



***CIBHS Fiscal Training
Small County perspective***

Noel J. O'Neill
May 20, 2015



CIBHS Fiscal Training
Small County perspective

- Today we will review 12 risks / opportunities the small county has to be aware of in order to manage the budget and provide better service to the consumer and the community.
- Though some of these areas appear to be clinical, they all have costs associated with them and the fiscal team should be knowledgeable and willing to weigh in on decisions.



#1. Productivity verses staff morale

- It is good for the Agency to set a reasonable benchmark for staff, and then track the outcomes monthly.
- Trinity sets a goal of 60% of direct billing. Here is how we arrived at this formula:
- There are 2080 hours in the paid year.
- 60 % equals 1248 hours of billable time
- This leaves 832 hours of non-billable time



I. Productivity verses staff morale

- Even if we took eight full weeks of time out of the available 832 of non billable hours, for vacation, sick leave, training and jury duty, which totals 320 hours, this still leaves us with 512 hours.
- Staff will then say, but I have meetings and other duties. If we subtracted two hours every single day that staff worked, for meetings and general time, that totals 440 hours.
- Subtracting from the 512 hours, this still leaves 72 hours of non billable time for the year.
- 60 % is fairly reasonable. This may be adjusted for staff who have special duties like crisis or school based activity.



1. Productivity verses staff morale

- However, once the benchmark is set, though we want staff to be accountable, we also don't want to browbeat them.
- If we desire good staff morale, and hope to hear some laughing in the hallways, and focus on good clinical practices, chances are that staff will respond.
- If at your All Staff Meeting kudos are given to high achievers and attention is placed on the overall staff goal rather than the low producers, it does set the stage.
- Managers can coach low performers.
- Finding the balance between positive morale and productivity is important.



#2. Staff retention and teamwork

- Hiring and retaining staff is always a challenge for small counties, especially if they are rural.
- Once a staff person is oriented, one element of whether the staff person will stay, is if they feel like they belong to a team.
- The amount of ownership the staff person feels in the organization makes a difference.
- Promoting a shared sense of vision where staff believe their input counts goes a long ways towards employee retention.
- Allowing some variation in staffing schedules to meet the needs of the employee creates "buy in" from staff.



3. Cost report rate per minute and maximizing resources

- If your organization is already operating @ SMA, you probably are making prudent decisions.
- If not yet @ SMA, investing in state of the art equipment can not only improve efficiency and staff morale, but also bring in more revenue.
- MHPs that operate too lean, and have high productivity rates, end up with a lower rate per minute, spinning their wheels without generating the income they could use to upgrade their computers and office equipment and hire more needed staff.



4. Long term consumer care: IMD verses intensive wrap and building local capacity

- We all know that placing a consumer in an IMD cuts right to the heart of our Realignment funds. So why do we do it?
- Various pressures are exerted to result in a consumer being placed in an IMD.
- Sometimes it is the family; or it is the conservator; maybe a judge or the DA wants this outcome.
- Sometimes it is our own staff. They report that they cannot keep the individual safe in the community.



4. Long term consumer care: IMD verses intensive wrap and building local capacity

- There are certainly times when a placement must happen. But, from the very beginning, all parties should know this is not a permanent solution.
- BH Staff need to understand that the cost of a placement is about the same cost as a case manager. Which would they prefer to spend their resources on?
- Would it be possible to hire a staff person who could provide intensive WRAP for this consumer as an alternative to an IMD?
- Do staff know what the strengths and goals of the consumer being placed are?



4. Long term consumer care: IMD verses intensive wrap and building local capacity

- Is your team attempting to find out what the consumer wants in the long run?
- Does your Agency have local Adult Residential capacity within your county?
- If not, what can your team do to begin creating a vision or planning for this resource?
- Are you on board with community partners encouraging them to support local care so that your Agency is more strategically using Realignment dollars?
- Sometimes conservatorship can effectively dovetail local care with WRAP Staff available.



4. Long term consumer care: IMD verses intensive wrap and building local capacity

- Since the IMD Placement is the single greatest risk to torpedoing the small county budget, it is well worth the energy for Fiscal to be involved in this activity.
- Are you sending a staff person out to the IMD regularly to chart the progress of the Beneficiary? Is this person attentive to the strengths goals and desires of the consumer?
- Are there alternative Skilled Nursing Facilities that might take the client using Medi-Cal or Medicare especially with the geriatric population?
- Can In Home Services be a resource when bringing this person home? In county care options will usually be what you really want to create.



5. Crisis evaluations and determining the appropriate disposition

- As with the IMD Placement, 5150 hospitalizations will also happen.
- But, at \$1,000. a day, are there alternatives being developed that can safely provide for the needs of unstable beneficiaries?
- As with the IMD consumer, does your staff know what the strengths and goals of the consumer are who is currently unstable?
- Are staff using these key pieces of knowledge to develop treatment plans?
- SB 82 grants have experimented with some new ways of dealing with the walk in crisis.



5. Crisis evaluations and determining the appropriate disposition

- Many crisis contacts are not billable because the person being seen is either not a Medi-Cal Beneficiary, or the person being seen does not have an open chart, or the person seeing the consumer is a Rehabilitation Specialist and is not qualified to diagnose, the Agency often ends up providing the service for free.
- Why not involve a Peer Specialist who also does not bill Medi-Cal, but can provide an initial contact for less cost and perhaps defuse the situation with their considerable skills?



5. Crisis evaluations and determining the appropriate disposition

- If your Agency has a Wellness Center, perhaps this resource can play a role in a complete but more affordable crisis intervention.
- When the Peer Specialist sees that a referral to a crisis worker is needed, a warm hand off can happen.
- Most importantly these are services that need to happen on the weekends. The use of the peer specialist is one affordable way to make this happen.
- Are you following and expediting the discharge from the PHF, to ensure resources are being utilized strategically?



6. AB 109 and the Community Corrections Partnership

- Every county has a CCP Operating, but BH has not necessarily been invited to the table. Yet the changes the State wants can only happen in conjunction with BH staff.
- BH has key evidenced based rehabilitative tools to offer your local AB 109 project, and BH should willing offer services toward the goal of community reintegration.
- Since these meetings are guided by the Brown Act, never miss a meeting. By the enthusiastic participation of BH staff, the voting members will come to see BH as a genuine partner.



6. AB 109 and the Community Corrections Partnership

- If your County is not currently funded in the CCP Budget, encourage the voting members of the partnership to include a line item for behavioral health services where BH provides services to any AB 109 person referred by Probation, and then invoices the CCP Budget only for those services actually delivered.
- Advise the CCP that it will only take one AB 109 participant who needs serious intervention to demonstrate the need for a BH line item. It is a question of being prepared for this eventuality.
- Do “in reach” to the jail if invited to do so, to further develop the BH / Sheriff coalition.



7. Clustering grants into programs that make sense.

- Small rural counties tend to get small allocations for grants. Whether the source of funding is Innovation, SB 82, PE&I, the MH Block Grant or PATH, individual sums tend to be small.
- Agree with your management team what kinds of themes you really want to work on, and what sort of outcomes you are looking for.
- Braid this money together so that there is enough to actually do something significant.



8. Generating community support for Behavioral Health

- We all know that it takes resources to provide services. What is troubling is when we do provide services but Agency partners do not see our efforts.
- It is worth the time and effort to be present and visible for community efforts like health fairs, local coalitions, and councils.
- Although sometimes grant money does come through from these sources, like with the Child Abuse Prevention Council or First Five, it is equally important to our partners that we demonstrate that we care about these local concerns.



8. Generating community support for Behavioral Health

- Often times members of the local governing body will also be present for these activities, and it generates positive will for the BH organization to not only participate, but at times lead activities.
- Every significant project eventually makes its way to the Board of Supervisors in some manner or another, and success at that level rests with the belief by the Board that your BH Agency is accomplishing something important in the community.



#9. QIC and the role fiscal staff have in this process

- Fiscal Staff may believe the QIC Meetings are for the clinical folks, but this is far from accurate.
- Every division of the organization has to be involved in the goal of program improvement.
- Whether it is in the discussion about data, or how to go about addressing front desk issues, fiscal staff play a key role in developing strategies that will improve the experience for the consumer who comes into the Agency.



#9. QIC and the role fiscal staff have in this process

- We know fiscal will complete the ISCA each year, so fiscal staff are intimately involved in the EQRO, which is essential a QIC activity.
- When and how often to conduct in house consumer surveys should be of interest to fiscal.
- Many of these activities do have revenue associated with them as costs to the Agency, and when it comes time for cost report calculations, knowing how these fit into the overall picture is critical.



#10. Creating a team of managers who operate the Agency.

- Every role within the Agency is important, but how do they all fit together?
- Do other divisions within the organization feel comfortable to come and get key information or counsel from your fiscal team?
- Does the left hand know what the right is doing in terms of decision making within your organization?



#10. Creating a team of managers who operate the Agency.

- Is Fiscal able to weigh in on key Agency decisions and support other managers in their goals yet still promote a healthy economic climate?
- In other words, do managers “play nice” with each other, and how can Fiscal exert a steady and influential impact on the overall climate within the organization?
- Often times by being able to offer solid financial information, fiscal will be viewed in a very positive light by other managers.



#11. Use of community focus groups and generating contracts

- Clearly the development of contracts needs to be taken on by a very competent staff person.
- Whether that contract person works within the Fiscal Division or in an Administrative Unit, this financial information will be needed in the generation of the annual budget.
- Fiscal and contracts will be working together quite closely.



#11. Use of community focus groups and generating contracts

- Since within the MHSA Program, there may be requests from the community for changes in services or contracts, it will be important that the MHSA Coordinator is vetting these requests and presenting them to the management team for review.
- Fiscal will need to be able to provide accurate calculations based upon projected income for the coming year so responsible decisions can be made by the management team.



#12. Katie A and the placement of children

- The treatment of children and their families is always worthy of our full attention.
- From a fiscal perspective, we know that EPSDT is an entitlement, and there can be no cap on our services.
- This can get complex quickly as we realize that out of county children may need both contracts for treatment, and certainly authorizations.



#12. Katie A and the placement of children

- As with the IMD consumer, fiscal will want to ask, are we doing all we can locally to develop capacity to serve children within our own community?
- Monetary decisions come into play when we plan to do on site counseling services at schools. Staff are not going to be able to make their normal productivity.
- We have to weigh the cost of lost productivity revenue by not having to place a child out of county.



#12. Katie A and the placement of children

- Are staff recording their time with a Katie A code to seek administrative reimbursement from DHCS as per Proposition 30?
- Are your managers working closely with Child Protective Services, Juvenile Probation and the schools to create capacity to serve challenging families?
- Communication between clinical staff in the Children's System of Care and Fiscal is mandatory as the claims for payment start rolling in after a child has been placed.



Conclusion!

- With so many things to keep our eyes on, it is hard to believe that there are a whole host of new initiatives on the horizon. These include:
 1. The IGT process and “What are the rules?” anyway
 2. Regionalization efforts with our local health plans and how these fiscally play out.
 3. The new Drug Medi-Cal benefit.
 4. Payment reform

Plenty to keep us interested and busy!



Questions? Comments?
