



Date Approved: 8/26/19  
By: Carol F. Burton  
Carol F. Burton  
Interim Behavioral Health Director

**POLICY TITLE**  
**Development, Approval, Dissemination, and Revision of Alameda County Behavioral Health Policies & Procedures**

**Policy No:**  
000-1-1  
**Date of Revision:**

**PURPOSE**

Policies and Procedures (P&Ps) are written for county staff, contractors and others who provide “direct service,” administer/manage programs, and/or set policy under our Mental Health Plan, Mental Health Services Act, and Substance Use Disorder contracts with the State Department of Health Care Services. The purpose of P&Ps is to ensure that everyone associated with Alameda County Behavioral Health (ACBH) operations is aware of and consistently implements the requirements of federal, state, and local laws and regulations that govern how public funds are spent.

This “Policy on Policies” was written to clarify procedures on how to initiate, develop, and revise P&Ps; ensure that P&Ps are written in a standard format; and ensure that new and revised P&Ps are made accessible to contractors, employees and community members. Its companion piece is the ACBH template for developing a P&P, which is referenced in this P&P and is attached.

**AUTHORITY**

Most current Mental Health Plan, Mental Health Services Act, Substance Abuse Prevention and Treatment, and Drug Medi-Cal Organized Delivery System contracts with the California Department of Health Care Services.

**SCOPE**

This policy applies to all ACBH staff who have the authority to develop, revise, or approve the promulgation of Policies & Procedures for the mental health and substance use disorder systems. All policies and procedure must follow this process to be included in the ACBH Policy Manual. Internal policies and procedures for ACBH units are not required to follow this policy.

**POLICY**

ACBH publishes and updates a Policy Manual which (i) is written to ensure compliance with all federal and state laws and regulations pertaining to the delivery of services administered or contracted for by ACBH, and (ii) supports the strategic direction established by ACBH leadership by publishing P&Ps written to implement that strategic direction.

## PROCEDURE

- I. The Policy Manual is written to conform to the following standards:

**Uniformity:** Each P&P approved by the Behavioral Health Director after June 1, 2015 will be written to fit into the current template (see Attachment I).

**Compliance:** The Policy Manual contains policies and procedures that are consistent with federal and state laws and regulations, and county ordinances. The Policy Manual is not intended to supersede laws, regulations, or ordinances.

**Authority:** Authority for implementing procedures included in this Policy Manual shall come from the manual itself.

**Accountability:** The Policy Manual's procedures describe county and contract staff responsibilities to support the ACBH goal of compliance with federal, state, and local regulations. This delineation of responsibility is designed to support clarity between all employees and their supervisors in performance of this Mental Health Plan goal.

**Communication:** P&Ps will be written in clear and concise language that is easy to understand and implement.

- II. All ACBH Programs shall comply with the ACBH Policy Manual.

A. The requirement for Contractors to comply with the ACBH Policy Manual is found in two Exhibit A-1 sections: "Administrative and Program Standards" and "Compliance with Contract Provisions."

B. All county-managed programs shall comply with the ACBH Policy Manual.

- III. Public Accessibility of the Policy Manual: The Policy Manual will be posted in locations that provide immediate access to ACBH employees, ACBH contractors, and the public.

- IV. Structure of the Policy Manual: The Policy Manual's chapters will reflect responsibilities under the Mental Health Plan, Mental Health Services Act, Substance Abuse Prevention & Treatment, and Drug Medi-Cal Organized Delivery System contracts with the State Department of Health Care Services.

- V. Revised P&Ps:

A. Quality Management will manage the ACBH P&P review calendar.

B. All existing P&Ps should be reviewed for revision every two years by each ACBH Division.

C. ACBH Divisions will forward edits to the Quality Management Director or their designee.

- D. Reasons for policy revision may include: policy does not reflect current regulation; policy is out-of-date for other reasons; procedures hinder efficient performance; procedures "do harm" to beneficiaries, family members or staff.

VI. Preparing P&P for Executive Review: Step I – Work with Quality Management Staff to Draft or Revise Text

- A. The author will submit a draft policy to the ACBH Quality Management Director or their designee.
- B. New and revised P&Ps will be drafted using the most recent version of the P&P template (Attachment I). Quality Management staff will work with the author to ensure consistency with the P&P template's sections.
- C. The author will, when appropriate, include language that addresses integration of Mental Health with Substance Use Disorder services.
- D. Policies that require revision will be submitted to Quality Management staff with a short explanation of the context for the update.
- E. Quality Management staff will complete a review of the draft policy and make recommendations to the Quality Management Director or their designee for advancing the draft.

VII. Preparing P&P for Executive Review: Step II – Submit P&P to ACBH Quality Improvement Committee

- A. The Quality Management Director or their designee will submit draft P&Ps to the ACBH Quality Improvement Committee's Policy and Procedure Subcommittee for review, comment, and recommendation.
  - 1. If a revised policy's edits are rejected by the QIC's P&P Subcommittee, Quality Management staff will work with the author to identify a different resolution to the issue.
  - 2. The Subcommittee can recommend that the draft policy be 1) shared by email with the full QIC and identified stakeholders and 2) posted on the ACBH website for public comment for 14 days prior to seeking approval from the QIC. The Quality Management Director or their designee will respond to the public comments following presentation of the P&P to the QIC.
- B. The Chair of the P&P Subcommittee will bring P&Ps with the Subcommittee's recommendations to the full QIC. If there are any public comments, the Chair will also present these to the full QIC.
- C. The full QIC will review the P&P and make a recommendation for review by the Executive Leadership Team or its designee.

VIII. Submit P&P for Executive Review

- A. The Quality Management Director will submit P&Ps that have a positive recommendation from the ACBH QIC to the ACBH Executive Leadership Team or its designee.
- B. The ACBH Executive Leadership Team or its designee will then add their review, comment and recommendation to the Behavioral Health Director.
- C. The Behavioral Health Director or their designee has exclusive authority for approval.
- D. The approval date and the effective date of an ACBH P&P shall not be the same.

IX. Publishing & Dissemination

- A. The Quality Management Division ensures that the following procedures are completed after the P&P's approval/effective date:
  - 1. If the P&P is new or is a revision of a policy that does not yet have a policy number, assign the policy number.
  - 2. Insert the new or revised P&P into the ACBH Policy Manual.
  - 3. Distribute the P&P to the original and/or revision author(s).
  - 4. Post the P&P to ensure accessibility to employees, contractors, and the public:
    - a. For ACBH Employees
      - i. Posted to Policy Manual located on the "P" drive, in a format that is easily recognizable and accessible to all ACBH employees. The folder is named: "*Policies and Procedures Approved by Behavioral Health Director as of June 2015*"
      - ii. Post an Announcement of New or Revised P&P on the ACBH Intranet
      - iii. Email is sent to Director and ACBH Network Office who share info with staff
      - iv. Email is sent to all ACBH Operational Leads
    - b. For the Public
      - i. Posted to the ACBH website that is *accessible to the public* at [www.acbhcs.org](http://www.acbhcs.org)
      - ii. Notify the Chairperson of the Mental Health Board

c. For Providers

- i. Posted to the Provider's Webpage to ensure that *contractors have access* <http://www.acbhcs.org/providers/>
- ii. Email is sent to Executive Directors or their designees of all contractor agencies.
- iii. Announcement is made during Standing Meetings with Contractor Agencies regarding P&Ps that impact their system of care.

X. Procedures in the Event of Non-Compliance

- A. Each policy will include a section that addresses procedures to be completed in the event of policy non-compliance. The non-compliance section should include the following:
1. Procedures to be completed in the event of a policy non-compliance.
  2. Definition of the non-compliance.
  3. A statement that staff shall not face retribution for filing a notice of non-compliance.
  4. Process for notifying ACBH of the non-compliance. For example, staff can notify their immediate supervisor about the non-compliance, and the immediate supervisor can complete a Non-Compliance Notification Form to send to ACBH. Alternatively, staff can notify the appropriate ACBH staff directly. If required, ACBH staff will notify the state and/or federal authorities regarding the non-compliance within the mandatory reporting timeframe.
  5. Timeframe for reporting the non-compliance to ACBH and/or state or federal authorities.
  6. A statement that any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.
  7. If appropriate, a statement of procedure should an emergency situation arise where conformance with the Policy Manual is impractical, and how ACBH would be notified.

**DISTRIBUTION**

See Section IX of this P&P.

**CONTACT PERSON**

**Quality Management Division**

Staff Name, Title	Current as of	Email and Phone
Sophia Lai, Senior Program Specialist	June 2019	<a href="mailto:sophia.lai@acgov.org">sophia.lai@acgov.org</a> 510-842-7498

**HISTORY**

**Original Author(s):** Margaret Walkover, Rudy Arrieta, Sharon Loveseth

**Revisions:** This is the second ACBH Policy and Procedure on this topic.

Revise Author	Date of Approval by (Name)
Sophia Lai	

**DEFINITIONS**

Term	Definition
Policy	A deliberate system of principles to guide decisions and achieve rational outcomes. Policies that have been signed by the Behavioral Health Director are considered mandatory for all county and contractor staff.
Procedure	A specific sequence of activities or course of action to accomplish something, such as a policy. Procedures that accompany a policy that has been signed by the Behavioral Health Director are considered mandatory for all county and contractor staff.
Guideline	A non-mandatory rule, principle, or advisory information. Guidelines, including practice guidelines, are considered advisory for county and contractor staff.
Shall	Must happen
Will	Is intended to happen

**ATTACHMENTS:**

- A. [ACBH Notification of Policy Non-Compliance Form \(Sample\)](#)
- B. [Template for ACBH Policies and Procedures](#) (insert hyperlink)

**ATTACHMENT A: Alameda County Behavioral Health Policy Non-Compliance Notification Form (Sample)**

The information on this form is confidential. It will be used to review whether non-compliance with the ACBH Policy Manual has occurred. Please describe:

- 1) ACBH Policy Manual Section that was not complied with:
- 2) Date of Non-Compliance (If Known):
- 3) Date of Discovery:
- 4) Entity (person, unit) that caused the Non-Compliance:
- 5) Describe the Non-Compliance:
- 6) Primary job function of the entity that caused the Non-Compliance:
- 7) Reporting entity's name, email, phone:
- 8) Reporting entity's relationship to the entity that caused the Non-Compliance:

**SEND TO:**

Quality Management Director  
ACBH Quality Management Office


Via Email: [ProgIntegrity@acgov.org](mailto:ProgIntegrity@acgov.org)

Via FAX: 510-639-1346

Via United States Postal Service:

ACBH Quality Management Director  
Quality Management Office  
2000 Embarcadero, Suite 305  
Oakland, CA 94609

Attachment B: Template for ACBH Policies and Procedures

 <p><b>alameda county</b> <b>behavioral health</b> MENTAL HEALTH &amp; SUBSTANCE USE SERVICES</p>	By: _____ <b>Carol F. Burton</b> Interim Behavioral Health Director
<b>POLICY TITLE</b>  <i>PUT TITLE HERE (Sample Title: Progress Notes for Mental Health Services: Timeline for Completion and Documentation Requirements)</i>	<b>Policy No:</b> <i>(QM Staff assigns number)</i> <b>Date of Original Approval:</b> <b>Date(s) of Revision(s):</b>

*Instructions are found in "brick" – please do not include them in your P&P*

**PURPOSE**

*A short statement describing why this policy is required, or the problem it is intended to solve (its main purpose).*

*(Sample: This policy addresses the need to ensure timeliness for the completion of progress notes and that contents of progress notes for mental health services are in compliance with federal, state and county regulations.)*

**AUTHORITY**

*Cite the authority for this policy: legislative, regulatory, administrative code, county ordinance, ACBH standard of practice (use for P&Ps not originating from the other four categories) (Sample: California Department of Health Care Services Contract: Exhibit A, Attachment I, Section 11 )*

**SCOPE**

*Name the ACBH divisions/offices or county/contract programs, whose staff or volunteers have responsibility for implementing this policy.*

*(Sample: All ACBH county-operated programs in addition to entities, individuals and programs providing mental health services under a contract or subcontract with ACBH.)*

**POLICY**

*Concise statement of the policy that will be implemented by the procedures listed in the next section. Language should repeat the policy title. Does not include purpose, context or background statements.*

*(Sample: This policy establishes the timeline for completion of progress notes for documentation of mental health services provided to Alameda County beneficiaries and establishes requirements for content of progress notes for mental health services.)*



**PROCEDURE**

*Include a concise description of each procedure that implements the policy. Use the numbering convention found in the sample below:*

- I. Completion of Progress Notes
  - A. All providers of mental health services shall complete, finalize, and sign progress notes within five (5) business days of the Date of Service (DOS).

**NON-COMPLIANCE**

*Include a description of how non-compliance with the policy and procedures will be addressed, including the following:*

- Definition of non-compliance.
- Procedures to be completed in the event of a policy non-compliance.
- A statement that staff shall not face retribution for filing a notice of non-compliance.
- Process for notifying ACBH of the non-compliance. For example, staff can notify their immediate supervisor about the non-compliance, and the immediate supervisor can complete a Non-Compliance Notification Form to send to ACBH. Alternatively, staff can notify the appropriate ACBH staff directly.
- Timeframe for reporting the non-compliance to ACBH.
- A statement that any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.
- If appropriate, a statement of procedure should an emergency situation arise where conformance with the Policy Manual is impractical, and how ACBH would be notified.

**CONTACT**

*ACBH Office with responsibility for answering implementation questions.*

ACBH Office	Current as of	Email

**DISTRIBUTION**

*What stakeholders should receive notice of this policy? (Add or delete as needed)*

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** First and Last Name:

**Original Date of Approval:** xx/xx/xxxx by Carol F. Burton, Interim Behavioral Health Director

**Date of Revision:**

**Initiation, Review, Revision and Approval of Behavioral Health Services Policies and Procedures**

Revise Author	Reason for Revise	Date of Approval by (Name)

**DEFINITIONS**

*Use matrix below*

Term	Definition

**ATTACHMENTS:**

*List relevant attachments*