

Tri-County Mental Health is a comprehensive mental health center, operating 18 programs in five counties and from 22 different locations. (Please see Attachment 1, "Report to Our Communities") As the largest free standing mental health center in Maine, with a budget of \$20m and annual billings to Medicaid close to \$15m, we were, and remain, a clear target for increased surveillance by the Fraud and Abuse units of Medicaid and Medicare. In 1999, we underwent an audit which resulted in a recoupment in excess of \$500,000. Our paperwork was revealed for what it was, undisciplined and incomplete. Whilst we were recognized as providing high quality mental health services as indicated by high consumer satisfaction in surveys, high community tenure rates, high employee satisfaction resulting in long tenures and consistent success with Request for Proposals, this audit indicated we had poor quality control over our records and billing. At the same time, we faced severe financial problems, specifically, we were experiencing serious difficulties with cash flow. Over the years our funding, in the form of grants, has remained relatively constant. However, as our budget has grown, the percentage of revenues from grants had been substantially reduced and our dependency on Medicaid had increased markedly. Lack of control over the numbers of clients with Medicaid, and particularly the ratio between Medicaid and other third party and self pay sources, had led to deficits and unpredictable receipt of revenues. Obviously, these fiscal difficulties and documentation issues placed this agency, with an almost 50 year history of quality services, at risk. The need to manage the relationship between clinical standards, quality control of paperwork and financial accountability had never been more critical. We decided to embark on an ambitious course of action to improve control over paperwork and ensure financial accountability, while maintaining high clinical standards. At the same time, we were attempting to identify and minimize job-related risk to our employees. The organization's Coordinators, who are at the supervisory level, are key to balancing these often-competing forces.

### MISSION PROTECTION

These risks brought with them ever-increasing pressure to act more "business like," and resulted in a strain on our ability to live up to our Mission. Additionally, this year our Mission was augmented by our Board to include the words "...whilst maintaining agency financial stability." (Please see Attachment 2, "Our Mission") To address these

threats, we developed a strategy we describe as “Mission Protection.”

The agency augmented its vertical management structure with a series of horizontal activities and committees, which drew participation by staff from across the agency. These changes are represented in Attachment 3 and are described briefly below.

### Orientation

During their first two weeks, all new employees are exposed to the Mission, values and goals of the agency by the Executive Director and Program Director. Additionally, we present the agency’s standards regarding ethics and boundaries, provide an introductory explanation of our Risk Management procedures and harassment policies, including workplace domestic violence, and comprehensive training on paperwork requirements. (Please see Attachment 4, “Agency Orientation Schedule” and “Agency Orientation Evaluation”) Each orientation is accompanied by an evaluation which consistently reflects a high rating by the new employees of the relevance and usefulness of the orientation.

### Compliance and Quality Assurance

We have developed, invested in, and implemented an elaborate system of Quality Assurance to review all clinical documentation. (Please see Attachment5, “QA/UR Record Review System”) The overall goal is to prevent having to return payments for services paid and billed. Records are set up and reviewed by support and clinical supervisory staff to ensure completeness and clinical appropriateness by the 30th day of treatment. Our Quality Assurance staff conduct 90-day reviews of each chart, tied to the date required to undertake a clinical review and identify missing elements from the record. These changes are in place to assure that no bill is submitted without appropriate documentation. Necessary corrections are being systematically reduced across the agency. This

initiative has resulted in an arrangement with the Fraud and Abuse unit of Maine's Medicaid program that allows us to perform our own internal audits and "to close the books" on previous fiscal years as we complete them. In a climate where the prospects of a private auditing authority are very real, we have reduced the risk of an external audit substantially. Development of our Compliance Committee to oversee this activity is proving invaluable as we prepare for HIPAA.

### Risk Management

Encouraged by earlier Negley Award winners, we have established a Risk Management Committee which is responsible for assessing and reducing on the job risk to employees by: providing risk assessment tools; establishing an "Alert" system for potentially dangerous clients; offering advice on abusive clients; recognizing Domestic Violence as a workplace safety issue; and reviewing situations where staff have been at risk. (Please see Attachment 6, various "Risk Management Policies & Procedures") A recent survey of staff found the majority had not experienced violence while at work. Of those that had experienced violence, the majority considered that the situation had been dealt with appropriately. An environment where staff feel safe and secure is not only a responsibility that we as an employer have, but is also critical to their ability to provide quality clinical work. The Risk Management Committee also reviews the work of the Adverse Incident and Safety Committees.

### Grievance

A critical component of an effective and efficacious risk reduction program is an easily accessible grievance procedure, for both consumers and staff. (Please see Attachment 7, "Policies & Procedures for Client Complaints & Grievances") The open, cooperative, non-defensive nature of our response to consumer complaints and grievances has led to successful resolution of all grievances to date, without recourse to legal proceedings. We are recognized by Department of Behavioral and Developmental Services and the Department of Labor as having a model grievance procedure.

### Quarterly Planning Meetings

The vertical management of the agency enables individual Unit Managers to work with their Coordinators and others to make thoughtful, sound decisions and implement effective procedures as a result. Quarterly meetings between the agency's Executive Staff, Program and Service Managers and their Coordinators have been instituted to provide a forum for understanding how the inter-related demands of fiscal, compliance and clinical issues are being addressed by the agency and how they are being dealt with in each unit.

### Ethics

In order to review the actions of the agency and of individual staff, it became important to establish an Ethics Committee. This Committee is made up of a representative group of agency disciplines. The Committee is in the process of understanding its role in ethically decision making. It is steadily working its way through the most commonly encountered ethical problems, and has begun providing guidance to staff and management in the process of ethical thinking.

### Quality of Care

In reviewing the impact of these changes, a number of indicators of quality of care can be cited.

The Client Satisfaction surveys of open cases from 1997 and 2000 are presented for comparison. (Please see Attachment 8, "Client Satisfaction Surveys") The results indicate that although we have invested a considerable amount of time and energy in areas other than clinical, the consumer satisfaction rates have remained remarkably constant at around 93%.

We have been able to improve the attractiveness, efficiency and safety of our physical plants. We have built a new mental health facility in Oxford and are rehabilitating our offices in Farmington. We are planning to build a new office to replace the four separate locations of our Social Learning Center and we have begun the rehabilitation of our offices in Rumford. These improvements have resulted in an investment of \$ **1.5** million to date, with a further expected cost of \$2 million. Recognition of the positive impact of good office facilities on the quality of services, is universal acknowledged by consumers and staff alike. These investments are, and continue to be, possible because we have reduced our financial vulnerability.

### Coordinators

Throughout this extensive process it has been our front line supervisory staff, our Coordinators, who have occupied the most crucial role within the agency. It would be impressive to be able to report that the above happened in the considered and planned way we have presented it. However, only recently have we recognized that the ability of front line employees to embrace the agency's developing core values and goals was being compromised by the fact that the Coordinators had not been included in the process. In reviewing the 2002 Negley Award and describing the agency's actions through the perspective of Risk Management, it became clear that we needed to more fully include our Coordinators.

Where this has occurred, staff describe the QA process as helping them be "competent and well trained professionals." Other areas of the agency express "...frustration with having extra responsibilities, but no authority or power to make changes or were they 'being heard by the folks upstairs'." It has been a hallmark of this agency to provide excellent clinical supervision, by well trained and effective supervisors. Feedback from staff elicited at the time of their annual evaluations continues to validate this. The success of our fiscal and compliance policies to date are due in large part to the excellent supervisory practices of the Coordinators. In order to sustain our achievements, it is clear that we need to continue to invest time and energy with this group. Training in the practical aspects of supervision are been provided, using the Zenger-Miller model, in collaboration with the local Technical College. (Please see Attachment 9, "Training Schedule & Outline for Coordinators and Supervisors")

A process was needed to enable the Coordinators to better match their existing skills with our fiscal, compliance

and risk management goals. This has begun and is in process we are now undertaking. Several meetings have taken place, using this statement from our Program Director, as a mission for the meetings:

“We want to begin a process of involvement, without any preconceived idea of a finished product, by meeting with the Coordinators. This is not an attempt to give more responsibility to the Coordinators. It is an attempt to use their expertise and close working relationship with staff, to help their staff and the agency deal with increased workloads and expectations.”

This challenge by the Program Director brings together a group of 58 Directors, Managers and Coordinators to develop strategies to respond to the demands of Behavioral Health management, within the framework of Mission Protection outlined here. Inclusion of the Coordinators across the horizontal and the vertical structure of the agency should enhance their ability to share in the values, goals and Mission of the agency, and to do that more effectively with all staff. Their excellent supervisory skills, combined with their good relationship with employees is the key to the continued success of the agency.

### A Retrospective

All of the above has been developed in the last three years. All of the above was developed in response to a real risk to our Mission, our agency, and our staff. The agency was a relatively well funded, clinically competent organization, with a not very thoughtful perspective on its record keeping, nor intelligent awareness about its responsibility in a more dangerous world. We have worked, involving the entire organization, to create a series of interrelated systems to better manage our complex of programs and their competing demands.

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Incorporated in 1951 from what was originally known as the Catholic Bureau of Social Services, and going

through several mergers and name changes over the next 20 years, our agency legally became Tri-County Mental Health Services (TCMHS) in 1972. In 1993, TCMHS assumed corporate responsibility for Western Maine Counseling Services in Bridgton, and today, it provides the most comprehensive range of behavioral health care services in the state of Maine. Mental health services are offered to persons from infancy to maturity and beyond, and include residential and 24-hour, seven days a week mobile crisis services. We offer a range of program options for persons with developmental disabilities, and substance abuse services are available at all of our outpatient sites. When more than one service is needed, we are well experienced at coordinating them.

