

Mental Health Administration (6110P)

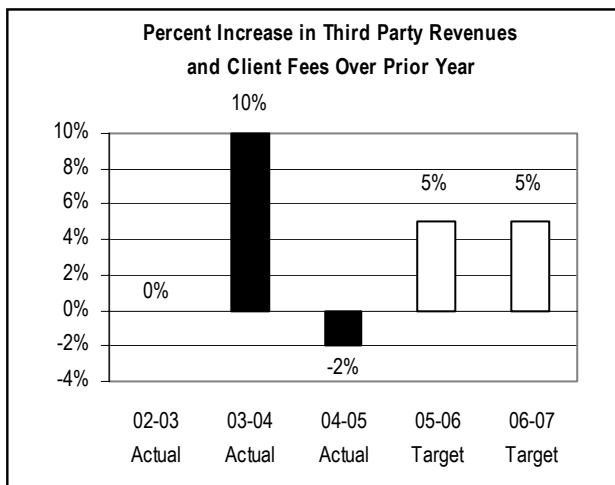
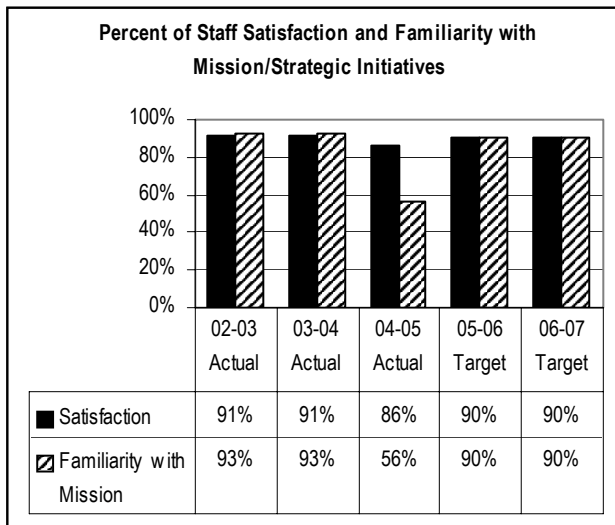
Program Locator

- County
 - Health
 - Health Department
 - Mental Health Services
 - ▷ **Mental Health Administration**
 - Mental Health Youth Services
 - Mental Health Adult Services

Program Outcome Statement

Mental Health Administration provides direction and leadership while defining the priorities of Mental Health Services; works collaboratively with all Health Department programs, other provider agencies, and contracted vendors to ensure service quality and compliance with local, State, and Federal requirements; and provides general administrative support for all Mental Health programs including personnel services, budget, finance activities, research and evaluation, and contract administration.

Headline Measures



Services and Accomplishments

Mental Health Administration contributes to the goals of the Shared Vision 2010 commitment to Ensure Basic Health and Safety for All by providing staff and contract providers with the resources necessary to carry out the Mental Health Division's mission and ensuring that operations are both efficient and cost-effective.

The functional units of Mental Health Administration include senior management, quality assurance/quality improvement, fiscal services, management information systems and accounts receivable, managed care operations, personnel, research and evaluation, and contracts. Mental Health Administration operates from a five-year Strategic Plan for improvement in the mental health service delivery system developed in 2002. The goals include ensuring that mental health services are: (1) accessible and culturally appropriate, predictable, and perceived as being allocated fairly on the basis of client need; (2) cost effective, financially viable, and less reliant on County General Fund support; (3) in compliance with State and Federal Medicaid and other regulations; (4) focused on quality and "best practices;" and (5) accountable through ongoing use of performance indicators and client outcomes.

The following are major accomplishments in the current year:

- Developed a Request For Proposals (RFP) for a new billing and clinical information system, along with 28 other California counties, and selected a group of four finalist vendors—final selection will be made in the Fall of 2005
- Developed and implemented authorization procedures based on State requirements and a standardized clinical tool to improve clinical and financial risk management for costly services to high risk clients
- Received positive reviews as the result of an audit of billing and quality management systems by a new Federally-mandated quality review agency
- Completed a staff and provider agency assessment and plan for cultural competence and implemented a study of Latino access that was cited as a model program by the State Department of Mental Health
- Expanded the Office of Consumer and Family Affairs, which is staffed by family members and consumers

Story Behind Baseline Performance

An extremely important development is the November 2004 passage of Proposition 63, the Mental Health Services Act (MHSA). The MHSA requires each county to develop a comprehensive three-year plan for new and expanded services. Mental Health has launched a comprehensive planning process that includes providers, consumers, family members, County staff, and other community stakeholders; recommendations for the proposed plan will be provided by the Fall of 2005. New funding is available for systems of care for seriously mentally ill/emotionally disturbed children, transition age youth and adults/older adults; innovation, prevention and early intervention; and capital and technology and human resources development to support services expansion. The funding levels will not be determined by the State until late Spring 2006. The goals of the Mental Health Division's strategic plan are complementary to the requirements of the MHSA.

Mental Health services to Special Education Pupils (SEP) remains an area of financial risk. AB 3632 (1984) created a mandate that County mental health programs provide services as specified in each student's "Individual Education Plan." The County's cost for these services was \$6.7 million in FY 2003-04. Costs in excess of State and Medi-Cal funding were claimed through the SB 90 process until the State deferred all SB 90 claims in FY 2002-03. The Governor has proposed relieving counties of this unfunded mandate and transferring responsibility back to schools. Unless the Governor and the legislature act to transfer this program to Education or provide full funding to counties, San Mateo County will be faced with difficult policy choices—continue to provide services without full funding, or develop contracts wherein the school districts are responsible for the costs of continuing County services.

Staff satisfaction and familiarity with mission have historically been high, as indicated in Headline Measure 1. It is believed that the drop in ratings for FY 2004-05 reflect significant workload increases and shifts in program emphasis with the extensive Mental Health Services Act (MHSA) planning effort, changing regulations and requirements with the shift from a case-rate to fee-for-services reimbursement basis, and a higher-than-usual level of staff vacancies.

Mental Health Administration oversees the preparation and control of the Mental Health Services budget, and is concerned with maximizing the amount of third party revenue and client fees collected to maintain the financial viability of all mental health programs. New Federal regulations require "compliance plans" and increased internal monitoring of documentation and billing practices. Billing for services that do not fully meet documentation standards is blocked. Compliance monitoring is a key factor in the leveling off of third party revenues for FY 2004-05. It is estimated that the rate of revenue increase will grow at a approximately 5% over each of the next two years, as indicated in Headline Measure 2.

Major challenges over the next two years will be:

- To continue providing mandated levels of service, such as mental health services to Special Education Pupils (SEP)

discussed above, within the constraints of decreasing State funding

- To continue to train and monitor documentation and billing practices of County and contracted providers to satisfy extensive State and Federal compliance requirements for prevention of fraud and abuse
- To transition the Mental Health Medi-Cal program from a case rate reimbursement structure back to fee-for-service basis similar to other counties
- To expand utilization and risk management strategies based on standard clinical criteria, tools, and procedures

Program Priorities

Mental Health Administration will meet performance targets by doing the following:

Achieve 90% Ratings for Staff Satisfaction and Familiarity with Mission/Strategic Initiatives

- Implement "Cultural Competence Plan" objectives for FY 2005-06 to include a Latino access performance improvement project
- Implement services expansion based on State approved three-year Mental Health Services Act plan

Increase Third Party Revenues and Client Fees by 5% Over the Prior Year

- Continue to monitor staff and provider agency follow through to maximize third party revenues and ensure clients are enrolled for Medi-Cal/Healthy Families/Healthy Kids benefits
- Increase utilization review and staff documentation training activities to prevent increase in audit disallowances with the shift to fee-for- services billing

Improve Business Services Capabilities and Reporting

- Select provider, negotiate contract, and begin phased roll-out for the new mental health information system to improve clinical services capacity and ensure compliance with HIPAA and other State and Federal requirements
- Ensure availability of data regarding service utilization, documentation compliance, client satisfaction, and outcomes achieved

Performance Measures Summary Table

Performance Measures	FY 2002-03 Actual	FY 2003-04 Actual	FY 2004-05 Actual	FY 2005-06 Target	FY 2006-07 Target
What/How Much We Do					
Number of new/renewed contracts coordinated and administered	271	290	310	300	300
Number of Representative Payee accounts administered	321	320	344	350	350
How Well We Do It (Quality)					
Percent increase in third party revenues and client fees over prior year	0%	10%	-2%	5%	5%
Percent of customer survey respondents (Managed Care Provider) rating services good or better ⁽¹⁾	0% ⁽²⁾	94%	96%	90%	90%
Number of days to complete contracts development process	82	82	88	70	70
Is Anyone Better Off? (Outcome)					
Percent of staff who are familiar or very familiar with mission/strategic initiatives	93%	93%	56%	90%	90%
Percent of staff who are satisfied or very satisfied	91%	91%	86%	90%	90%
Percent of clinical staff participating in advanced training in clinical documentation	---	---	83%	75%	75%

⁽¹⁾ Beginning in FY 2005-06 a Countywide standard of 90% has been established for customer satisfaction.

⁽²⁾ Data not collected in FY 2002-03.

Mental Health Administration (6110P) Resource Allocation Summary

	Actual 2003-04	Actual 2004-05	Revised 2004-05	Adopted 2005-06	Change 2005-06	Adopted 2006-07
Salary Resolution	30.0	31.0	31.0	37.0	6.0	37.0
Funded FTE	29.1	30.1	30.1	35.0	4.9	35.0
Total Requirements	11,740,138	12,577,224	12,539,639	13,499,590	959,951	13,571,052
Total Sources	11,059,780	12,333,768	12,267,167	13,149,590	882,423	13,163,882
Net County Cost	680,358	243,456	272,472	350,000	77,528	407,170
NCC Breakdown						
Mandated Services			149,616	350,000	200,384	407,170
Non-Mandated Services			122,856		(122,856)	

Program Net County Cost

The portion of this program's FY 2005-06 Adopted Budget which is funded by the General Fund or Net County Cost (NCC) is \$350,000 or 2.6% of Total Requirements. Of this amount, 100% is discretionary. This discretionary amount includes Mandated Services currently provided with no maintenance-of-effort or local match requirements.

FY 2005-06 Program Funding Adjustments

The following are significant changes from the FY 2004-05 Revised Budget to the FY 2005-06 Adopted Budget:

1. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: inclusion of merit increases and negotiated labor increases; Intergovernmental Revenue and operating expense redistributions to Mental Health Youth Services and Mental Health Adult Services; and allocation of ISD charges previously in Mental Health Administration among the three Mental Health OBM programs. Additional savings based on updated year-end estimates result in increased Fund Balance, which is set aside in Reserves against potential audit disallowances.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(79,286)	(9,445)	0	7,687	77,528	0

2. Add Medical Records Coder

Addition of one Medical Records Coder II position to the Quality Improvement Unit supports the program priorities of achieving a 5% increase in third party revenues and client fees over the prior year, and improving business services capabilities and reporting, by maintaining client records for the Health Insurance Portability and Accountability Act (HIPAA) and regulatory compliance standards, reviewing Clinician notes, and assigning appropriate diagnostic codes for billing purposes. Costs will be fully offset by increased revenue resulting from more accurate and timely coding and decreased audit disallowances due to documentation-related issues.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
67,823	67,823	0	0	0	1

3. Add Patient Services Assistant

Addition of one Patient Services Assistant II supports the program priorities of increasing outside revenues and improving business services capabilities by providing client assistance with enrollment in Pharmacy Assistance Programs available to low income, uninsured clients. Costs are fully offset by a decrease in contract expenses, as well as increased revenue from third party sources and claiming.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
3,828	3,828	0	0	0	1

4. Convert Extra Help Positions to Permanent Status

Conversion of two Extra Help positions to permanent status supports meeting performance targets by addressing long-term workload needs, and also facilitates achievement of the priorities to increase outside revenues and improve business services capabilities: one Medical Office Assistant in the Management Information System support unit will assist with data entry of charges and other system database-related functions; and one Fiscal Office Specialist will support the cost accounting effort. Reductions in Extra Help salary and increases in revenue from third party sources and claiming will fully offset the costs.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
26,204	26,204	0	0	0	2

5. System Support Specialist for Information Technology

This adjustment supports meeting performance targets by addressing operational requirements. One System Support Specialist position is being added to plan and coordinate the Division's information technology and decision support initiatives, and serve as primary liaison from Mental Health to the Information Services Department (ISD). This will include coordinating the implementation of a new clinical and billing information system, chairing the Division's Information Technology meetings, coordinating decision support projects, developing initial specifications for solutions with Mental Health staff, and following up with ISD. The position will also support the Division's participation in statewide mental health planning related to technology and reporting. The costs will be fully covered by Medi-Cal and Realignment revenues, with no increase in Net County Cost.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
89,865	89,865	0	0	0	1

6. Administrative Services Manager for Billing

Transfer in of one Administrative Services Manager I from Health Administration supports the program priority of maximizing the efficiency and cost effectiveness of services by providing oversight of the Division's administrative/billing functions including: patient, insurance, Medi-Cal, and Medicare billing; patient financial screening; supervision of collection, computerized billing, and patient information from several hundred County and contract providers; and providing decision support regarding technical and compliance-driven financial/billing matters. The costs will be fully covered by Medi-Cal and Realignment revenues, with no increase in Net County Cost.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
95,833	95,833	0	0	0	1

7. Adjustments to Fund Balance

Increased Fund Balance has been set aside in Reserves for information technology projects.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
678,156	0	0	678,156	0	0

TOTAL FY 2005-06 PROGRAM FUNDING ADJUSTMENTS

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
882,423	274,108	0	685,843	77,528	6

FY 2006-07 Program Funding Adjustments

The following are significant changes from the FY 2005-06 to the FY 2006-07 Adopted Budget:

8. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: inclusion of merit increases, annualization of negotiated increases, and higher benefit costs; and additional revenue from third party sources and claiming.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
14,292	71,462	0	0	57,170	0