

System Change Status

for

ADMHS

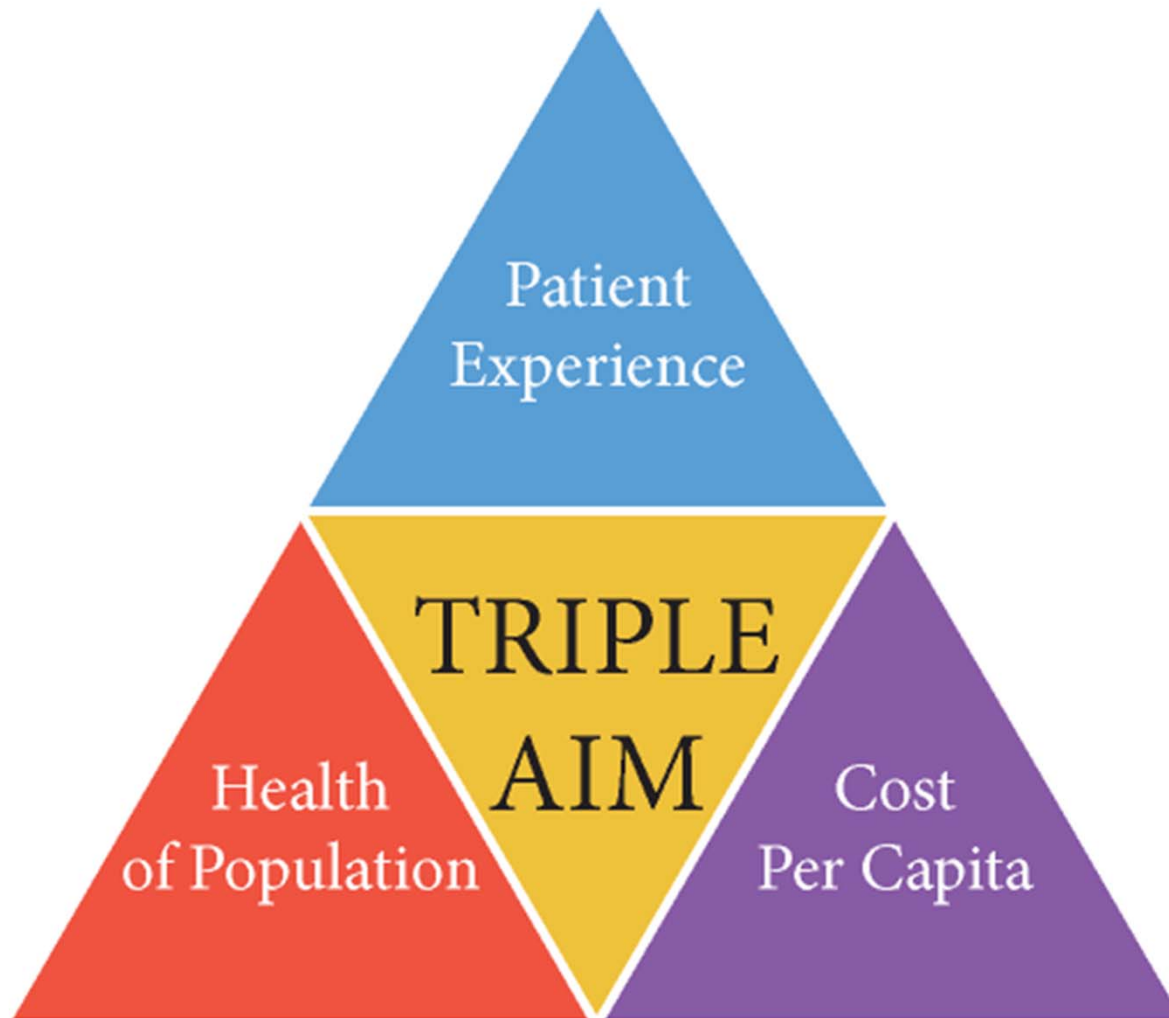
Outpatient Systems of Care & Recovery and Business Practices

Presented to the Board of Supervisors

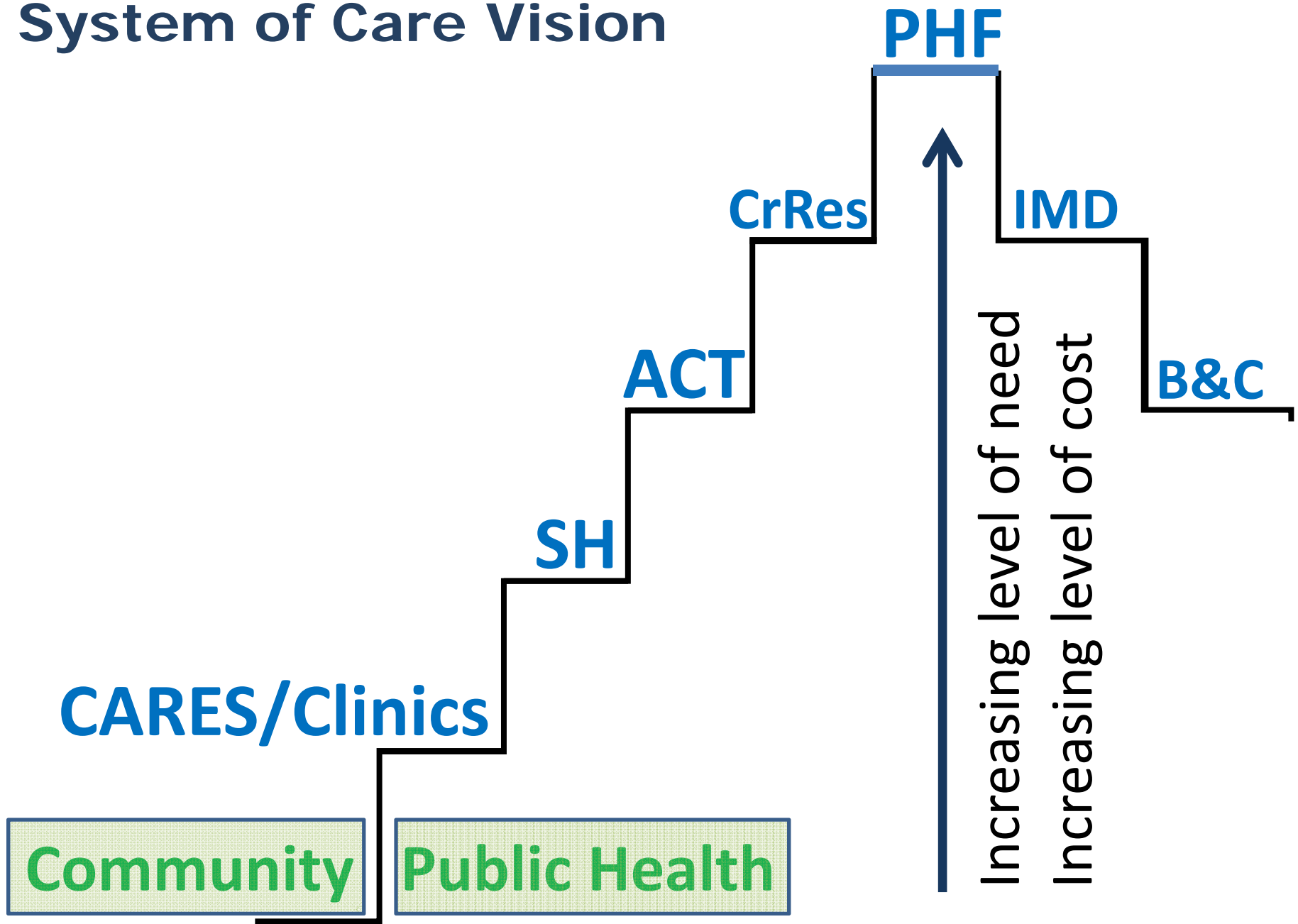
April 22, 2014



TRIPLE AIM



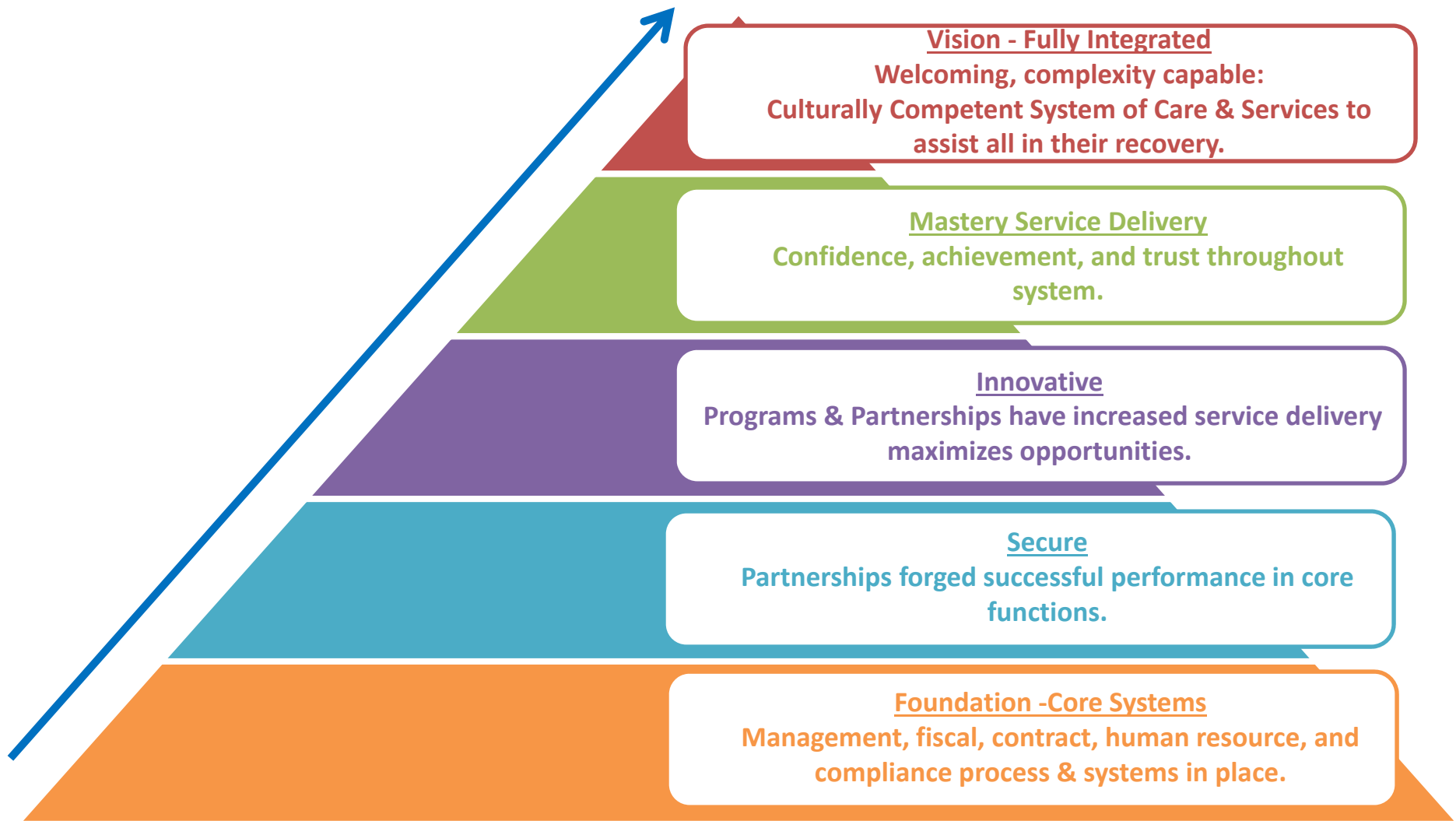
System of Care Vision



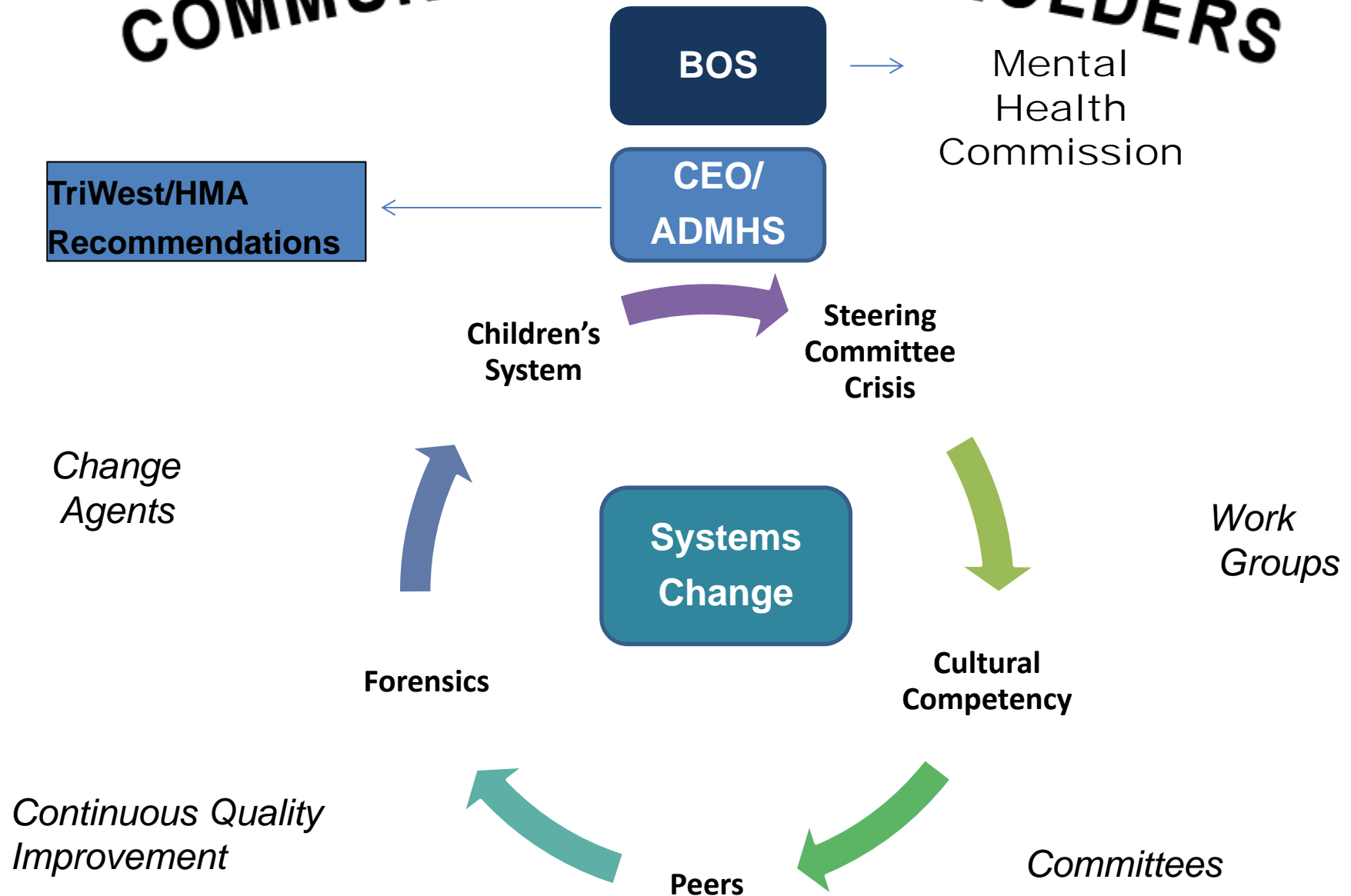
Balanced System of Care & Recovery



Systems Change



COMMUNITY OF STAKEHOLDERS



Timeline

2012

Sept. Board of Supervisors authorize the CEO's Office, through TriWest, to conduct a comprehensive assessment of the department and outpatient system.

2013

May BOS, CEO and ADMHS adopt TriWest recommendations.

June ADMHS holds "kick off" event for system change

July System Change Steering Committee forms

Aug. Action Teams begin meeting

Nov. Deputy Director Clinical Operations assumes position

Nov. Steering Committee and MH Commission adopt idea to convert outpatient system to Mental Health Services Act (MHSA)

Dec. Community stakeholders provides broad input on system needs

2014

Feb. ADMHS awarded \$8.3M Mobile Crisis Triage grant

Mar. ADMHS recommended for \$2.7M Crisis Facilities grant

April ADMHS presents system change update to Board of Supervisors

Areas of Focus

▶ Systemic

- Addressing overarching system performance, long-standing system level problems, and potential solutions

▶ Clinical Operations

- Assessment of outpatient service delivery systems of care for both ADMHS clinics and CBO services

▶ Finance

- Capacity and performance: Medi-Cal, billing cycle, patient mix, denials, and broader financial / revenue management

▶ Administration

- Structure and capacity to carry out key business practices

▶ Compliance

- Internal controls, risk assessment, compliance practices (state/federal) for both county-run and CBO services

Systemic

TriWest: SBC needs to initiate a comprehensive performance improvement-driven transformation to produce better outcomes and reduce inefficient resource expenditures, with continued high level of fiscal oversight and improved regulatory/financial compliance monitoring.

Status:

- ▶ Community-wide system change process
- ▶ Culture becoming more welcoming to clients, staff & partners
 - ▶ New climate of openness in organization
 - ▶ Response to audit findings inclusive with clinical, compliance and fiscal leadership aligned
 - ▶ Evaluation of organizational climate change



Systemic

TriWest: County and ADMHS leadership must visibly commit to the creation of a performance and quality improvement-driven culture.

Status:

- The Steering Committee adopted Values, Vision & Guiding Principles
- Steering Committee & ADMHS developed a framework for using MHSA values to inform system transformation

TriWest: Create a transitional structure to develop a quality improvement partnership framework to address current and future system development challenges through an intensive, time-limited process.



System Values & Guiding Principles

❖ Welcoming	❖ Recovery-based
❖ Hopeful	❖ Collaborative
❖ Client-focused	❖ Adequately-resourced
❖ Inclusive	❖ Accessible
❖ Culturally-competent	❖ Innovative
❖ Seamless	❖ Complexity-capable
❖ Outcomes-oriented	

➤ Client & Family-Driven	➤ Partnership Culture
➤ Cultural Competence, Diversity and Inclusivity	➤ Focus on Wellness, Recovery and Resilience
➤ Peer Employment	➤ Integrated Service Experience
➤ Strengths-Based Perspective	➤ Fiscal Responsibility
➤ Transparency and Accountability	➤ Continuous Quality Improvement

Systemic

TriWest: Articulate an operational vision for ADMHS in which both clinical efficacy and financial responsibility are embraced by defining the construct of “value of care” as the primary “product” of ADMHS, with clinical, financial and regulatory compliance functions defined as best practice “supports” to the value equation.

Status:

- The ADMHS Executive Team is now a cohesive team that balances clinical, financial, and compliance functions
- System is moving toward Value (better outcomes at reduced cost)

Staff lost time reduced by 9.4% from 5.3% in CY 2012 to 4.8% in CY 2013

MHSA & Medi-Cal funding braided to create a system focused on client need



Partnerships

- ▶ Peer Report: Tina Wooten, Consumer Empowerment Management
- ▶ Change Agent Report: Carlos Olsen, CARES Clinician
- ▶ Partner Report: Cecilia Rodriguez, Executive Director CALM



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Clinical Operations

TriWest: Build on existing clinical strengths by involving ADMHS staff and CBO leaders and staff as partners in the county-wide and ADMHS quality improvement efforts focusing on “early wins” and longer-term planning.

Status:

- Access Survey Team initiated quality improvement effort on access to care
- ADMHS/PHD program and medical staff implementing SBIRT
- Improved integration of mental health and substance abuse programs
- Improved community partnerships including Cottage Health Care & Marian Medical Center

TriWest: Carry out a wage and benefit study comparing ADMHS clinical staff costs to those in comparable California counties and local health providers to inform efforts to improve and demonstrate the value of ADMHS services.

Status:

- Study has begun

Clinical Operations

TriWest: Develop specific work groups as part of the broader quality improvement driven System Change initiative to guide implementation of short-term changes and longer-term plans to systematically address the Clinical Operations findings.

Status:

- Action Teams have been developed in the key areas of:
 - Children's Action Team
 - Peer Action Team
 - Crisis Action Team
 - Cultural Competency & Diversity Action Team
 - Forensic Action Team
- Workgroups identifying needs for operational areas of improvement
- Clinical Operations Team now meeting regularly to develop, implement, and coordinate oversight of clinical processes

Clinical Operations

TriWest: Develop improved metrics and routine management reports based on them, focused on improving clinical practice and outcomes.

Status:

- Established the Office of Strategy Management
- Identified first outcome and level-of-care measure in step toward full implementation of measure-based clinical decision-making and tracking of Value throughout the system
- ADMHS Psychologist Group recommended treatment models (evidence-based practices) for redesigned outpatient system

Awarded over \$10 million in SB-82 funding to expand crisis services

Average wait time to see a psychiatrist has improved to 40 days for adults (from 66 days) and 45 days for children (from 73 days)

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Finance

TriWest: Maintain the current Medi-Cal cost-reporting and reconciliation process.

Given continued uncertainties in the current and future expenditure and revenue projections primarily related to the ACA, ADMHS should:

- 1) continue its robust financial planning functionality,
- 2) re-establish and maintain its realignment reserve to at least 5% of Medi-Cal FFP,
- 3) carry out a clinically-informed planning process to project likely FY 2014 Medi-Cal revenue increases related to the ACA.

Status:

- *ADMHS finished FY2012-13 without requesting additional General Funds (first time in many years)*
- *Addition of \$1 million per year to audit exception reserve adopted with the Fiscal Years 2014-16 Budget Development Policies*



Finance

TriWest: Financial and clinical managers should collaborate to develop and implement (with necessary training supports) a replacement revenue assurance report that is readily understood by clinical managers and staff.

This report must track capacity and efficiency but must focus on those metrics relevant to ensure adequate Medi-Cal revenue, such as the proportion of Medi-Cal to non-Medi-Cal direct billable units and the number of uninsured people seen who could potentially qualify for Medi-Cal coverage.

MIS experts from the County should:

- 1) determine if ADMHS MIS expertise and capacity is sufficient, and
- 2) develop a plan to ensure appropriate oversight of MIS within the developing ADMHS organizational structure.

Status:

- Fiscal decisions are driven by programmatic and clinical needs in balance with financial considerations
- MIS/IT Task Force Action Team presented recommendations in Nov. 2013
- Information Systems Steering Committee formed in Feb. 2014

Finance

TriWest: Align System Change initiative to incorporate MHSA planning requirements and result in meaningful input to inform the FY 14-15 budget process.

Improve budget planning by development of a “Revenue Cycle Committee”.

Status:

- ADMHS used FY 2014-15 MHSA Plan Update as the basis for the FY2014-15 Recommended Budget. (First time, ever, and demonstrates primacy of clinical need determined through community participation)
- Created a funding hierarchy to make realignment funds more available for outpatient services
- Revenue Cycle review process established by Revenue Management team

*Extinguished or fully funded all liabilities
through December 2013*



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Administrative

TriWest: ADMHS should maintain its current robust financial operations and contract oversight capacity and build upon it by moving oversight of contracts to the finance area.

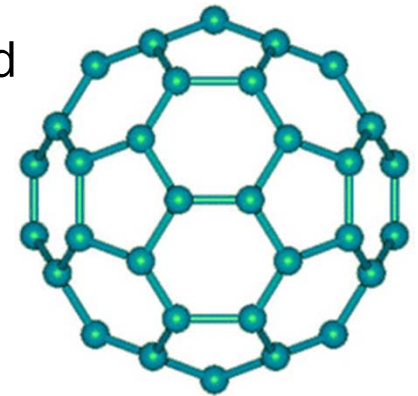
Status:

- Administrative divisions re-organized under CFO/Deputy Director Finance

TriWest: To improve clinical operations management, address gaps.

Status:

- The Medical Director allocated to .9 FTE, with .1 clinical duties
- Assistant Director Clinical Operations hired
- Regional Managers for Lompoc and Santa Maria hired
- Team Supervisors being hired in phases



Administrative

TriWest: Make targeted administrative enhancements to improve UM oversight and payer identification.

Status:

- Quality Assurance/Utilization Management Workgroup chartered
- Quality Improvement Committee re-established

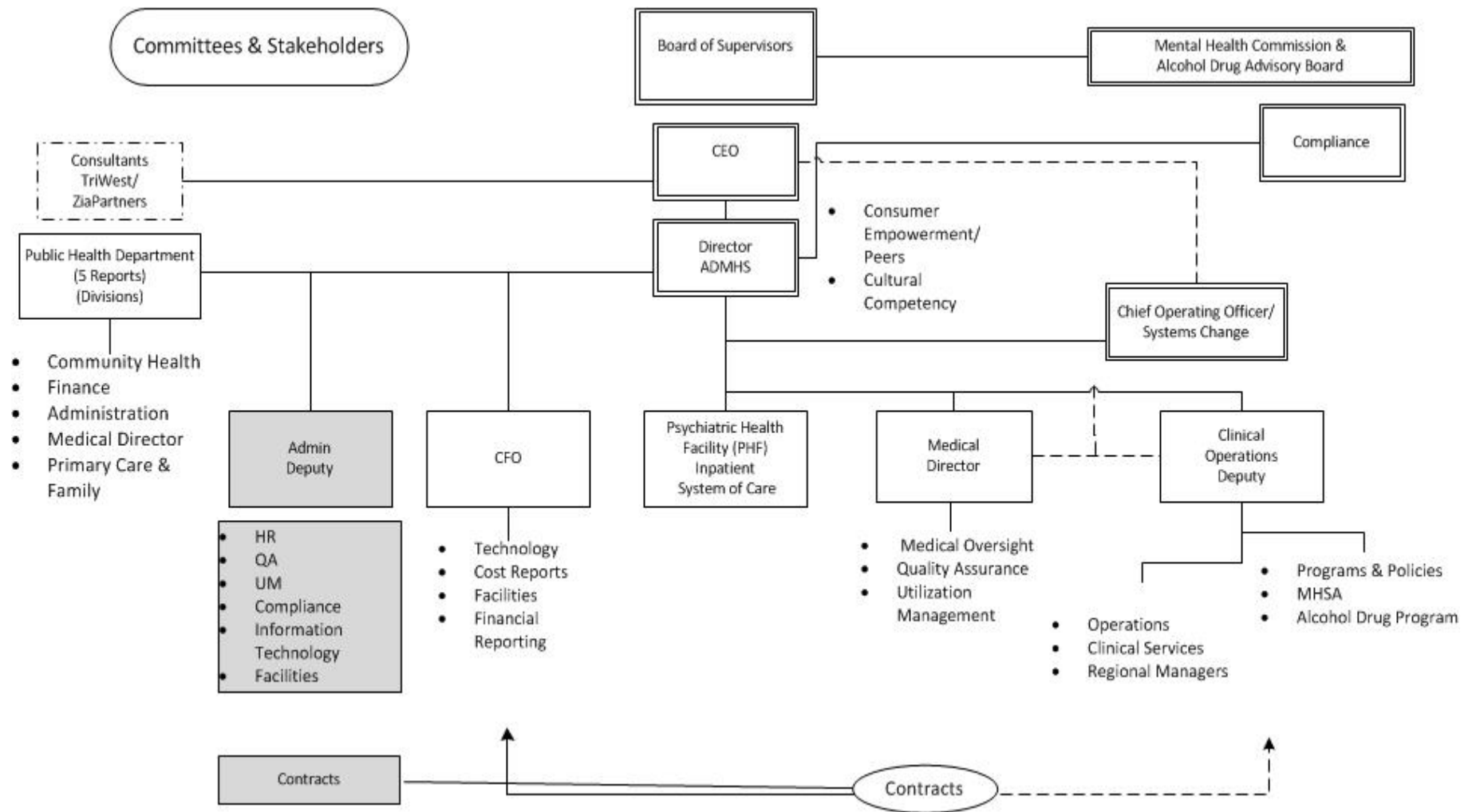
TriWest: Over the longer term, the Tiger Team should determine the appropriate organizational structure for long-term management of ADMHS.

Status:

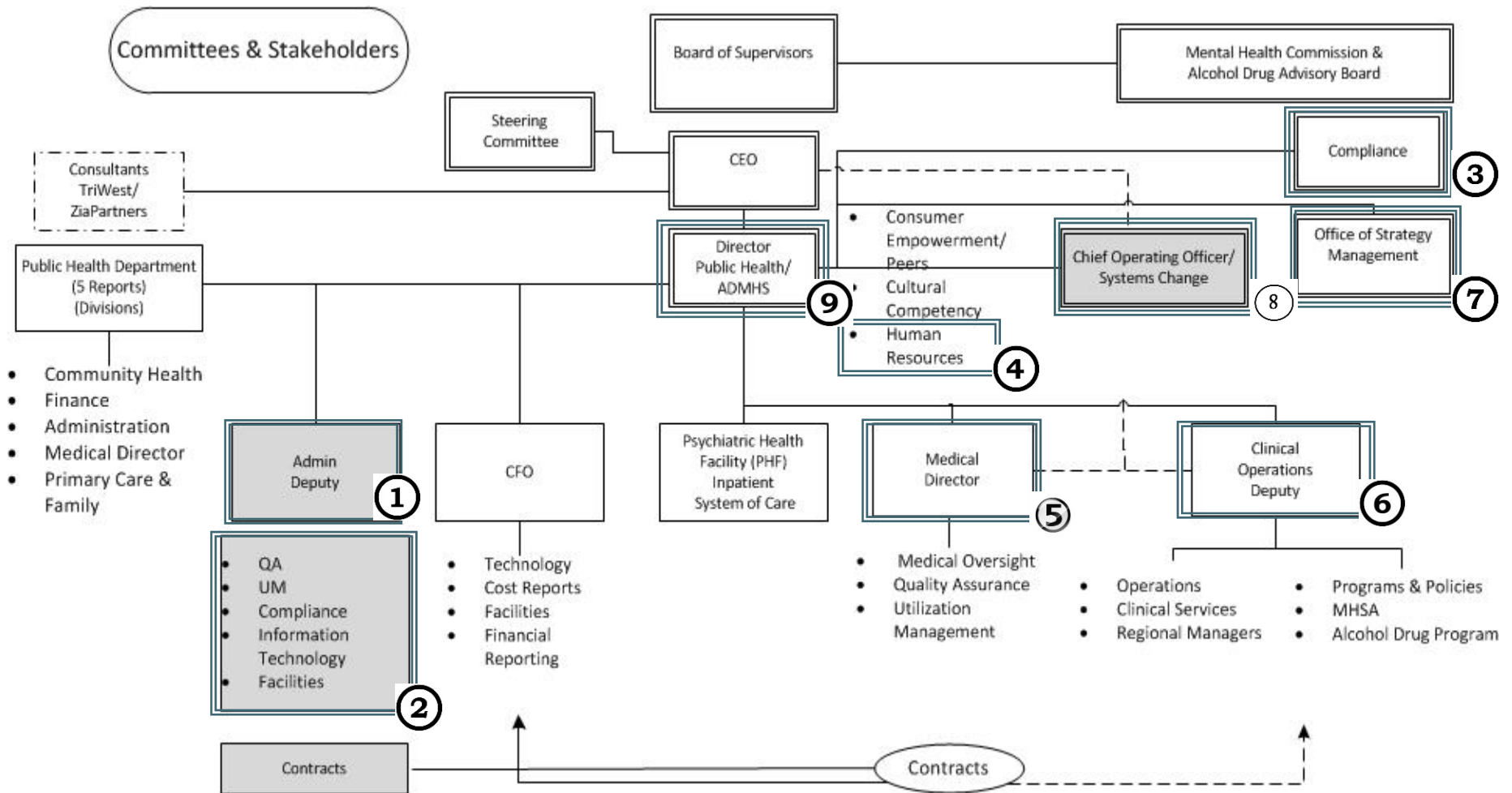
- Substantial organizational structure changes
- Now ready for new Director recruitment

Reduced span of control providing for enhanced supervision and guidance of staff and services

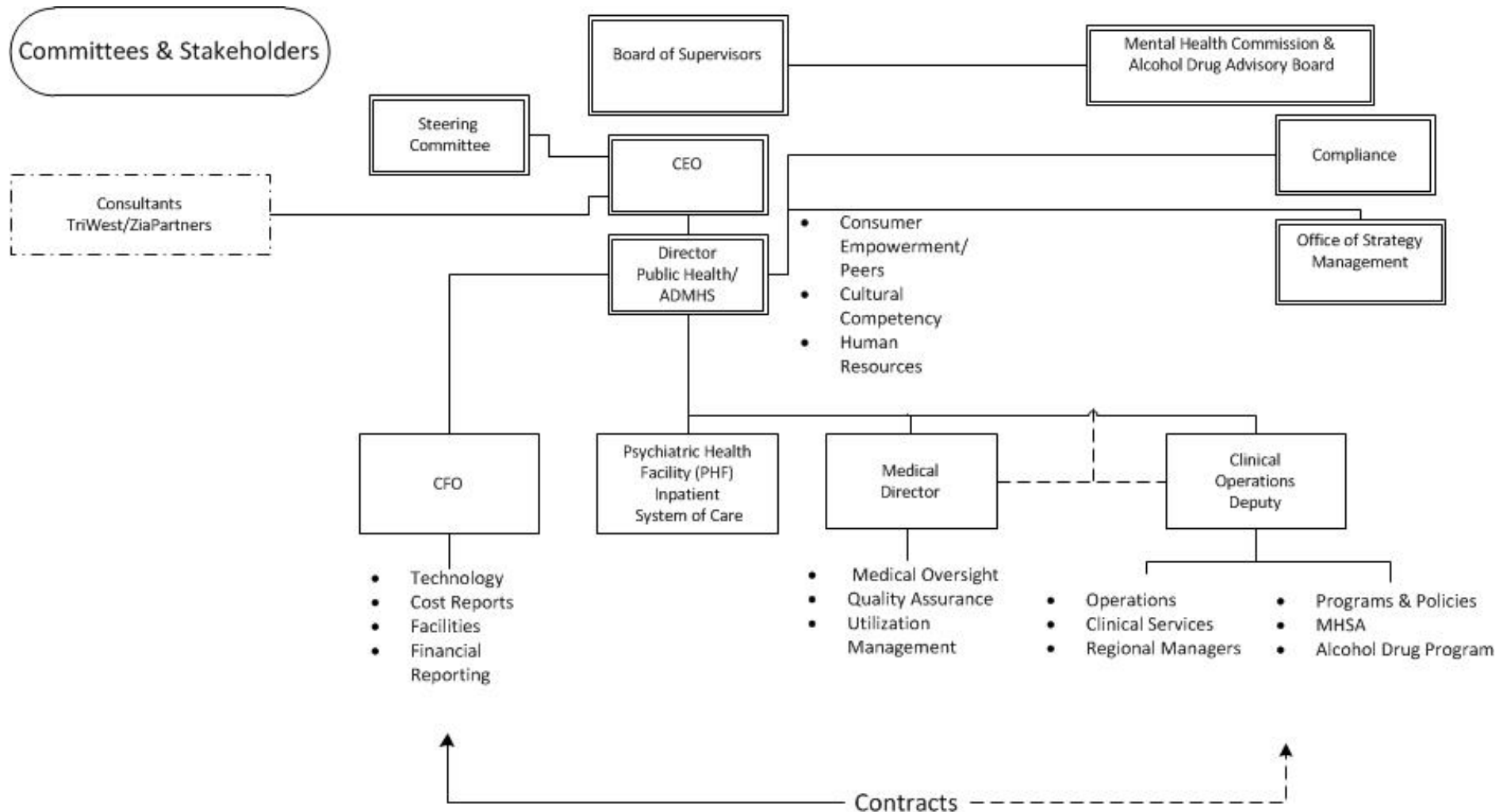
ADMHS Organizational Chart – Transitional Phase



ADMHS Organizational Chart – Current Phase



ADMHS Organizational Chart – Ongoing Stabilized



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Compliance

TriWest: Address short term compliance needs by carrying out a written compliance risk assessment over the next three months and develop a plan by 10/1/2013 to address remaining compliance gaps.

Status:

- Compliance Chief independent of Administration and Clinical Operations established and hired
- Risk Assessment completed with focus areas identified:
 - Safety & risk management
 - Access to services
 - Alcohol & Drug Program training & Drug Medi-Cal site certification
 - Medical practice & pharmaceuticals policies



Compliance

TriWest: Immediately shift participation in the CBO Scorecard process to a voluntary basis and establish a System Change Work Group focused on improving the ADMHS/CBO working relationship over the short and long term.

Status:

- Joint Review Action Team initiated with CBO and stakeholder involvement
 - Joint Review process is now collaborative
 - Re-purposing Joint Review meeting process
 - Revising Joint Review measures
 - Creating review process for internal ADMHS teams
- ADP and ADP Advisory Board implemented reviews
- Revisions to Scopes of Work for all major clinical contracts
 - Adding clinical outcome measures
 - Applying same standards to ADMHS

ADHMS received a score of 93% in state systems audit

Next Steps

Multi-year Process

- 2013-14 & 2014-15 MHSA Plan Updates
- 2014-15 Budget Approval
- System Transformation Implementation
- Strategic Planning & Capital Needs

Next Steps

Continue the Implementation of Systems Redesign (All Areas)

- Systemic/Organizational
- Clinical operations
- Finance
- Administration
- Compliance

Stabilize ADMHS Leadership and Structure

- Retain Director

Measurement of Progress

Internal Evaluation Capability

Crisis System Redesign

- Facilities & services
- Housing supports

Access to Services

Workforce Recruitment and Retention

Recommendations Actions:

That the Board of Supervisors:

- A. Receive report from staff, TriWest Group, and stakeholders regarding progress to date and next steps on ADMHS Comprehensive Systems Change Effort and;
- B. Adopt System Change Vision, Values and Guiding Principles Statement and;
- C. Direct Staff to return on June 17, 2014 with a discussion of capital and facility needs for the Alcohol, Drug & Mental Health Services System of Care.
- D. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guideline Section 15061(b) (3).

Thank You

www.admhs.org

BOS Hearing
April 22, 2014

