
	Approved By: <u>Manuel J. Jimenez, Jr.</u> (signature) Manuel J. Jimenez, Jr., MA, MFT, Behavioral Health Care Services Director Date: <u>7/7/14</u>
POLICY: Assuring Compliance with Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Requirements AUTHOR: E. Dumapias, D. Abramson Reviewed by Executive Committee and recommended for approval by BHCS Director: Date <u>7/7/14</u> initials <u>[initials]</u>	Date Revised: _____ Policy No.: _____

POLICY: It is the policy of Alameda County Behavioral Health Care Services (ACBHCS) to assure that all of its contracted community-based organizations (CBOs) providing substance use disorder (SUD) treatment that are funded in whole or in part with SAPTBG Funds are in compliance with all requirements of that funding source. ACBHCS assures that this monitoring activity is performed as required and described in the State-County contract (formerly known as Net Negotiated Amount, or NNA) Exhibit C.

PROCEDURE: The Network Office (NO) is the unit of ACBHCS that is responsible for monitoring all CBO SUD contracts, and maintains the following procedures to assure that this policy is adhered to:

1. The NO office obtains a report from the ACBHCS Fiscal Division that shows all current year SAPTBG funding allocations by CBO and by program.
2. Program Contract Managers (PCM) perform the SAPTBG monitoring for the programs to which they are assigned.
3. The PCM sets up an appointment with the CBO, confirms it with an email, and sends a copy of the blank site visit monitoring tool to the CBO (attached), that shows the CBO what internal documents or other items are needed on hand for the site visit.
4. The PCM alerts the appropriate system of care (SOC) leads, such as Criminal Justice or Adolescent Treatment, to invite them to accompany the PCM on the site visit.
5. Prior to the scheduled visit, the PCM reviews the Exhibit A of the CBO's contract and past site visit reports, in order to become familiar with past issues that may have needed corrective action, and/or other general program issues which may be relevant for the current year monitoring process.
6. During the visit, the PCM uses the form's blue 'prompts' to assure that data is collected that will allow complete and thorough responses to the questions in each section of the monitoring tool.
7. The PCM conducts the site visit, accompanied by any SOC leads that have been invited, meeting with key staff of the CBO who have prepared for the visit by reviewing the monitoring tool and by having the requested documents ready for review.
8. At the end of the visit, the PCM gives a verbal summary of noted items and their general impression of the program's compliance with SAPTBG requirements.

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9. After the conclusion of the site visit, the PCM and the SOC lead confer to compare their general impressions and any items of note that were observed during the visit.
10. The PCM then returns to the NO office, completes the site visit report, keeps a copy in internal files and sends one to the CBO.
11. The PCM works with the CBO to develop a Corrective Action Plan (CAP) that addresses any deficiencies in meeting SAPTBG or other regulatory or contract requirements. The CAP must contain timelines for each item to be addressed, as well as a timeline for completion of the entire CAP.
12. The PCM follows up with the CBO to ensure completion of the CAP within the designated time frame.
13. If there are still unresolved SAPTBG compliance issues, or other regulatory deficiencies, after completion of the CAP and the established timeline for completion, the NO informs ACBHCS Leadership of the deficiency, and further action is discussed by Leadership, up to and including contract termination.



ALCOHOL, DRUG and MENTAL HEALTH SERVICES

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**Attachment 4
 Alameda County Behavioral Health Care Services
 Checklist for Annual SAPT Site Visits – SUD Treatment**

Assigned Program Contract Manager (PCM) to:

1. Review Contractor's Exhibit A and past Site Visit Reports.
2. Set up appointment with Contractor, and email appointment confirmation, copy of template, and a list of any items for Contractor to prepare.
3. Review tips in blue on this form to see how to fill out the template. Most sections are around current status, but some sections are retrospective.
4. Fill-out this form with information assembled prior to site visit and from site visit.
5. Delete all blue tips when completing/finalizing this form.

ALL TREATMENT PROGRAMS:			
Provider Name	Program Name	Date of Site Visit	Expiration date and/or notes, if applicable:
Site Address	Date of Site Visit		
Site Manager: Name/Title	Completed by BHCS Staff		
Phone/Fax No.	Other Provider Staff Present: Name/Title		
Email Address			
Types of certification and licensure:			
State Certification <i>ADP/DHCS certification required for all treatment services.</i>	Available at Onsite Review?		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
State Licensure <i>ADP/DHCS licensure required for residential services only.</i>	<input type="checkbox"/> N/A – Not required in Ex A		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
Drug Medi-Cal (DMC) Certification <i>Additional ADP/DHCS DMC Certification required for programs which bill to DMC.</i>	<input type="checkbox"/> N/A – Not required in Ex A		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
	<input type="checkbox"/> N/A – Not required in Ex A		
Was the Provider in compliance with BHCS Information Systems requirements that less than five percent of clients are open for over 60 days without services between January 2013 and June 2013?			
	Identification program being in-compliance, or type of TA provided:		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> TA provided		
<i>PCM to note "TA provided" for any program with data noted as being above five percent in IS tracking log. For providers not currently in compliance, PCM to document TA provided, and request copy of applicable written policies, procedures, tools and materials.</i>			

What were the number and type of clients served in previous Fiscal Year (FY)?		
# Unduplicated Clients Served in Previous FY		
Ages of Population Served in Previous FY <i>May be age range or age group, such as 'children and families'.</i>		
Ethnicity of Population Served in Previous FY <i>Ask provider for a break down in terms of percentages.</i>		
What is the current number of slots?		
# Slots Currently Provided		
Does the Provider show documentation of the following?		Examples of documentation, and/or identified TA needs:
For all programs which are licensed or certified by ADP/DHCS, at least 30% of current counselors providing intake, assessment, treatment planning, or individual/group counseling to clients are licensed and/or certified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>PCM to include notes on notes on any TA needs and/or "no" responses. PCM to briefly describe documents reviewed. PCM to request a copy of intake form.</i>
For all programs which are licensed or certified by ADP/DHCS, all counselors providing intake, assessment, treatment planning, or individual/group counseling to clients that are not licensed or certified are registered <i>Non-certified/licensed counselors must be registered within six-months of hire and certified within five years of hire</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Determining pregnancy status via intake form for all women	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Provider have policies, procedures and/or practices in place for ensuring the following?		Examples of how consistently practiced, identified TA needs, and/or identified concerns:
General:		<i>PCM to include notes on any TA needs and/or "no" responses. PCM to request copy of all applicable written policies, procedures, tools and materials. PCM to document TA provided to any provider noted as being out-of-compliance with DATAR per IS spreadsheet.</i>
1. Compliance with the SAPT BG guidelines with regard to confidentiality of client records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Access to services and reasonable accommodation for people with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Integrated Infectious Disease Services:		
1. HIV information, screening, testing and counseling are routinely available to clients, either directly or through referrals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. TB information, screening, testing and counseling are routinely available to clients, either directly or through referrals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Appropriate medical evaluation and treatment are routinely available to all clients infected with TB, either directly or through referrals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Infection control procedures are employed to prevent the transmission of TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. State requirements are met for reporting individuals with active TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Interim Services:

<p>1. Compliance with DATAR Requirements for regular documentation of capacity and waiting list? <i>This should be 'No' for any provider noted as being out-of-compliance per most recent spreadsheet from BHCS Information Systems.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Staff are knowledgeable about priority admission requirements and clients are admitted in the following order of priority:</p> <ul style="list-style-type: none"> i. Pregnant injecting drug users ii. Pregnant substance abusers iii. Injecting drug users iv. All Others 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Interim services are made available, either on-site or by referral, within 48 hours for those individuals who are in need of treatment and who cannot be admitted within 14 days of their request for treatment</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Injecting drug users are admitted into the treatment program no later than 14 days after making the request or within 120 days after making the request if interim services are provided</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Counseling and education are provided about: HIV and TB, the risks associated with needle sharing, the risks of HIV and TB transmission to sexual partners and infants and steps to reduce the risk of HIV and TB transmission</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have an established waiting list that includes a unique patient identifier for injecting drug users seeking treatment, including patients receiving interim services while awaiting admission</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Maintain contact with individuals awaiting treatment admission to:</p> <ul style="list-style-type: none"> • Inform these individuals of available treatment services • Encourage their entry into treatment 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Take clients awaiting treatment for IV drug use off the waiting list only when such persons are admitted into treatment or cannot be located for admission into treatment or refuse treatment</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERINATAL SERVICES ONLY: (The following questions are based on the Perinatal Treatment Guidelines)

Does the Program provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children?

<p>1. Primary medical care for women, including referral for perinatal care, and child care while the women are receiving such services. <i>Ask provider about their referral process and who they refer to. Programs providing direct primary medical care for women must document that alternative funding for these services is not available before using federal perinatal funds.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Examples of how consistently practiced, identified TA needs, and/or identified concerns:

PCM to include notes on any TA needs and/or "no" responses. PCM to indicate which services are directly provided versus provided by way of referral. PCM to request copy of all applicable written policies, procedures, tools and materials.

<p>2. Primary pediatric care, including immunization for their children. <i>Ask provider about their referral process and who they refer to. Programs providing direct primary pediatric care for dependent children must document that alternative funding for these services is not available before using federal perinatal funds.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, parenting and child care. <i>Ask to see the provider's curriculum and group schedule.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, and/or their issues of sexual and physical abuse and neglect. <i>Ask to see where this is provided (in house or not).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>5. Sufficient case management to ensure that women and their children have access to services provided by numbers 1) through (4) of this section. <i>Ask provider about their referral process, who they refer to, how they document this and look at documentation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>6. System in place to refer women to other county programs if there is a waitlist. <i>Ask provider about their referral process and who they refer to, how they document this and look at documentation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>7. Transportation to and from the recovery and treatment site, and to and from ancillary services for women in need of transportation. <i>Ask to see transportation policy, find out what vehicle is used to transport clients.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>9. Education and information on: (a) The effects of alcohol and drug use during pregnancy and while breastfeeding (b) Parenting skills-building and child development (c) Resources for life skills and educational/vocational training <i>Get documentation that these services are being provided (use class lists or documentation in clients' charts)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>8. Child care is provided on-site for participants' children between birth and 36 months while the mothers are participating in the program. Child care may be provided on-site or off-site for participants' children who are between 37 months and 12 years of age. Child care for children between 13 and 17 years of age, if necessary or appropriate, may be on-site or off-site as long as their inclusion in the program does not negatively impact the younger children. <i>Ask to see child-care area for on-site childcare and find out where children are going for off-site childcare. Get ages of children in off-site childcare.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>9. Ensures a vehicle log is maintained. <i>Get a copy of the vehicle log.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADOLESCENT TREATMENT ONLY: (The following questions are based on the Youth Treatment Guidelines)

Does the Provider have policies, procedures and/or practices in place for ensuring the following?

1. Client rules and rights, and complaint and/or grievance procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Examples of how consistently practiced, identified TA needs, &/or identified concerns:</p> <p><i>PCM to include notes on any TA needs and/or "no" responses. PCM to request copy of all applicable written policies, procedures, tools and materials.</i></p>
2. Compliance with state and federal laws and regulations regarding informed consent for children, disclosure of confidential information such as patient identifying information, child abuse and neglect reporting requirements, and duty-to-warn issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Completion of an initial assessment as soon as possible, but not later than 30 days after an admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Timely completion and monitoring of treatment plans, which specify realistic goals based on the assessment, in collaboration with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Youth are consistently signed in and out of program sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Youth's prescription medications are regularly documented (including any updates), reviewed and managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. An established referral relationship is maintained with emergency facilities, in case of medical or psychological emergencies, and all staff are properly trained on emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Case management services are provided or arranged for youth, and collaboration is maintained with other agencies to link each youth to additional services based on individual needs? <i>Provide examples of referrals.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. A written discharge and/or aftercare plan is developed for each youth, in collaboration with that youth, which contains elements to sustain gains made in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. A written discharge summary is completed for each youth discharged from treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the Provider have and utilize:

1. A curriculum that covers academic and work-readiness skills, violence prevention, sexuality and other health matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Examples of documentation, identified TA needs, and/or identified concerns</p> <p><i>PCM to include notes on any TA needs and/or "no" responses. PCM to request copy of curriculum materials.</i></p>
If the Provider serves youth younger than 12 or ages 18-21 years old, does the Provider:		
1. Document clinical appropriateness individually for each client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have written protocol that addresses developmentally appropriate services for that age group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Examples of documentation, identified TA needs, and/or identified concerns</p> <p><i>PCM to include notes on any TA needs and/or "no" responses. PCM to request copy of all applicable written policies, procedures, tools and materials.</i></p>
3. Take into consideration the age, developmental stage, gender, culture, and behavioral, emotional, sexual or criminal problems of the youth and existing clientele, to ensure that the youth and other clients would not be adversely impacted by their interaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	