



CalQIC 2020



MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos **Forward Together**

Monterey County Profile

Galactic Position: Planet Earth

Time and Space: July 1st, 2018 (go live)

Mass: Medium Sized County

SUD Inhabitants: 4 Contracted Providers

- 4 Residential Multi- tiered Programs
- 2 Withdraw Management Programs
- 2 Narcotic/ Opioid Treatment Programs
- 7 Outpatient Programs

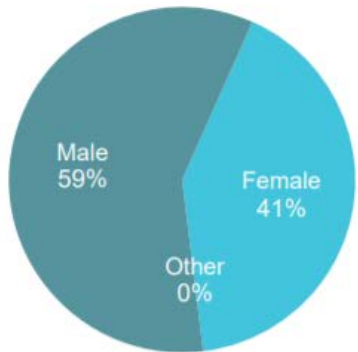


Monterey County Profile

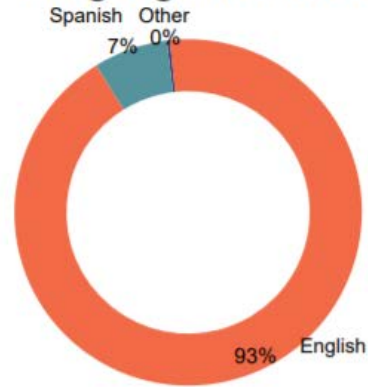
Number of Clients Served in SUD Program (FY 18/19) : 1,439

Average Age Per Client: 38

Gender

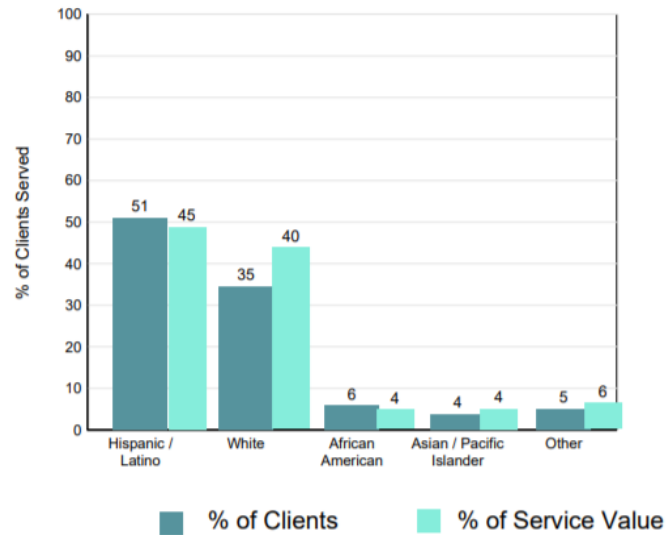


Language of Preference

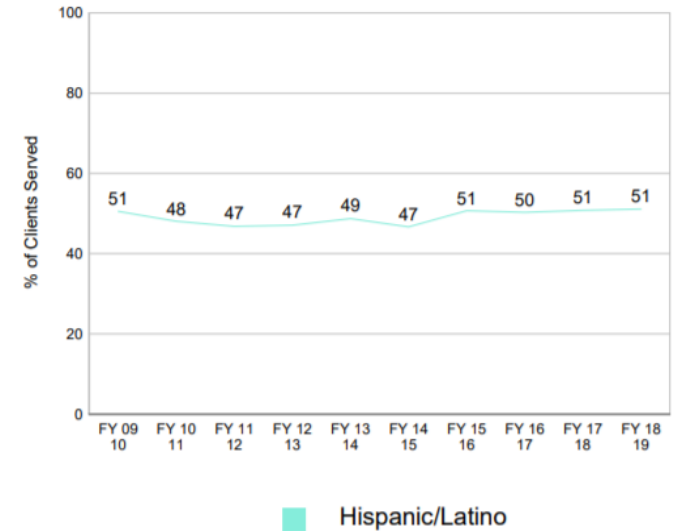


Health Equities

Breakdown of Clients Served by Ethnicity



Percent of Hispanic / Latino Clients Served





Our Mission

- Support the development of an integrate system of care while expanding substance use service benefits and availability of services to greater number of individuals and families who want and need help.
- Strengthen collaborative partnerships through new service contracts with a network of community-based providers that have extensive history of serving individuals and families in Monterey County.
- Expanded to include a continuum of care to provide accessible, individualized treatment to support recovery.

With more services comes more responsibility to monitor!





Mission Preparation

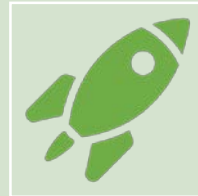
- ✓ Develop a plan
- ✓ Build the team
- ✓ Learn the rules
- ✓ Provide training and technical assistance
- ✓ Embrace change



Monitoring Protocol



Pre- Review



Review



Post Review



Pre-Review

Notify providers of upcoming review via e-mail approximately 1 month in advance.

Include **Site Review Notification letter** along with request to complete **ADA Accessibility Checklist** form and submit two weeks prior to on site review. The following documents are also requested:

- Provider Organization Chart
- Program protocols/policies/procedures
- Personnel Policies/Procedure Manuals
- Grievance policy/procedures and a copy of the brochure/document
- Group Sign In Sheets

Example of SUD Notification Letter



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

ENTER DATE HERE

Address

Subject: Substance Use Disorder Contract and Program Compliance Review for **XXXXX**

Dear **XXXXX**,

This letter serves as confirmation that the Monterey County Behavioral Health Bureau will begin a Substance Use Disorder Services compliance review of your agency on **ENTER REVIEW DATE HERE**.

We will be conducting a programmatic and administrative compliance review. The review will cover the period of **ENTER TIME PERIOD HERE**. The areas that will be monitored with regard to your contract are listed below:

1. Review of personnel files
2. A review of your agency's Contract Compliance with the FY 2019 -20 Monterey County BH Division SUD Agreement

Please provide our office with the following documents by **ENTER A DATE 2 WEEKS BEFORE DATE OF REVIEW**.

1. A current copy of your agencies Organization Chart
2. A current and complete copy of your program protocols/policies/procedures
3. A current and complete copy of your personnel Policies/Procedure Manuals
4. A copy of your agency's Grievance policy/procedures and a copy of the brochure/document
5. A completed Checklist for Accessibility: Alcohol and Drug Programs (attached)

Please be aware that the monitors will require quiet workspace. If you have any questions, please contact me at (831) 755-4545.

We look forward to our visit.

Sincerely,

YOUR NAME HERE
YOUR TITLE HERE
1611 Bunker Hill Way Suite #120
Salinas, CA 93906

Attachment: Checklist for Accessibility: Alcohol and Drug Programs



Review Quick Facts

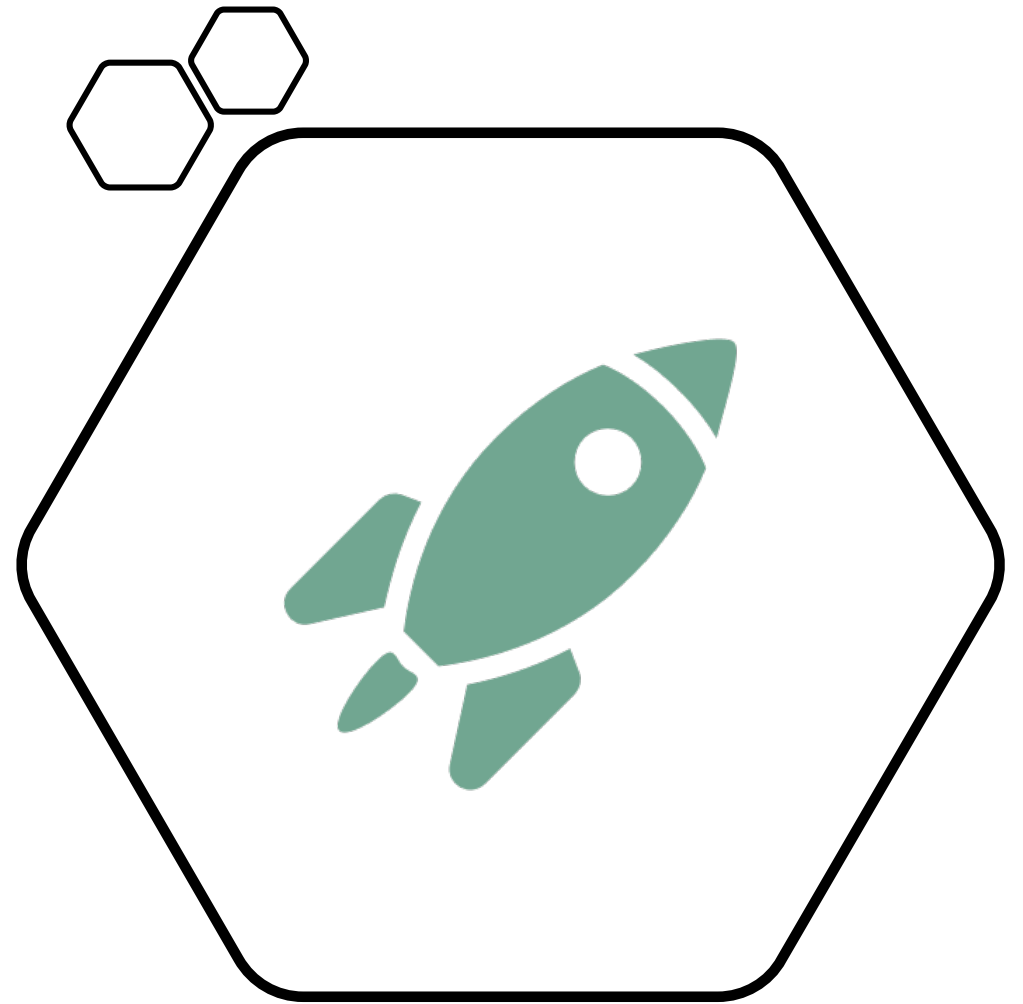
Program reviews are conducted on an annual basis

10- 15 consumer charts are randomly selected and reviewed per site, all services are reviewed during selected timeframe

Reviewers include Senior clinician staff from QI (2 per site), and County SUD Program Administrator

Total review takes clinicians approximately two weeks to complete

Onsite component includes exit interview





Review is two part

Part 1: Clinical Review

- Program Specific Documentation
- ASAM Based Assessments
- Medical Necessity
- Treatment Plans
- Individual and Group Notes
- Medical Exam
- Residential Authorizations
- Group sign in sheets

Part 2: Administrative Review

- Program Policies
- Charitable Choice
- Accessibility of Service Requirements
- CLAS Standards
- CalOMS
- DATAR
- Facility Walk-Through (onsite)
- Review of personnel charts (onsite)



On site: Review

On day of scheduled site review the following should be completed:

- Facility Walk-Through as outlined in the Administrative tool
- Review of personnel charts as outlined in the Administrative tool
- Exit Interview

Example Format of Monitoring Tool

- A. Line Item for reference
- B. Description of requirement
- C. Rating
 - M= Met
 - NM= Not Met
 - PM= Partially Met
 - N/A= Not applicable
- D. Citation
- E. Comments

A		B				C PART NOTES				D		E	
Line #	Description	M	NM	PM	N/A	Regulations	Comments						
						Exhibit A, Attachment I, Part III, Section PP, 14, i, b, ii, 2							
10	If services provided in the community, identify location and how provider ensured confidentiality					State-County Contract Exhibit A, Attachment I, Part III, Section PP, 14, i, c, ii, 6							
11	Individual/Group Sessions provided in confidential setting so that individuals not participating in session cannot hear comments by client(s), therapist, or counselor					State-County Contract Exhibit A, Attachment I, Part III, Section PP, 1, i							
12	Use of evidenced based practice: <ul style="list-style-type: none"> • Motivational Interviewing • CBT • Relapse Prevention • Trauma-Informed Treatment • Psycho-education 					Special Terms and Conditions Section 148, c							



Post Review

- Final results, including a **Site Findings Notification Letter** and **Plan of Correction** are sent to Programs to review
- Program has two weeks from receipt of **Site Findings Notification Letter** and **Plan of Correction** to address deficiencies
- Plan of Correction is monitored and reviewed by QI staff until all items are brought into compliance

Example of Site Findings Notification Letter



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

INSERT DATE HERE

Agency Name
Program/Level of Care
Address
XXXXXX, CA, XXXXX

Subject: **Substance Use Disorder Contract and Program Compliance Review**

Dear XXXXX,

It was a pleasure working with you and your staff during the Monterey County Substance Use Disorder Program Compliance review for fiscal year 2019 - 2020. Attached is the final report of the review which includes regulatory citations for the items reviewed along with a comment section for added clarity of our findings.

Please submit your Plan of Correction (POC) by **XX/XX/2020** to Monterey County Behavioral Health (MCBH) Quality Improvement at 415QI@co.monterey.ca.us and to the MCBH Substance Use Disorder Administrator at HealdAB@co.monterey.ca.us with specific details regarding your response to the deficiencies cited. Please refer to each section in the report for items that have been marked as NM (Not Met) or PM (Partially Met) and ensure it is addressed in the POC. In your POC, please describe the following:

- Description of how you will correct each deficiency
- Who will be responsible for quality assurance?
- How often the program will monitor participant records in order to ensure compliance?
- Proposed Implementation Date
- If applicable, submit proof of any corrections made.

If you have any questions, please do not hesitate to contact our office. We look forward to our continued partnership.

Sincerely,

YOUR NAME HERE
YOUR TITLE HERE
Monterey County Quality Improvement Department
1611 Bunker Hill Way Suite #120
Salinas, CA 93906
(831) 755-4545

Cc: Lindsey O' Leary, Quality Improvement Manager
Andy Heald, MCBH SUD Administrator

Example Format of Plan of Correction

- 1. Line Item for reference
- 2. Description of deficiency
- 3. Correction taken by Program
- 4. Attachments
- 5. MHP response

Resident Records				
1	2	3	4	5
	Description of Deficiency	Corrective Action	Attachments	MHP Response
1.	CHART ID: 12345 DEFICIENCY LEVEL: NM Description: no emergency contact identified in chart or in scanned documents, no ROIS on file for emergency contact)	<i>The intake counselor is now completing the emergency contact on admission day</i> <i>Program has conducted an in-house training on proper consent completion on 10/8/19, see attached sign in sheet and agenda description</i>	RR 1	accepted

Ground Control, Coms, and the SUD Universe

- Monthly SUD Provider meetings
 - All four SUD providers are represented
 - County SUD Contract Monitor
 - County Access and SUD Deputy Director
 - County Authorization Team Representative
 - County Quality Improvement Representative
- SUD Documentation Guide
- QI newsletter
- Transparency with Policies and Procedures and Monitoring Tools
- Electronic Health Records Training
- Clinical Documentation Standards Training



Mission Outcomes

Successes

- Compliance due to EHR customization
- Timeliness of Authorizations
- Increase in utilization of outpatient services and utilization of Recovery Services

Challenges

- Quality of documentation
 - Transition to electronic health record
- Low billing of case management and MAT
- Understaffing for Providers and MHP
- Clarity of Rules and service limitations

Next Steps

- Expand training opportunities for clinical documentation and electronic health record navigation
- Develop Peer Support specialist
- Increase utilization of case management and MAT services
- Strategize ways to reduce documentation time
- Improve compliance "bells and whistles" in our Electronic Health Record
- Support continuum of care transitions



"Change is the essential process of all existence."

-Mr. Spock

Let That Be Your Last Battlefield, Star Trek: The Original Series

Make Contact



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BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Monterey County Behavioral Health Quality Improvement

www.mtyhd.org/qi

(831) 755- 4545

Lindsey O' Leary

Quality Improvement Program Manager

OlearyLM@co.monterey.ca.us

Andy Heald

Substance Use Disorder Program Manager

HealdAB@co.monterey.ca.us

