Behavioral Health and Justice:
Challenge your assumptions, uncover your opportunity

National Association of Counties (NACo) Annual Conference – July 13, 2019
Examine the reality counties are facing

Now, more than ever, counties need to address the mental health epidemic facing 1 in 5 adults in the United States.

Although counties annually invest over $83 billion in their local health systems, less than half of those that require treatment actually receive it.
Imagine the results you could achieve

<table>
<thead>
<tr>
<th>Direct Service</th>
<th>Clinical</th>
<th>Psychiatrists</th>
<th>Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>200,000 hours of increased direct service due to productivity gains equivalent to an over 100 FTE increase in staff</td>
<td>45% increase in overall clinical productivity, seeing 1,300 more unique patients weekly with 4,000 more service interactions weekly</td>
<td>30% increase in psychiatrist direct service hours, reducing assessments and increasing medication appointments</td>
<td>30% increase in clinical therapist productivity, with an 80% increase in average daily therapy and case management session</td>
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</tbody>
</table>

Clinical productivity increase: +45%
Direct service hours: +30%
Avg daily sessions: +80%

These are not projections. KPMG worked with Riverside County to increase their capacity for delivering behavioral health services without hiring additional staff.
Toward a continuum of care

- Increasing local revenue burden
- Re-entry & case management

Crisis Utilizer

- Justice
- Behavioral Health
- Health & Human Services

Integrated, proactive service delivery
## Assumptions challenged…

<table>
<thead>
<tr>
<th>Initial solution</th>
<th>Initial problem statement</th>
<th>Initial plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add crisis beds to the mental health hospital and/or build an additional neuropsychological crisis facility/diversion center</td>
<td>There are not enough crisis beds at the mental health hospital to meet current need and thus people are often taken to jail because of no alternative</td>
<td>Build a facility</td>
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</table>
Plan revised

How different it looks when start with identifying the problem

<table>
<thead>
<tr>
<th>What the data showed</th>
<th>Revised problem statement</th>
<th>Revised solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many of those brought by law enforcement to the mental health hospital were returned to the street in less than 8 hours because there are assessed not to be in crisis. And of those admitted to the hospital, the vast majority were discharged in less than 48 hours.</td>
<td>Behavioral health services are: 1) not integrated with health and human services 2) underdeveloped for vulnerable populations 3) Not nuanced to address those who are “in-betweeners” (i.e., in sub-acute distress)</td>
<td>A County needed a means to triage those in distress, assessing who needed hospitalization and who required out-patient stabilization and a spectrum of human services to meet their needs.</td>
</tr>
</tbody>
</table>
If you start with the solution in mind, **you might miss** the actual problem.
How to uncover opportunities for maximum impact

Population-Based Resourcing:
Who do you serve?
What are your needs?
What is your capacity?

Performance Measurement:
Do you know whether you are effective and efficient?
Are you monitoring your results?

Data for Decision-Making:
Do you have the data to answer the questions you have?
Can you use your data to prepare for the future?
Where can I look for help?

— In your backyard
— Foundations & philanthropy
— Universities & non-profits
— Private industry
Reach out to us

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