ☐ Measure hours not received
- ☐ Day vs night
- ☐ Urban vs rural
- ☐ Medically complex vs behaviorally complex
- ☐ Age and size of child

(Weaver et al. 2018)



# Lessons learned...

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Be flexible

Keep it short

Pilot it

Collaboration is key





**SPECIAL  
THANKS**

Christina Barden, BSN, RN  
Program Operations Director  
Medically Fragile Case Management Program

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Anthony Cahill, PhD, Senior Researcher,  
Center for Development & Disability Evaluation Director

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Heidi Fredine, MPH, Lead Researcher,  
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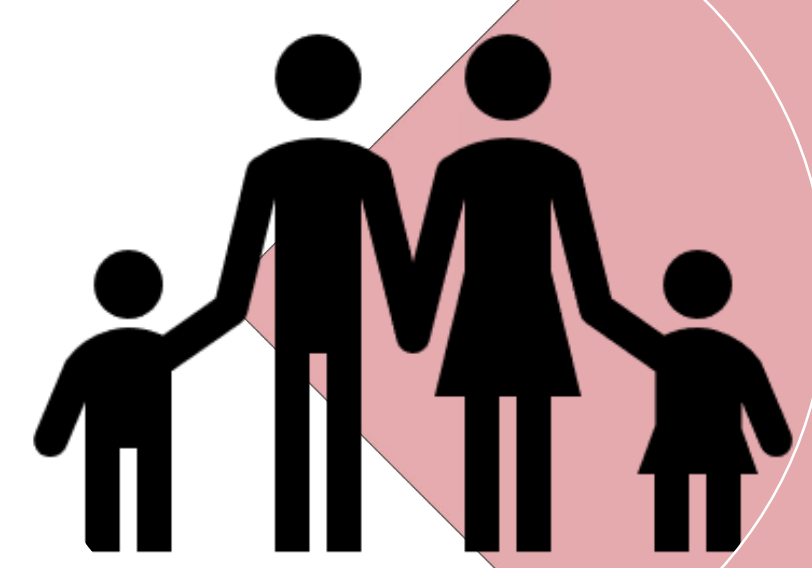
MFCMP Nurse Case Managers

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MFCMP clients and families



# LEND Objectives



## Competency 1: Family-Centered/Culturally Competent Practice

1.10 Use family input in a meaningful way in design/delivery/evaluation of services



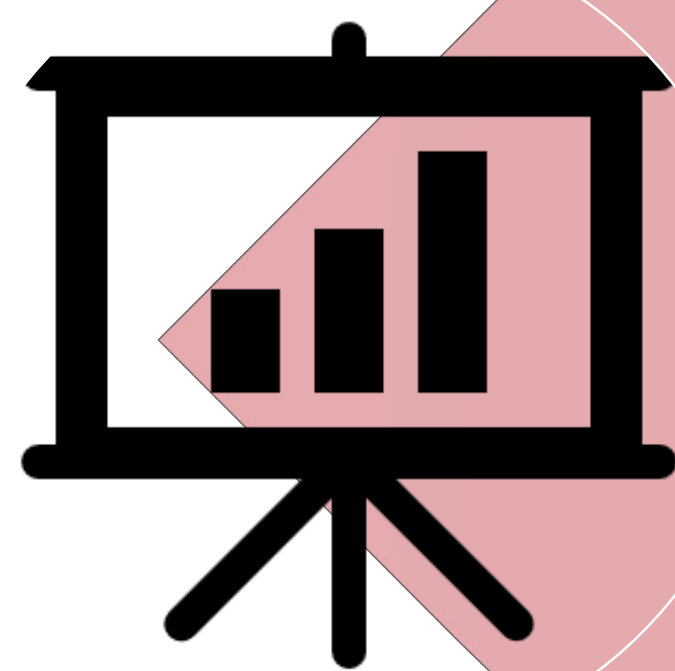
## Competency 3: Knowledge, Skills and Attitudes

3.4 Describe health disparities within the MCH population and offer strategies to address them



## Competency 4: Leadership

4.1 Discuss the theoretical components of leadership: self, others, and the wider community



## Competency 5: Research and Critical Thinking

Various: 5.1, 5.2, 5.3, 5.5, 5.6



# References

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# Questions?

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