alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

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# *- MEMORANDUM -*

DATE: May 5, 2022

TO: ACBH Specialty Mental Health and Substance Use Disorder Service Providers

FROM: Torfeh Rejali, Quality Assurance (QA) Administrator Torfeh Rejali

SUBJECT: **Revised Unusual Occurrence (UO) Policy and UO Notification (UON) Form**

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The purpose of this memo is to announce revisions to the UO Policy, provide transparency to the ACBH UO review process changes, and to introduce a new, simplified UON form for service providers to report Unusual Occurrences. The ACBH Quality Assurance (QA) program is currently working on creating a fillable version of this new form and will notify the providers once it is available.

**Background**

All ACBH county-operated programs, entities and individuals providing specialty mental health and substance use disorder services under a contract or subcontract with ACBH are required to submit the UON form to ACBH QA when they become aware of an Unusual Occurrence, also called Sentinel Event, involving a client who has received specialty mental health or substance use disorder services through Alameda County within 12 months of the event. UOs must be reported even if the provider has its own internal process for investigating Unusual Occurrences.

ACBH QA review of these events, and recommendations to minimize a recurrence, is a requirement of the County's contract with the Department of Health Care Services (DHCS) and is part of the department's ongoing Quality Assurance efforts.

The goal of the UO process is to engage with providers in a collaborative manner to determine opportunities that result in quality of care and service delivery improvements to beneficiaries.

**Summary of Changes**

The changes to the ACBH Unusual Occurrence process, primarily impact ACBH county staff who render UO reviews. The change that impacts service providers is the use of the revised UON form. The enhanced ACBH Unusual Occurrence review process is as follows:

1) Once a UON form is received, QA clinical staff request and review client notes and other relevant documents related to the event. Based on this review, the QA clinical staff assign a Quality of Care Severity Rating to the case using the following guidelines:
    - 0 = No quality of care concerns
    - 1 = Minimal quality of care concerns
    - 2 = Minimal to moderate quality of care concerns
    - 3 = Moderate to severe quality of care concerns
    - 4 = Severe quality of care concerns

2) Cases with a Quality of Care Severity Rating of 0-2 are completed by the QA department and may result in specific quality of care recommendations to the provider.

3) Cases with a Quality of Care Severity Rating of 3-4 are presented by QA staff to the *Unusual Occurrence Committee*. This is a newly formed Committee that includes participants from Clinical System of Care, Compliance, Quality Management/Quality Assurance, and Office of the Medical Director. Upon review of the findings, the UO Committee makes recommendations for next steps, including any of the following:
    a. Specific quality of care recommendations related to the incident
    b. Corrective Action Plan (CAP)
    c. Outreach to provider to discuss concerns and provide direct feedback and support
    d. Selection of the provider for the next System of Care chart audit, with a focus on areas of concern
    e. Review of additional provider charts to determine whether there is a trend
    f. Referral to the Formalized Trend Review Committee if a system-wide trend is suspected
    g. No action or quality of care concerns

4) All agencies with a CAP will be included in the next QA System of Care chart audit to ensure that the quality concern has been remedied.

5) The *Formalized Case Review Committee* is now called the *Formalized Trend Review Committee*. The policy titled Formalized Case Review has been sunsetted and the description and role of the Formalized Trend Review is included in the new Unusual Occurrence Policy.

6) The role of the Formalized Trend Review Committee is to review potential trends that are identified by the Quality Assurance department and/or the UO Committee during the UO process and make recommendations for mitigating the adverse trend.

**Action Steps**

Although the changes to the UO policy do not impact the providers' process for reporting UOs, it is recommended that providers review the new UO policy with their teams, emphasizing the requirement to submit UOs in a timely way, and sharing the simplified UO form with staff.

**Training and Support**

**A training is being offered on Thursday May 19, 2022 from 11:00 AM- 12:00 PM to review this information**.
Please register for the training using the following registration link:

https://attendee.gotowebinar.com/register/1686499527106030863

For questions, please contact QATA@acgov.org.