

Pinal County - Managing For Results

Annual Report

FY 2009-2010

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Behavioral Health

Behavioral Health Activity

KR % of customers will experience continuity of service regardless of staff schedules/vacancies

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
85.00%*	99.32%	98.00%	98.01%	98.00%	100.00%	99.00%	97.10%	98.61%	98.61%	98.61%

The Office of Behavioral health and all of the agencies involved in the care and treatment of the mentally ill in Pinal County have been challenged over the year. Large amounts of changes in the behavioral health field have occurred and are changing the way we do business. The Arizona State Legislature, in an effort to balance the state budget, has shifted costs from the State to the Counties. The cost shifts to the Behavioral Health Department included paying 100% of costs of persons sent to the Arizona State Hospital for Competency Restoration. This cost shift has cost the County \$705,550 this fiscal year. We have contracted with local behavioral health service providers to provide this service at a significantly reduced cost. The office will continue to seek inpatient restoration providers to minimize the impact of the cost shift. The second cost shift has been to pay 25% of the costs of the Arizona Community Protection and Treatment Center (ACPTC). This center provides for the civil commitment of individuals who have a mental disorder that predisposes a person to commit sexual acts to such a degree as to render that person a danger to the health and safety of others. This cost shift has cost the County \$ 171,072 this fiscal year. Our office has worked with County Finance to develop a set of best practices that will be put into policy for our office and that will enable us to strengthen the transparency and accountability of the funds passing through our office.

The state has changed the boundaries of the Regional Behavioral Health Authorities (RBHAs) causing a highly populated portion of Pinal County (San Tan Valley) to shift from Cenpatico to Magellan. This means that the Office is now actively working with two separate RBHAs for the purpose of the Title 36 Civil Commitment process adding a layer of complexity to the cases that our office receives.

We are currently working to address the impacts of funding cuts for behavioral health services. Effective July 1, 2010 all persons who are Seriously Mentally Ill (SMI) and who are not eligible or enrolled in the state Title 19 Medicaid Program, (AHCCCS) will be losing all benefits with the exception of a generic formulary for medication. This means that one of the largest safety nets for the SMI population will be taken away. This office expects that many of the Pinal County residents who are currently stable with these services in place, will upon loss of the benefits, will become unstable and fall upon the only services left, the County Crisis Teams, the local emergency room hospitals, and the county jail. We are identifying possible ways to mitigate problems related to persons who are ineligible for behavioral health services or who are receiving insufficient services in relation to their needs. The cuts have increased the complexity of the cases that our office serves and the time needed to effectively resolve the problem are increasing. This office believes that further deterioration in the social supports that have been used to care for the mentally ill in the state will further strain the ability of the office to serve the mentally ill in the County.

To assist the public, our department has created a web page and is developing internal content that will provide education on the Rule 11 and Title 36 functions, links to local behavioral health related human service and government agencies, and finally to provide forms that can be used by the court and by human service providers.

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Medical Examiner

Medical Examiner Activity

KR % of autopsies performed in Pinal County*

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
80.00%*	37.23%	50.00%	57.35%	50.00%	62.62%	53.00%	78.00%	59.35%	59.35%	59.35%

This is the first full year that cases were examined at Pinal County in the Medical Examiner's Office. The challenges faced included: staffing (illness, retention, training time vs. performance of duties, too few); equipment (not all necessary equipment was purchased due to cost restraints); facility (significant renovations were needed to function) and protocol and culture shifts (changing needs of protocols and how they affected the department and other agencies with whom we operate). Despite a very large number of positive changes, we still remain understaffed for the increasing demand for services. However we were able to significantly decrease our budget for out sourcing by approximately 50% in spite of hiring two new employees. This measure resulted in approximately \$245,000 in savings from the 2009-2008 budget for autopsies alone. We also managed to stay within our budget despite building a new system from scratch.

Our total cases for the year were 483. Our estimate of 375 autopsies was thought to represent the majority of cases received, so it was an underestimate of total cases. The 483 cases were comprised of 369 cases that needed a body examination (219 were examined by Dr. Hsu, and 150 were sent to the Pima County Medical Examiner), 16 were "body not admitted" which is the same as an external exam done by either the investigator or Dr. Hsu, and 114 were signed by a primary care physician after we or the investigating agency made the call. Past data collection for this office did not consistently reflect the cases signed by primary care physicians for case for tracking. Proper utilization of primary care providers in this manner serves as a time and cost savings to the taxpayers of Pinal County by cutting the cost of either unnecessarily performing an external examination or out sourcing for the service. This change resulted in a savings of the cost of the 114 cases (\$224/external exam if done in Pinal, \$391/external exam if done in Pima) which would have run between \$25,536 (Pinal) total or \$44,574 (Pima) total if external exams were performed.

Transportation of the deceased through the use of our own van has also resulted in substantial cost savings. By providing our own transport services we cut our budget roughly in half as compared to last year (\$72,000 last year vs. \$32,000 this year). When the vehicle is in for service and unavailable for use, there is no alternate vehicle for responding to medico-legal scenes. Currently the Medical Examiner's office must utilize fleet vehicle to respond and the body transport is completed by a contracted transportation service at significantly higher cost to the county. This savings could continue with the addition of another vehicle.

The department has made many strides toward becoming a full service Medical Examiner facility. The department had to face the challenge of separating from it's current division to become a separate department as of July 1, 2010. With the current data, we are confident that we can now more accurately assess and forecast our needs for the office in the future.

Public Fiduciary

Client Financial Services Activity

KR % of financial file audits that show all eligible benefits have been identified/applied for

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
98.00%	100.00%	98.00%	100.00%	98.00%	100.00%	98.00%	100.00%	100.00%	100.00%	100.00%

The monitoring of client benefits is an essential function of this department. It was determined earlier in this fiscal year that the data collection for client benefits was not valid. Thus, this key result was changed for the up-coming 2010-2011 fiscal year.

The focus of the key result will be to monitor the account to ensure that the client will maintain their eligibility for their entitlement programs. The Current Year End Estimate will remain at 98%.

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Public Fiduciary

Public Fiduciary Activity

KR % of all referrals* will come to a disposition (decision) within one month of receipt of referral

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
75.00%	80.95%	75.00%	66.67%	75.00%	50.00%	75.00%	91.67%	70.27%	70.27%	70.27%

During this past year The Public Fiduciary's office has completed a reorganization to meet the demands of the County for Public Fiduciary services. This has increased the efficiency of the office. Regarding referrals we identified problems of training, no standard definitions, tracking data, data collection, and obtaining information regarding potential wards. We implemented a management information system. This was done by a tracking system in excel, training, and standardized measurement definitions. This standardized system has increased efficiencies in management tracking, and data collection.

The trends in this area still show that the numbers of cases we receive per month are erratic. This is a challenge to meet the referral disposition within the time frame with the workload increasing.

Obtaining information remains a challenge. This is an ongoing time consuming process monitoring and following up with the person/agency/courts that are to provide the information within the time frame for us to come to a disposition. The past two months this office has had to utilize another position to assist in making calls and obtaining information.

An analysis was done regarding discrepancies in the actual percentage and our flow chart collection of the referrals. The results showed we had been under reporting the data. This is possibly why there is a difference in the Year End estimate and Actual percentage. The measure reports "within one month", typically starting in one month and a disposition is reached in the following month (not usually a 30/31 day calendar month). In the past we have been reporting on cases referred to us rather than the intended cases that have come to disposition in the reported month (usually falling in the month after reporting time for MFR). This was corrected by utilizing the cases that have come to disposition this month (the completed month before the reporting time for MFR). By reporting the information in this format we now have an accurate reporting system. This office will continue to look at efficiencies. We will be adding on our website information regarding intake/referrals. At this time the Current Year End Estimate will remain at 75% and will be revisited this next quarter.

KR % of audited client files will show appropriate services have been identified and provided*

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
90.00%	95.77%	90.00%	94.74%	90.00%	92.11%	90.00%	94.74%	94.56%	94.56%	94.56%

During this past year the Public Fiduciary's office has completed a reorganization to meet the demands of the County for the Public Fiduciary Services. This has increased the efficiency of the office. Regarding auditing client files we identified problems of no standard definitions, tracking data, and data collection. The problems in data collection were the services identified for tracking purposes may not have been accurately measured. This has been corrected by training, standardized measurement definitions, and the implementation of a more accurate management information system. This office has been utilizing the panoramic case review data base and utilizing the panoramic software. We had them make some changes to reflect an annual budget and other medical information. This has provided us with a consistent system along with standardization of our auditing system. The information obtained from the case review is assessed for the appropriateness of the services being provided and/or received by our wards.

A major challenge we face this year is the decrease in services that were once provided to our clients. These needed services will now be the responsibility of the case managers to provide. It will be an ongoing challenge to provide these services and still meet their other obligations. Their time in the office has significantly decreased due to being out in the field. Additionally, one of the case managers has been assisting with the referrals.

To assist the case managers, each one will be given a laptop for their use in the field. They will be able to enter their case notes into pano when they make the visits or go to doctors appointments rather than waiting to return to the office.

The office has identified a more accurate data collection process and this has been implemented. The data collection has been standardized to audit every fourth file on an ongoing basis per month. By collection of a random auditing system of every fourth file this enabled us to monitor client files to obtain an accurate review of the client file for appropriate services. This is why there is a discrepancy in our Actual and Current Year End Estimate.

This office will continue to look at efficiencies. With the new changes in panoramic in place being tested, the decrease in services for our clients and the workload increasing the Current Year End Estimate will remain at 90% and will be revisited this next quarter.

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Administrative

Department Director

KR % of applicable Key Results achieved

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
100.00%	40.00%	100.00%	64.00%	75.00%	77.42%	75.00%	78.38%	66.95%	66.95%	66.95%

This past year has seen the Division of Behavioral Health, Medical Examiner and Public Fiduciary go through significant changes. Some of the changes have been the result of staff changes. This has given the Division more vitality and a chance to re-evaluate how services are delivered. Bill Scarber, our Mental Health Court Liaison was hired at the beginning of the 2009-2010 fiscal year. He brought with him skills and knowledge of both mental health and strategic analysis. He started with a vague notion of the many tasks that faced him in this position. With those ideas, he has made progress in standardizing the responsibilities of the Mental Health Court Liaison position. He has done this by producing Policies and Procedures for the Behavioral Health Office in the areas of Rule 11 Competency Hearings and Title 36 Mental Health Hearings. He has set up systems for tracking competency evaluations that are ordered by the Court. This allows him to know exactly who was assigned to complete the evaluations and the due date.

The Behavioral Health Office was ordered by the Legislature in July 2009 to pay for client services at the Arizona State Hospital (ASH). These services were once paid for by the State. This has meant that the cost for Restoration to Competency (RTC) if it is conducted at ASH is approximately \$20,000.00 per month for one person. Additionally, the office now is required to pay 25% of the costs for sexual predators that are housed at ASH that are from Pinal County. For these two programs, the office has spent \$876,622.00 for services at ASH which had not been contemplated when the 2009-2010 budget was approved. This expense has prompted the office to look at other options for RTC services.

This year, the key result for Behavioral Health also changed. It was recognized that the key result for Behavioral Health was difficult to track and had no clear meaning to our clients. Thus, we changed our Strategic Business Plan to track activities in the main areas of concentration i.e. Title 36 hearings and Rule 11 Competency hearings for the 2010-2011 fiscal year. By focusing on these areas, we will be better able to track the costs to the County to provide these mandated services.

Dr. Rebecca Hsu, M.D. was contracted as the Chief Medical Examiner in May 2009. With her enthusiasm and expertise, she has helped establish a functioning Medical Examiner Office (MEO). In the first year of operation, she has helped save the County approximately \$300,000.00 by conducting autopsies here in the County. With her assistance, the MEO was able to obtain a \$100,000.00 GRIC grant to purchase an X-ray device. Once this equipment is obtained, the MEO will be able to do most of the autopsies that are the responsibility of the County.

Unfortunately, the first 8 months of the MEO operated in a state of crisis. This was due to the changing expectations of the medico-legal investigators, equipment needs, illness and staff shortages. With all of these problems at the beginning of Dr. Hsu coming on board, the good news is that the MEO office was able to conduct 62% of the autopsies that were brought to the office.

The MEO is now its own department under the capable hands of Dr. Hsu. The staffing issues have been resolved and it is moving forward. Additionally, a fee structure for autopsy reports and cremation authorizations was approved by the board in June 2010 which will offset some of the expenses of the office.

The Public Fiduciary's Office has maintained its stability. To utilize each case manager to their potential, the intake responsibility was transferred to the case manager supervisor. This allows the former intake coordinator to take on more case management responsibilities. Managing the turn around time of a referral has been a priority of the office and a key result. The problem was not having a good way to track the time. In March, a new data collection strategy was developed so that we could review the information more accurately. This method has only been used in the last quarter of the year, but all ready the information obtained is far more useful.

Last year, the key result for Client Finance for Public Fiduciary clients was not measuring an essential function of the office. The office met its target but it held little meaning. We thus changed it for the 2010-2011 fiscal year. We now will be looking at monitoring the clients account balance so that it will not go over the asset limit set by SSI, AHCCCS, and ALTCS. This amount is \$2,000.00. This will be a joint objective of the case managers and the Financial Services staff.

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Administrative

Department Director

KR % of surveyed customers who say they are satisfied or very satisfied with the services provided by the department

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%

The survey was completed and the results of the survey are as follows:

1. Please indicate the office with which you have had contact.

Office of the Public Fiduciary 54.5%

Office of Behavioral Health 45.5%

2. Overall, were you pleased with services provided by this office?

Very Satisfied 90.0

Satisfied 9.1

3. Did the staff conduct themselves in a professional manner?

Yes 100.0%

All contact is by email but they are professional.

Sue is a true asset to this office and to the county in general.

ALWAYS!!

They are an immense pleasure to work with!

Sue Pratt and Bill S are always willing to help when needed.

They are wonderful!!!

4. Did the staff respond to your request in a timely manner?

Yes 100.0%

If I have questions, they always respond the same day.

Yes. Sue responds so quickly it seems she must sleep and eat with one hand on the keyboard responding to email.

Very prompt!

They are always right there when we need something or to answer any question. If they don't know the answer, they always find it for me.

Called me immediately, solved ALL my problems!!

Financial Services

KR % of non-construction payment authorizations (purchase orders) entered into the system within three business days of receipt of goods

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
90.00%	90.91%	90.00%	100.00%	100.00%	92.31%	100.00%	100.00%	95.74%	95.74%	95.74%

The CYEE of 100% was not met. This was due to the purchases for the start up of the Medical Examiner's supplies were done through the CIP and therefore were not to be included in the department total. After the equipment and supplies for the morgue were purchased the quantity of purchase orders decreased. The CYEE will be adjusted to a lesser amount for the next fiscal year, due to the Medical Examiner office becoming a department separate from the Public Fiduciary and Behavioral Health Departments. The department has implemented a system that ensures that all purchase orders are received on the same day they arrive. We anticipate once the department is separated that we will be able to meet or exceed the annual target.

Human Resources

KR % of all annual employee appraisals will be submitted to Human Resources by the end of January due date.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
98.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%

This result measure was achieved in January and the division will continue to follow through with completing annual employee appraisals. The staff and the supervisors worked together to get the old performance review forms completed as well as the new Performance Management Plan. Each of the departments worked at making their professional goals consistent with the Division's Strategic Business Plan. Effective July 1, 2010 the Medical Examiner's Office will become a separate department. Therefore, the staff in this division will be decreased from 13 to 11.

DIVISION OF BEHAVIORAL HEALTH, MEDICAL EXAMINER & PUBLIC FIDUCIARY

Administrative

Records Management

KR % of record series managed in compliance with legal and policy requirements as determined by the Arizona State Library of Archives.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
100.00%	14.29%	100.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%

Currently the office has eight record series that need to comply with legal and policy requirements. The number of series will drop from eight to three on July 1, 2010 when the Medical Examiner's Office becomes their own department. The inventory of all record series has been completed and document destruction is scheduled on a biannual basis. It is expected that all record series will be in compliance by the end of this calendar year.

Training

KR % of training dollars spent that directly align to County or Department strategic goals.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
85.00%	0.00%	85.00%	0.00%	85.00%	0.00%	85.00%	97.89%	97.89%	97.89%	97.89%

This is the first year that our office has been tracking the total cost of training. The total cost of training includes the fee for the training, the time that it takes for the employee to travel while receiving pay for the training, and the hourly wage of the employee at the training. To track this data our office developed a spreadsheet that is simple and can give us reliable data. It has reduced the time our office spent tracking the data. The spreadsheet has been disseminated to other departments for their use. We are working to ensure that our office is able to maximize our effectiveness through training by utilizing low cost training that will enable us to address the problems we face in the Public Fiduciary and Behavioral Health field. The department director is identifying whether or not the training will provide Continuing Education credits (CE's) for licensing, and directly aligns to the strategic goals of the department and county. The CYEE was changed to reflect the actual year-end result of the program.

Vehicle Management

KR % of department vehicles operated more than 10,000 miles per year

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate						
95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	95.00%	66.67%	66.67%	66.67%	66.67%

Of the three department vehicles, two were operated more than 10,000 miles annually. Vehicle # 21434 was at 9387 miles at year-end. Vehicle #11312 was driven 12,507 miles and vehicle #13201 was driven 11368 miles. The average miles driven the by department vehicles was 11,087 miles. To optimize all vehicles in the future, the vehicles will be rotated more frequently between staff to ensure meeting this measure. Our CYEE is 66.67% based on year-end odometer readings. We operate one special use vehicle that is not tracked for the purposes of MFR. This vehicle is operated through the Medical Examiner's Office. It was operated an average of 3,601 miles per month for an annual mileage of 43,216 miles this year.

KR % of department vehicles with preventative maintenance performed as scheduled

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
95.00%	0.00%	100.00%	100.00%	100.00%	100.00%	95.00%	77.78%	67.74%	67.74%	67.74%

The three departmental vehicles were maintained per vehicle maintenance schedule and were on track for oil changes, tire rotation, and tune-up services as planned in the fourth quarter for FY 2009-2010. We met our quarterly target at 100% by keeping all vehicles current on major preventative maintenance per schedule. The special use vehicle that is not tracked for the purposes of MFR has been maintained at 100% also. Because of the number of miles that the vehicle travels per month, there have been some difficulties keeping it maintained. When the vehicle is in for service, there is no alternate vehicle for responding to medico-legal scenes. Currently the Medical Examiner's office must utilize fleet vehicle to respond and the body transport is completed by a contracted transportation service at significantly higher cost to the county.