
 <p><b>Behavioral Health Department</b> Alameda County Health</p>	<p>DocuSigned by:  By: <u>BA167CA060D444A</u> <b>Karyn L. Tribble, PsyD, LCSW, Director</b></p>
<p><b>POLICY TITLE</b></p> <p><i>Development, Approval, Dissemination, and Revision of Alameda County Health Behavioral Health Department Policies and Procedures</i></p>	<p><b>Policy No:</b> 000-1-1</p> <p><b>Date of Original Approval:</b> 08/26/2019</p> <p><b>Date(s) of Revision(s):</b> 8/28/2024</p>

**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 (MHP), Mental Health Services Act (MHSA), and Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts with the California Department of Health Care Services (DHCS). The purpose of P&Ps is to ensure that everyone associated with Alameda County Behavioral Health Department (ACBHD) operations is aware of and consistently implements the requirements of federal, state, and local laws and regulations that govern how public funds are spent.

The purpose of this policy is 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 ACBHD template for developing a P&P, which is referenced in this P&P and is attached.

**AUTHORITY**

- ACBHD Mental Health Plan Agreement with DHCS
- ACBHD Intergovernmental Agreement with DHCS

**SCOPE**

This policy applies to all ACBHD staff who have the authority to develop, revise, or approve the promulgation of P&Ps for the Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) systems. All P&Ps must follow this process to be included in the ACBHD Policies and Procedures Manual. Internal Standard Operating Procedures (SOPs) for ACBHD units are not required to follow this policy, and may be considered adjunctive to ACBHD P&Ps.

**POLICY**

ACBHD publishes and updates a Policies and Procedures 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 ACBHD, and (ii) supports the strategic direction established by ACBHD leadership.

**PROCEDURE**

## The Policies and Procedures Manual

- I. The Policies and Procedures Manual is posted on the [ACBHD Provider Website](#) and written to conform to the following standards:
  - **Uniformity:** Each P&P approved by the Behavioral Health Director will be written to fit into the current template (see Appendix A).
  - **Compliance:** The Policies and Procedures Manual contains P&Ps that are consistent with federal and state laws and regulations, and county ordinances. The Policies and Procedures Manual is not intended to supersede laws, regulations, or ordinances.
  - **Authority:** Authority for implementing procedures included in the Policies and Procedures Manual shall come from the manual itself.
  - **Accountability:** The Policies and Procedures Manual's procedures describe county and contract staff responsibilities to support the ACBHD 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 MHP goal.
  - **Communication:** P&Ps will be written in clear and concise language that is easy to understand and implement.
- II. All ACBHD Programs shall comply with the ACBHD Policies and Procedures Manual.
  - a. The requirement for Contractors to comply with the ACBHD Policies and Procedures 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 ACBHD Policy Manual.
- III. The Policies and Procedures Manual will be posted in locations that provide immediate access to ACBHD employees, ACBHD contractors, and the public.
- IV. The Policies and Procedures Manual's chapters will reflect responsibilities under the MHP, MHSA, Substance Use Block Grant (SUBG), and Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts with DHCS.

## Process for Policy Review and Approval

### I. Creation of Policy Draft

- a. The author will submit a draft P&P to the ACBHD QM Director or their designee
- b. New and revised P&Ps will be drafted using the most recent version of the P&P template (Appendix A). QM 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 SMHS with SUD services.
- d. P&Ps that require revision will be submitted to QM staff with a short explanation of the context for the update.
- e. QM staff will complete a review of the draft P&P and make recommendations to

the QM Director or their designee for advancing the draft.

II. Quality Improvement Committee (QIC) P&P Workgroup Review

- a. The QM Director or their designee will submit draft P&Ps to the ACBHD QIC *Policies and Procedures (P&P) Workgroup* for review, comment, and recommendation.
  - i. If revisions are recommended by the P&P Workgroup, QM staff will work with the author to make the needed edits to the policy.
  - ii. The P&P Workgroup can recommend that the draft policy be: 1) shared by email with the full QIC and identified stakeholders, and 2) posted on the ACBHD website for public comment for 14 days prior to seeking approval from the QIC. The QM Director or their designee will respond to the public comments following presentation of the P&P to the QIC.

III. Family Member and Peers Feedback

- a. Once the policy is approved by the P&P workgroup, it is shared with the Family Member and Peers Workgroups for their feedback and recommended edits.
  - i. If recommendations from these Workgroups result in substantial edits to the P&P, the revised P&P is returned to the P&P Workgroup for re-review and approval.
  - ii. If no edits or minimal, non-substantial edits are needed to the policy, the document will be presented at the next QIC meeting.

IV. QIC Review

- a. The Chair of the P&P Workgroup or their designee will present the revised policy to the QIC.
  - i. Recommendations resulting in substantial edits to the policy will require that the policy is returned to the P&P workgroup and to the Family Member and Peers Workgroups for feedback and re-review.
  - ii. Policies that are approved by the QIC with no edits or minimal, non-substantial edits will be brought to executive leadership for final sign-off.

V. Executive Review

- a. The final draft of the P&P is forwarded to the Behavioral Health Director or their designee for review and signature.
- b. The Behavioral Health Director or their designee has exclusive authority for approval.
- c. A designee must be another executive leader who is a county employee (not a contractor).
- d. Approved, signed policies are returned to the QM Division Director or designee for publishing and dissemination

**Publishing & Dissemination**

- I. The QM Division Director or designee completes the following after the P&P's approval date:

- a. 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.
  - b. Distribute the final P&P to the author(s).
- II. The QM Division Director or designee will communicate the information to relevant parties:
- a. Providers:
    - i. Add/replace the new or revised P&P on the ACBHD Policies and Procedures Manual
    - ii. Draft an email to be sent to relevant ACBHD contracted providers
    - iii. Notify System of Care (SOC) Leads, so that announcements can be made during standing meetings, as appropriate.
  - b. Public:
    - i. Post to the ACBHD website that is accessible to the public at [BHCS Providers Website \(acgov.org\)](#)
  - c. ACBHD Employees
    - i. Create a webmaster announcement and send to all ACBHD staff

**Policy Revisions**

- I. Quality Management (QM) will manage the ACBHD P&P review calendar
- II. All existing P&Ps will be reviewed for revision every three years. If content changes are not required as part of the review, the policy will be updated with a note in the Reason for Revision section to indicate review completed and no changes.
- III. 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 members, family members or staff.

**Non-Compliance**

- I. Each policy will include a section on non-compliance that includes procedures to follow in the event of policy non-compliance. The non-compliance section should include the following:
  - a. Definition of non-compliance with the P&P.
  - b. Procedures to be completed in the event of non-compliance.
  - c. A statement that “staff shall not face retribution for submitting a notice of non-compliance.”
  - d. Process for notifying ACBHD of the non-compliance. (Ex. Staff shall report the non-compliance to their Quality Assurance (QA) /Improvement (QI) staff, who shall submit a Non-Compliance Report to ACBHD QM. Staff can notify their immediate supervisor about the non-compliance, and the immediate supervisor can complete a Non-Compliance Report and send it to ACBHD. Alternatively,

staff can notify the appropriate ACBHD staff directly. If required, ACBHD staff will notify the state and/or federal authorities regarding the non-compliance within the mandatory reporting timeframe.

- e. Timeframe for reporting the non-compliance to ACBHD and/or state or federal authorities. (Ex. Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of non-compliance.)
- f. 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.”
- g. If appropriate, include a procedure for reporting non-compliance in an emergency situation where complying with the policy is impractical/impossible, and how ACBHD would be notified.

**CONTACT**

ACBHD Office	Current Date	Email/Phone
Quality Assurance	August 28, 2024	<a href="mailto:QAOffice@acgov.org">QAOffice@acgov.org</a>

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Margaret Walkover, Rudy Arrieta, Sharon Loveseth  
**Original Date of Approval:** 08/26/2019 by Carol F. Burton, Interim Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Gina Battaglia, Supervising Program Specialist, QA	Alignment with current ACBHD policies and procedures, and updating of outdated language and logos.	8/28/2024 by Dr. Karyn Tribble, PsyD, LCSW, Behavioral Health Director

**DEFINITIONS**

Term	Definition
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<i>Policy &amp; Procedure: Development, Approval, Dissemination, and Revision of Alameda County Behavioral Health Policies &amp; Procedures</i>	#000-1-1
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<b>Guideline</b>	A non-mandatory rule, principle, or advisory information. Guidelines, including practice guidelines, are considered advisory for county and contractor staff.
<b>Policy</b>	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.
<b>Procedure</b>	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.
<b>Shall</b>	Must happen
<b>Standard Operating Procedures</b>	Detailed, step-by-step instructions that outline how to perform specific tasks or processes, that ensure consistent day-to-day operations and outcomes.
<b>Will</b>	Is intended to happen

**APPENDICES:**

- A. Template for ACBHD Policies and Procedures
- B. ACBHD Notification of Policy Non-Compliance Form (Sample)

**Appendix A: Template for ACBHD Policy and Procedures (P&P)**

	By: _____ Karyn L. Tribble, PsyD, LCSW, Director
<b>POLICY TITLE</b> <i>(Add title, Ex. Progress Notes for Mental Health Services)</i>	<b>Policy No:</b> <i>(QM Staff assigns number)</i> <b>Date of Original Approval:</b> <i>(Include if this is a Policy Revision)</i> <b>Date(s) of Revision(s):</b> <i>(QM Staff will add this)</i>

**Instructions are in “brick” – DO NOT include them in your P&P**

**PURPOSE**

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

*(Ex. This policy addresses the need to ensure timeliness for the completion of progress notes and that contents of progress notes for mental health services comply with federal, state, and local regulations.)*

**AUTHORITY**

**Cite the authority for this policy: legislative, regulatory, administrative code, local ordinance**

*(Ex. California Department of Health Care Services Contract: Exhibit A, Attachment I, Section 11)*

**SCOPE**

**Name the ACBHD or contract providers/staff that are required to comply with this policy.**

*(Ex. All ACBHD county-operated programs and entities and individuals providing mental health services under a contract or subcontract with ACBHD.)*

**BACKGROUND**

TBD

## POLICY

**Provide a concise statement of the rule(s). DO NOT include purpose, context/background statements, or procedures.**

*(Ex. Mental health services progress notes shall be completed and submitted to ACBHD within 5 days of the Date of Service. The progress notes shall include the following sections...)*

## PROCEDURE

**Include a concise description of how to implement the policy. Include high level details related to the policy, rather than detailed, step-by-step workflows that would belong in a departmental Standard Operating Procedure (SOP) document.**

**While a specific outline numbering convention is not required, if one is used, it should be applied consistently throughout the P&P. Examples include Capitalized Roman Numeral [I.], Capitalized Letter [A.], Number [1.], Lower-Case Letter [a.], Lower-Case Roman Numeral [i.].**

## NON-COMPLIANCE

**Include a concise description of non-compliance and how it will be addressed. Include the following:**

- Definition of non-compliance with the P&P.
- Procedures to be completed in the event of non-compliance.
- A statement that staff "shall not face retribution for submitting a notice of non-compliance."
- Process for notifying ACBHD of the non-compliance. *(Ex. Staff shall report the non-compliance to their Quality Assurance/Improvement staff, who shall submit a Non-Compliance Report to ACBHD Quality Management.)*
- Timeframe for reporting the non-compliance to ACBHD. *(Ex. Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of non-compliance.)*
- 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, include a procedure for reporting a non-compliance in an emergency situation where complying with the P&P is impossible.

## CONTACT



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**Include the ACBH Contact with responsibility for answering P&P implementation questions.**

ACBHD Office	Current Date	Email/Phone

**DISTRIBUTION**

**List which stakeholders should receive notice of this policy. Default is:**

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Fill out the P&P history (original and revisions) using the table below. If this is the original version, leave the revision table blank.**

**Original Authors:** Name, Title, Unit  
**Original Date of Approval:** xx/xx/xxxx by [Name,Title]

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Name, Title, Unit	Concise description of reason(s)	xx/xx/xxxx by [Name,Title]
Add a new row for each revision		

**DEFINITIONS**

**Use the matrix below to define any acronyms and terms that an average behavioral health staff may not know. List terms in alphabetical order.**

Term	Definition

**APPENDICES**

**List and append relevant attachments, or state "None"**

**Appendix B: Alameda County Health Behavioral Health Department (ACBHD) Notification of Policy Non-Compliance Form (Sample)**

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

- 1) ACBHD Policies and Procedures 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:

QM Director ACBHD  
QM Office

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

Via Fax: 510-639-1346

Via United States Postal Service:

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