



Agenda Date: 4/18/2006
Agenda Placement: 9B

NAPA COUNTY BOARD OF SUPERVISORS Board Agenda Letter

TO: Board of Supervisors
FROM: Alice Hughey for Randy Snowden - Director
Health & Human Services
REPORT BY: Theresa Richmond, Chief Operations Officer, 259-8176
SUBJECT: Reorganization of HHSA's Mental Health Division, amending the Table and Index and the Departmental Allocation List

RECOMMENDATION

Human Resources Director and Director of Health and Human Services Agency request the following in relation to the Mental Health Division of the Health and Human Services Agency:

1. Consideration of the reorganization of the Division as presented by the Director of Health and Human Services Agency; and
2. Adoption of a resolution regarding the following, effective April 18, 2006:
 - a. Amend the Departmental Allocation List to add:
 - i. One (1) (M) Assistant Behavioral Healthcare Manager;
 - ii. One (1) Mental Health Quality Coordinator;
 - iii. One (1) Mental Health Utilization Review Coordinator;
 - iv. One (1) Mental Health Provider Services Coordinator; and
 - v. One (1) Senior Office Assistant;
 - b. Amend the Table and Index to add:
 - i. Mental Health Quality Coordinator;
 - ii. Mental Health Utilization Review Coordinator; and
 - iii. Mental Health Provider Services Coordinator;
 - c. Amend the appropriate policies to add:
 - i. Mental Health Quality Coordinator;
 - ii. Mental Health Utilization Review Coordinator; and
 - iii. Mental Health Provider Services Coordinator.

EXECUTIVE SUMMARY

As was discussed with the Board at the April 4th Budget Study Session, the Health and Human Services Agency (HHSA) is pursuing an agency-wide initiative to strengthen its administrative infrastructure to ensure accountability and regulatory compliance, the utilization of evidence-based service models, maximized revenue through accurate

billing, competent leadership and necessary support for service delivery staff. To enable the attainment of these objectives, HHSA is proposing a reorganization of its Mental Health Division, and requesting certain positions be added to the Division's management and administrative support staff. These positions include one Assistant Behavioral Healthcare Manager, three Mental Health Coordinators, and one Senior Office Assistant.

FISCAL IMPACT

Is there a Fiscal Impact? Yes

Is it currently budgeted? No

What is the revenue source? The funding sources for these positions are Medi-Cal Administrative Activities (MAA) reimbursement, Medi-Cal Quality Assurance/Utilization Review reimbursement, the State managed care allocation, Realignment, and County General Funds.

The cost of these positions (net of offsetting revenue) is \$54,700 for the remainder of Fiscal Year 2005-2006, and \$339,900 for Fiscal Year 2006-2007. This cost will be funded within total budgeted salaries and expenditures for Fiscal Year 2005-2006, and are included in HHSA's proposed Fiscal Year 2006-2007 budget.

Is it Mandatory or Discretionary? Discretionary

Discretionary Justification: These positions are necessary to enable HHSA to achieve the Agency's objectives of accountability and regulatory compliance; the maximization of program revenue through proactive but accurate billing; and the exploitation of opportunities to enhance services. The Mental Health Division has focused primarily on regulatory compliance since 1999, when the Agency's compliance initiative began. Most of those efforts have been directed to the training and supervision of the division's workforce as a whole. It is essential that regulatory compliance be institutionalized into the management structure to ensure accountability and to allow the division management to address other service priorities without compromising compliance.

Is the general fund affected? Yes

Future fiscal impact: These are permanent positions and will be budgeted accordingly.

Consequences if not approved: Failure to add these positions would mean that HHSA cannot make necessary organizational changes designed to prevent compliance-related problems and ensure the maximization of program revenue through proactive but accurate billing.

Additional Information:

ENVIRONMENTAL IMPACT

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of

Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.

BACKGROUND AND DISCUSSION

HHSa has pursued an agency-wide initiative since March, 2005, to assess the adequacy of its administrative infrastructure to ensure accountability and regulatory compliance; the use of current, evidence-based service models; the maximization of program revenue through proactive but accurate billing; competent leadership with sufficient time to provide training and oversight to properly supported service delivery staff; and the appropriate exploitation of opportunities to enhance services. This assessment initiative has been conducted by the Agency director in consultation with Agency staff and several outside experts in the field of mental health administration.

The outcome of this assessment indicates that the resources of the Agency's Mental Health Division (MH) have been focused primarily on regulatory compliance since 1999, when the Agency's compliance initiative began. While significant improvements have been made in compliance levels as measured by audits of clinical documentation and billings, additional staff and organizational infrastructure are needed to effectuate the goals set out above and the important goal of institutionalizing the ongoing processes necessary to ensure basic regulatory compliance in each of the division's programs. A reorganization of this Division is thus needed to ensure continued regulatory compliance and to address a number of deficiencies that have not been addressed over the years, as follows:

The Mental Health Division currently has 62.85 FTEs. The division currently spreads among several management and supervisory staff the responsibility for the integrated process of (i) tracking new standards created by statutes and regulations, (ii) implementing program changes to reflect them, (iii) training staff with respect to the standards, and (iv) monitoring programs to ensure that the standards are consistently met. Responsible staff include the Mental Health Director, Psychiatric Medical Director, the Assistant Behavioral Healthcare Manager, and, until recently, the Quality Improvement Coordinator/Director of Public Health Nursing. With the creation of a Mental Health Quality Coordinator, this integrated process will become institutionalized in the management structure in the manner of most other California counties. The consolidation of these functions and responsibilities will increase compliance levels, increase management accountability, and improve program service delivery capability by allowing program managers to allocate more time to service delivery and outcomes.

The assessment also found that the review of Agency billings was primarily done retrospectively by HHSa's Fiscal Office and the Quality Improvement Coordinator instead of concurrently, where billings are reviewed before being submitted. The requested position of MH Utilization Review Coordinator will engage in the actual review of the records to ensure that all potentially billable activities are reviewed before being submitted to the Fiscal Office for billing.

Another finding of the assessment is the need to centralize issues related to the 150 or more individual providers contracted to provide outpatient mental health services, plus the additional professionals who are available through contracts with organizational providers operating outpatient clinics and other programs. These issues include the monitoring of the contracts the Agency has with these providers, and their need for ongoing technical assistance and training. More aggressive management of these contracts will enable the Agency to have more of the contracts that are currently being funded by the General Fund to instead be funded by other sources such as Medi-Cal. The requested position of MH Provider Services Coordinator will facilitate HHSa's meeting these needs.

As currently configured, the Mental Health Division structure provides for one Assistant Behavioral Healthcare Manager, who at different times has been assigned responsibility for all adult services, with children's services being directly managed by the division manager, or for all program services, both adult and children's. Several factors have increased the need for management expertise specific to children's

mental health services, including the need for County representation in local multi-agency negotiations relating to the provision of mental health services to school age children; the time-limited opportunity to protect and expand children's services through the currently uncapped EPSDT entitlement program (Early and Periodic Screening, Diagnosis and Treatment); and the opportunity to participate in several local community collaboratives currently developing programming for emancipating foster youth, substance abusing youth and youth involved in the criminal justice system.

In view of the aforementioned assessment, HHSa thus accordingly proposes to restructure the management staff within its Mental Health Division by:

1. The creation of three new "Coordinator" positions, each with a new, single classification directed to specific technical processes within the division. These positions are generally modeled after similar positions existing in other counties. They include (i) a "Mental Health Quality Coordinator" who will be responsible for tracking state and federal regulatory requirements, ensuring that they are assimilated into operational practices, and monitoring activities to see that they are being followed. The position will act as liaison to state and federal regulatory personnel, coordinate program audits and site visits, coordinate the development of corrective action plans, and see that they are carried out. This Coordinator will also be responsible for training staff with respect to regulatory requirements. The (ii) "Mental Health Utilization Review Coordinator" will monitor outpatient services provided by HHSa staff within the Mental Health Division, and acute psychiatric hospitalizations and residential mental health services arranged or funded by HHSa. The (iii) "Mental Health Provider Services Coordinator" will be responsible for recruiting and maintaining the pool of individual and organizational mental health providers to whom consumers are referred for outpatient mental health services through the agency's Mental Health Plan; and for authorizing and monitoring the appropriateness of services delivered by these providers.
2. The creation of an additional Senior Office Assistant position to provide support for the expanded management team, particularly in the area of utilization review.
3. The creation of an Assistant Behavioral Healthcare Manager to allow for separate management oversight of children's mental health services.

SUPPORTING DOCUMENTS

- A . Resolution
- B . Existing Mental Health Organizational Chart
- C . Proposed Mental Health Organizational Chart

CEO Recommendation: Approve

Reviewed By: Lorenzo Zialcita