Protocols for Data Management
(Operations Manual)

Reviewed June 21, 2019

INTEGRATED SERVICES
Integrated Services for Behavioral Health
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Integrated Access ©

Purpose

To ensure that ISBH is improving accessibility for all persons served in behavioral health (mental health) and behavioral medicine (medication management). To accomplish this, routine Intakes will be scheduled within three (3) days of initial referral to be completed within four (4) days of being scheduled.

First Contact

- Referrals are broadly open to community service partners, ordinary citizens and all families with walk-ins and self-referrals welcome.
- Sorting of initial first contacts is performed by Area Managers.
- Incoming referrals are always initiated using the CareLogic scheduler to move from Area Managers to the Managing Director of Behavioral Health Performance.
- People who would be better served by another provider are referred elsewhere within the local community system-of-care.
- If the referral source is a community partner, follow up is advised.
- A designated member of the Operations Management Team will always be available for referrals in every location requiring clear communications with service staff when an Area Manager is removed from their routine responsibilities, such as scheduled PTO.

Access Flow

1. Intake Part I and Part II are scheduled jointly by Area Managers and the Managing Director of Behavioral Health Performance using the CareLogic scheduler. The Managing Director of Behavioral Health Performance and Area Managers will work together to keep the CareLogic scheduler accurate and up-to-date. Many changes with constant adjustments can be expected and are considered normal.
2. The assigned supportive service worker is the logical point of contact with people and families referred to work out the best time for an intake appointment. Scheduling will remain a challenge requiring a high level of coordination between the Area Managers, the Managing Director of Behavioral Health Performance and supportive service workers.
3. On the day of intake, the assigned supportive service worker will first complete the following: informed consents, point of entry, Medicaid enrollment, and orientation to the consumer handbook (30 minutes budgeted). When needed, contact will then be made via telepresence with the licensed intake worker assigned to carry out Intake-Part I. Sometimes the entire intake will be completed by one licensed supportive service worker face-to-face.
4. A licensed service worker will complete Part I (30 minutes budgeted). If the service worker is not independently licensed, he/she will forward the document to an independently licensed service worker for co-signature.
5. The assigned supportive service worker will then complete Part II and the Integrated Care Plan (60 minutes budgeted).

Care Coordination:

Routine Intakes will be scheduled within three (3) days of initial referral to be completed within four (4) days of being scheduled.

The Managing Director of Behavioral Health Performance will publish a monthly report (by county and by Area Manager) indicating outliers (see above).

Target:

100% compliance

Sample:

Everyone who is referred to Integrated Services for services.

<table>
<thead>
<tr>
<th>Behavioral Health (Mental Health)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018 Benchmark</strong></td>
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<td>Approximately ___% of persons served will be scheduled within three (3) days of initial referral to be completed within four (4) days of being scheduled.</td>
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<td>Increase the percentage of persons served who meet the level of accessibility.</td>
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<td>Increase the percentage of persons served who meet the level of accessibility.</td>
</tr>
</tbody>
</table>

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers
= Performance Indicator (Access)
Census Protocol

Maintaining a Current & Accurate Census

- Supportive service workers will make sure that discharge and transition planning is up to date.
- Area Managers will oversee census data to ensure accuracy.
- The Operations Management Team will review census data monthly to identify inaccuracies and to make sure that supportive service workers are up-to-date on all transitions planning.

Care Coordination

- The Managing Director of Behavioral Health Performance will publish a monthly census report (by county and by service provider).

Target:

100% compliance

Sample:

Every active client in CareLogic.

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers

|= Performance Indicator (Efficiency)
Health Priority Update

Obtaining the Health Priority Update

- Supportive service workers will complete a Health Priority Update with each person served every 90 days following intake.
- The Integrated Care Plan will be reviewed and updated at the same time.

Care Coordination

- The Managing Director of Behavioral Health Performance will publish a weekly report of people served (by county and by service provider) indicating whether they have or have not completed a Health Priority Update, along with the Integrated Care Plan within the last 90 days.
- The Care Coordination Team will provide a weekly update identifying individuals who do not meet minimum requirements for operational efficiency.

Target:

100% compliance

Sample:

Every active client in CareLogic

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers

□ = Performance Indicator (Effectiveness)
Primary Care Coverage Protocol

Assessing Primary Care Status

- People served will be asked if they have an established relationship with a primary care provider at time of intake and every 90 days at the time of Health Priority Update.
- If the person served has no primary care provider, the supportive service worker will offer to assist them to get one.
- Contact information will be kept up to date by supportive service workers on the Primary Care Provider form.
- Supporting people and families to establish and maintain an ongoing relationship with a primary care provider will be a priority.

Care Coordination

- The Managing Director of Behavioral Health Performance will publish a weekly report of people served (by county and by service provider) indicating whether they do or do not currently report a relationship with a primary care provider and whether or not they have completed a Primary Care Provider Form.
- The Managing Director of Behavioral Health Performance will recommend verbal warning/corrective action to the Executive Director for those service workers with five or more outliers from the Operating System for Behavioral Health.

Target
100% compliance if Primary Care Provider is indicated

Sample
Every active client in CareLogic

Who is responsible?
Managing Director of Behavioral Health Performance and Area Managers

2014 Benchmark
Approximately 80% of people served indicate they have a primary care provider.

Annual Goal
Increase the percentage of people served will have a primary care provider by 5% annually.

= Performance Indicator (Effectiveness)
Last Day of Service Protocol

Last Day of Service and Transitions Follow-Up

- Supportive service workers will make sure that discharge and transition planning is up to date at all times.
- Area Managers will monitor discharge and transition planning to make sure the process is completed.

Care Coordination

- The Managing Director of Behavioral Health Performance will publish a monthly report of people served whose last day of service is greater than 90 days (by county and by service provider).
- The Managing Director of Behavioral Health Performance will contact each person served by telephone 90 days following their discharge date or last day of service. A letter will follow for those who are not able to be contacted by telephone.
- The Managing Director of Behavioral Health Performance will recommend verbal warning/corrective action to the Executive Director for those service workers with five or more outliers from the Operating System for Behavioral Health.

Target:

100% compliance

Sample:

All active clients in CareLogic.

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers.

□ = Performance Indicator (Effectiveness)
Situation Management & Help Line:
Support and guidance for service workers encountering a broad range of situations, both routine and urgent

For the purpose of creating a cohesive team of helping professionals working together around the clock and throughout the many communities we serve, we will consider a situation to be any challenging dilemma or sudden problem that may confront service workers anytime they may occur.

We seek a way to continuously manage situations as a team and to support service workers, day in and day out, wherever they may be. Our Situation Management & Help Line response is configured with the following priorities in mind:

- We work as a team to reduce or prevent injury and risk for the people and families we serve and also for Integrated service workers.
- We keep lines of communication open to provide ongoing and personal support for service workers encountering a range of challenging situations, routine as well as major and/or unusual.
- We manage situations as they arise to ensure the integrity and flow of Integrated Services operations.
- We adhere to jointly held standards and protocols to reduce or prevent any disruption of service and to make sure all service workers are well supported.

Situation management and support requires open and effective communications including a response time that is as close to immediate as possible. The following simple, clear protocol involves the entire team working closely with direct service workers in all locations. Area Managers will maintain communications with the Executive Director and Managing Director of Behavioral Health Operations as needed along with the Help Line Manager. Area Managers will alert Help Line Manager to all urgent or traumatic situations.

Situation Management & Help Line Team Members include:

- Kelly Arbaugh, Area and Help Line Manager
- Terri Gillespie, Area Manager
- Samantha Shafer, Associate Director, Integrated Recovery Network
- Kim Dement, Area Manager
- Chris Smitley, Managing Director of Behavioral Health Operations
Situation Management Protocol:

- Service workers are aware of and receive ongoing direction from Area Managers on how to access support for situations that arise. Each service worker is issued a contact card that facilitates easy access to the Situation Management & Help Line Team and lists contact information for local law enforcement, fire and medical emergency services.
- Service workers are trained to identify urgent and traumatic situations that represent immediate risk or threaten the community. In these situations, service workers will contact local emergency services, notify the Situations Management & Help Line Team and immediately submit Major or Unusual Incident Reports to their Area Manager according to existing policies and procedures.
- For more routine situations that do not rise to the level of Major or Unusual Incident and are not otherwise judged to be urgent, service workers have easy access to their assigned Area Manager via telephone, text, telepresence or email. If the service worker’s assigned Area Manager is unavailable, they may contact the Help Line Manager. In the very rare event that neither the Area Manager nor the Help Line Manager is immediately available, they may contact the Senior Clinical Social Worker.
- Our Managing Director of Behavioral Health Operations is our behavioral health clinical leader and is available along with Area Managers for consultation and guidance regarding clinical issues.
- During nonbusiness hours, ongoing support is available via the Help Line.
- In the case of urgent situations requiring a crisis level of response, service workers will directly contact the appropriate local fire, law enforcement or medical emergency services then follow-up with the Area Manager or Help Line. Service workers are instructed to always err on the side of safety.

Written Protocol
Each service worker will be provided with a written summary of the situation management protocol during their orientation and will be issued a contact card that includes an easy way to be in touch with the Situations Management Team and also with contact information for local emergency services. The same information is available online through the employee log in at integratedservice.org.

Target:

Sample:

Who is responsible?

All staff
Quarterly Management Schedule / Performance Appraisal

Integrated Services for Behavioral Health provides support and guidance for all direct service staff according to standards established for operating efficiency and to ensure a high level of quality for relationship-centered, science-based care and support. All operations management activities will be carried out by local managers and coordinators and will be documented in the electronic health record under the oversight of the managing director of behavioral health performance.

Integrated Services’ local managers and coordinators will meet individually with assigned direct service staff quarterly to ensure basic competence regarding matters related to behavioral health operating efficiency. It is important that each direct service provider understands the quarterly global measure of performance, scheduling requirements and how to approach challenges and opportunities that are unique to their own community. During the individual quarterly operations management meeting, the manager or coordinator will also complete the individual performance appraisal.

The local manager or coordinator will also facilitate local team meetings, once per quarter, to provide support and guidance regarding operations issues, to address local concerns and to update direct service employees about industry trends and Integrated Services’ growth and development.

**Direct Service Staff**

- **Individual** - Area Manager or Coordinator (not both) will meet with each EMPLOYEE 1 time per quarter for Performance Appraisal
- **Coordinator** - Area Manager will meet with each Coordinator 3 times per quarter (monthly)
- **Team Meeting** - Area Manager and/or Coordinator will meet with each COMMUNITY TEAM 1 time per quarter
- **Community** - Area Manager will meet with each COMMUNITY 1 time per quarter in a welcoming space that is large enough to accommodate the entire group

**Service Management Staff**

- Each Managing Director will meet with each Area Manager 1 time per quarter
- Executive Director will meet with BH Operations Management team quarterly
Administrative Management Staff

- Team Huddle weekly
- Individual Meeting monthly
- Face-to-Face Enrichment quarterly

**Defining and Measuring Performance**

The managing directors for both behavioral health operations and performance will coordinate to ensure that operations management activities are understood, carried out and documented. Clinical supervision and quality enhancement are separate matters, so they will be handled under individual, but related, protocols. It is understood that managers and coordinators perform operations management each day, continuously and in an ever-changing service environment. Requirements for documentation of operations management activities are intended only as a minimum standard.

**Managing Director of Behavioral Health Performance**

Each staff member will receive a quarterly Individual Performance Appraisal. Our HR data management system provides alerts to each staff member on their electronic dashboard.

**Target:**

100% compliance

**Sample:**

Every service staff member

**Who is responsible?**

Operations Team

= Performance Indicator (Operations Support and Guidance)
Records Review Protocol

Records Review

A Records Review will be conducted to ensure quality and financial accuracy.

Managing Director of Behavioral Health Performance

The Managing Director of Behavioral Health Performance randomly identifies records for review to ensure quality and financial accuracy. The records review document will be completed by the Area Manager and shared with the individual service provider for education and supervision purposes. The Area Manager’s signature on the records review document will indicate that it has been acknowledged and any identified issues have been resolved.

The Managing Director of Behavioral Health Performance will publish a quarterly detail report of findings.

Record Reviews are performed quarterly, with one record from each service provider reviewed annually. Five overall cases reviewed will be discharged cases.

Target:

100% of all chart review issues will be resolved.

Sample:

Record Reviews are performed quarterly, with one record from each service provider reviewed annually. Five overall cases reviewed will be discharged cases.

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers

= Performance Indicator (Support)
Emergency Drill Protocol

Purpose
The Emergency Drill Protocol is intended to improve compliance with conducting Emergency Drills.

Procedure

- Once every other month, each Area Manager will facilitate an Emergency Drill at each Integrated Services site.
- The Managing Director of Behavioral Health Performance will let each Area Manager know which Emergency Drill to facilitate and whether actual or simulated.
- The person completing each drill will document the drill using the Emergency Drill form in CareLogic and will forward to Area Manager for second signature.

Care Coordination:

The Managing Director of Behavioral Health Performance will manage the Emergency Drills for all sites.

The Managing Director of Behavioral Health Performance will prepare an outlier report when there are outliers monthly.

Target:

100% compliance

Sample:

All locations

Who is responsible?

Managing Director of Behavioral Health Performance and Area Managers

= Performance Indicator (Health and Safety)
Inspection Protocol

Purpose
The Inspection Protocol is intended to improve compliance with conducting Internal and External Inspections. Internal Inspections are to be conducted two times per year and External Inspections are to be conducted annually at all Integrated Services sites.

Procedure
- Each Area Manager will facilitate an internal inspection at each Integrated Services site every six months.
- Each Area Manager will have an external inspection conducted at each Integrated Services site annually.
- The Managing Director of Behavioral Health Performance will let each Area Manager know when the internal and external inspections are becoming due.
- The person completing each inspection will document the internal inspection and upload the external inspection into CareLogic.

Care Coordination:
The Facilities Manager will manage the internal and external inspections for all sites.
The Managing Director of Behavioral Health Performance will prepare an outlier report when there are outliers.

Target:
100% compliance

Sample:
All locations

Who is responsible?
Managing Director of Behavioral Health Performance and Area Managers

■ = Performance Indicator (Health and Safety)
Behavioral Medicine Access

Purpose

Ready access to behavioral medicine service is facilitated by the call reception and scheduling center and by medical assistants located at each behavioral medicine service site. A no-wrong-door approach will ensure flexibility and a timely response to urgent needs.

Process

- A behavioral medicine intake can be scheduled by contacting the medical assistant located at the local service site or by contacting the call reception and scheduling center.
- Routine intakes will be scheduled within two weeks of first contact.
- More urgent needs will be accommodated upon request from a behavioral health manager working directly with the local service site medical assistant or with the physician or advanced practice registered nurse. Intakes designated as urgent will be scheduled within three days.

Care Coordination

- Routine intakes will be scheduled within two weeks of first contact.
- The Managing Director for Behavioral Health Performance will publish a monthly report indicating wait times.
- The Managing Director will also monitor for successful performance in all other elements of the Protocol.

Target:

100% compliance

Sample:

All clients referred to Behavioral Medicine program.

Who is responsible?

Managing Director for Behavioral Health Performance and Associate Director, Integrated Recovery Network

= Performance Indicator Indicator (Access)
Behavioral Medicine Service Protocol

**Purpose:** The Behavioral Medicine Protocol is designed to ensure a high quality of relationship based psychiatric care while ensuring efficiency of operations. The protocol is intended to cover intake process, routine pharmacologic management and the ongoing assessment and promotion of patient health and well-being.

**The Intake Process**

- Patient Questionnaire will be completed by the patient with support from the medical assistant. The medical assistant will assess vital signs and input both patient questionnaire and vital sign information into Carelogic and make available for prescribing practitioner review prior to seeing the patient.
- Consent and privacy documentation will be reviewed, verified and/or completed with patient depending on new or continuing patient status.
- The prescribing practitioner will complete the Physician Assessment at the time of intake within a one-hour timeframe.
- The community behavioral nurse will follow up within one week of Physician Assessment (not on the same day) to complete or amend the Integrated Care Plan and to arrange for follow-along nursing care.

**Community Behavioral Health Nursing Services**

- The community behavioral nurse will provide an array of therapeutic follow-along services for all psychiatric patients primarily in a home and community settings.
- Nursing services will help to firmly ground psychiatric practice within community behavioral health teams and provide for a strong connection with primary health care.
- Counselors, community behavioral health workers, and other Integrated Services staff may refer for an array of physical and behavioral health issues.

**Frequency of Service**

- The prescribing professional will see each psychiatric patient a minimum of one time per year for routine medication management and to assess for changes in psychiatric and general health status.
- The community behavioral health nurse will see each psychiatric patient initially within one week of Physician Assessment and at a minimum of three times per year for follow-along community behavioral health nursing care.
Either the prescribing professional and/or community behavioral health nurse may see patients more frequently based on changes in status or need.

Care Coordination

- The Managing Director for Operations Efficiency will publish a monthly report indicating patients who have not been seen by a prescribing professional and/or community behavioral health nurse within the last 90 days.
- The Managing Director will also monitor for successful performance in all other elements of the Protocol.

Target:

100% compliance

Sample:

Every active client in Behavioral Medicine

Who is responsible?

Managing Director for Operations Efficiency and Associate Director, Integrated Recovery Network

☑ = Performance Indicator (Effectiveness)
Billing Documentation Protocol

**Purpose:** The Billing Documentation Protocol is intended to monitor the timeliness of billing documentation.

- Community Behavioral Health Workers will complete billing documentation for each billing event within by 11:59 p.m. the next day.

**Care Coordination**

- The Managing Director of Behavioral Health Performance will publish a weekly report containing number of days from the service date to the completed documentation.

**Target:**

100% compliance

**Sample:**

All staff

**Who is responsible?**

Managing Director of Behavioral Health Performance and Area Managers

= Performance Indicator (Support Report)
Verbal Warnings / Corrective Action

Purpose: To provide a framework for verbal warnings and corrective action regarding all standards for operational performance.

- A monthly Financial Achievement Individual Report (FAIR) report is provided to each Area Manager by the Managing Director of Operations Efficiency identifying individuals who do not meet minimum requirements for efficiency.

- A Global Measure of Performance (GMP) report [(Performance Appraisal score + average quarterly FAIR score)] will be provided to each service provider quarterly.

- The Area Manager may issue a Verbal Warning for each individual who does not meet minimum requirements.

- The Operations Team will recommend Corrective Action to the Executive Director when deficiencies continue.

- Each staff member who is identified for Corrective Action will receive correspondence with clear steps for correction within the first week to outline any concerns and to clarify expectations of the Corrective Action process.

Care Coordination

- The Care Coordination Team will provide a Quarterly Global Measure of Performance (GMP) to each service provider and a monthly FAIR report to each Area Manager.

Target:

100% compliance

Sample:

All staff

Who is responsible?

Managing Director of Operations Efficiency and Area Managers
= Performance Indicator (Support Report)

Case Coordinator
Consulting Partner
Executive Director
Date Adopted
Grievance Procedure

Integrated Services for Behavioral Health is a family of behavioral health and rehabilitation services with service divisions throughout southeast and southcentral Ohio.

It is the mission of Integrated Services to provide quality mental health and rehabilitative services that are easily accessible, family “friendly,” and that are coordinated cross-systems. If this is not the case, we want to know about it. If you have any complaints about our services, or believe that your rights have been violated or disrespected, please let us know. We believe that your feedback will allow for a continual improvement in the delivery of our services. If you have a complaint, contact the agency’s Executive Director, Kevin Gillespie, at 740-594-6807 or 800-321-8293, and tell him that you wish to file a formal grievance. He will contact you within two days to explain the procedures and offer assistance in putting your grievance in writing. The Executive Director will explain that the complaint must include the following information.

a. Date of incident;
b. Description of the incident, including time of day and location;
c. Names of persons involved;
d. Description of any attempts made to resolve the issue; and
e. Signed and dated by the person filing the formal grievance.

Should the grievance be with the Executive Director, you can follow the informal method or file a formal grievance with a mediation service.

Internal Appeal Process
If you are dissatisfied with the Executive Director’s resolution of your grievance, you may appeal to the mediation service by submitting a copy of the Grievance Resolution report and your written objections/concerns to the mediation service. The mediation service will arrange to hear your complaint within 15 working days after receipt of the written grievance/report. A written response will be forwarded to you, the Executive Director, and the Area Manager within five working days from the hearing date.

a. All formal grievances are to be kept confidential. All written reports will be kept in a locked file cabinet, with limited access by staff.

b. If a representative is to attend a meeting with you, a current, signed release of information form must be completed prior to the meeting.
External Appeal Process
Should you still not be satisfied with the recommended resolution of the grievance, you may appeal to the following entities:

**Paint Valley ADAMH Board**
394 Chestnut Street
Chillicothe, Ohio 45601
740-773-2283

**Athens-Hocking-Vinton 317 Board**
7990 Dairy Lane
Athens, Ohio 45701
740-593-3177

**Ohio Legal Rights Service**
8 East Long Street, 5th Floor
Columbus, Ohio 43215-2999
(614) 466-7264

**Ohio Department of Mental Health & Addiction Services (OMHAS)**
The James A. Rhodes State Office Tower
30 E. Broad St., 8th Floor
Columbus, OH 43215-3430
614-466-2596
[http://mha.ohio.gov/](http://mha.ohio.gov/)

**U.S. Department of Health & Human Services**
Office for Civil Rights - Region V
105 West Adams Street
Chicago, IL 60603
(312) 886-5078

**Opportunities for Ohioans with Disabilities (OOD)**
150 E. Campus View Blvd.
Columbus, OH 43235-4604

**Mailing Address:**
400 E. Campus View Blvd.
Columbus, OH 43235-4604

**Phone:**
1.800.282.4536
If you have any additional questions or want to file a grievance, the Executive Director for Integrated Services is **Kevin Gillespie, 11 Graham Drive, Athens, Ohio**, and is available by phone at **(740) 594-6807 or (800) 321-8293**, Monday through Friday, **8:30 a.m. to 4:30 p.m.**
Global Performance Measurement (GMP)

Purpose

Assessing service provider performance through direct service hours and total performance that is based on a score from an individual performance appraisal that is reviewed quarterly. Individual staff must attain a minimum combined numeric value of 90% or more, with a goal for 100% of staff to reach the 90% or more score.

Performance Appraisals are designed to ensure an objective way to assess service provider performance. The following routine quarterly process is simple, clear, fair and easy to understand.

Quarterly reporting produces one numeric value for individual service provider performance, expressed as a percentage. Anyone falling below 90% will be subject to corrective action. Correction will now be carried out by administrative management staff, in consultation with managers.

In addition, a monthly report will identify all “late tickets” submitted by each service provider. A late ticket consists of service documents that are completed and signed later than midnight of the day following the actual date of service. Anyone with more than five late tickets in any month will also be subject to corrective action, also during the time of quarterly performance appraisal (October, January, April & July).

Care Coordination:

The Managing Director of Behavioral Health Performance will provide a written report of Quarterly Performance according to specifications described above. Outliers will be reported to Managing Director for Behavioral Health Operations and Executive Director for possible corrective action.

Target:

100% compliance
Sample:
All service staff

2018 Benchmark
Approximately 95.5% of staff attained a minimum combined numeric value of 90% or more.

Annual Goal
Increase the number of staff who attain the financial goals and the level of competency in engaging clients and being an effective member of the care team.

Who is responsible?
Managing Director of Behavioral Health Performance

= Performance Indicator (Efficiency)
Clinical Supervision for Licensed Counselors and Social Workers Seeking Independent Licensure

Purpose

Integrated Services for Behavioral Health provides clinical supervision for licensed counselors and social workers according to State of Ohio and national professional standards. All clinical supervision activities will be carried out by credentialed professionals and will be documented in the electronic health record, under the oversight of the managing director for behavioral health operations.

Dependently licensed staff who are seeking independent licensure post master’s degree, will receive 1 hour of clinical supervision for every 20 hours of direct service per week. Supervision will be delivered in groups of no more than 6 individuals. Given Integrated Service’s requirements for direct service, it is anticipated that supervision sessions will last 1 hour and 15 minutes per week. Extensive use of telehealth technology will facilitate ease of scheduling.

A chart review will be conducted annually, also by the Managing Director for Behavioral Health Operations.

Continuing Education Benefit Policy

External Training Opportunity:

Service staff may participate in approved external training with support from Integrated Services.

- A maximum of thirty external Continuing Educational Units will be funded every two years, up to $500.00.
- All external training requests must be submitted to the managing director for behavioral health operations for approval prior to the scheduled training.

Care Coordination:

The Managing Director of Behavioral Health Performance will provide a written report of the Clinical Supervision according to specifications described above. Outliers will be reported to Managing Director for Behavioral Health Operations and Executive Director.

Target:

100% compliance

Sample:
All service staff seeking Independent Licensure

**Who is responsible?**

Managing Director of Behavioral Health Performance

= Performance Indicator (Clinical Supervision)
Quality Enrichment for Direct Service Providers

Purpose

Integrated Services for Behavioral Health provides quality enrichment for all direct service staff annually according to standards established by accrediting bodies and to support a high level of quality for relationship-centered, science-based care and support. All quality enrichment activities will be carried out by local managers and will be documented in the electronic health record, under the oversight of the managing director for behavioral health operations.

Integrated Services’ managers will present evidence-based quality-enrichment content that is provided by the managing director for behavioral health operations. Supporting enrichment content that supports on-site activities will be provided online. All materials will be consistent with industry standards. An example is motivational interviewing. Quality-enrichment activities will be conducted locally in each of the communities we serve.

A chart review will be conducted annually, also by the local manager.

Continuing Education Benefit Policy

External Training Opportunity:

- Service staff may participate in approved external training with support from Integrated Services.
- A maximum of thirty external Continuing Educational Units will be funded every two years, up to $500.00.
- All external training requests must be submitted to the managing director for behavioral health operations for approval prior to the scheduled training.

All licensed or otherwise credentialed direct service staff are responsible for maintaining their own continued licensure or credentialing.

Care Coordination:

The Managing Director of Behavioral Health Performance will provide a written report of the Quality Enrichment for Direct Service Providers according to specifications described above. Outliers will be reported to Managing Director for Behavioral Health Operations and Executive Director.
Target:

100% compliance

Sample:

All service staff

Who is responsible?

Managing Director of Behavioral Health Performance

= Performance Indicator (Enrichment)
Change in Service Location Protocol

**Purpose:** The Change in Service Location Protocol is intended to alert the Human Resources staff when a service provider starts providing services in another county.

**Care Coordination**

- The Managing Director of Behavioral Health Operations will provide written documentation to the Human Resources staff when a service provider starts providing service in a different county. The Human Resources staff will document and change the information in the appropriate electronic records.

**Target:**

100% compliance

**Sample:**

All appropriate staff

**Who is responsible?**

Managing Director of Behavioral Health Operations and Human Resources staff

= Performance Indicator (Support Report)
Procedure for Primary Source Licensure Checks upon hire and throughout employment

**Procedure:** ISBH will at time of hire, and on a routine basis check all credentials (licensure, certifications and registrations). ISBH will perform the following primary source checks:

- At hire direct check with the applicable State licensing entity. (example: State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board).
- Results will be documented in the employee e3 HR file.
- ISBH will also end date each license in the Carelogic billing system.
- All employees are responsible to maintain their applicable licensure of certification and to inform ISBH of any changes that impacts their capacity to practice.
- Failure to maintain hired credentials will be addressed through HR actions.

**Care Coordination**

- The Managing Director of Behavioral Health Performance will oversee compliance.

**Target:**

100% compliance

**Sample:**

All appropriate staff

**Who is responsible?**

Managing Director of Behavioral Health (Performance) and Human Resources staff

= Performance Indicator (Efficiency)
Procedure for Background Check Reviews

**Procedure:** Integrated Services will conduct ongoing background check reviews under the following circumstances:

- Upon identification of possible staff activity that may pose a change in their previous background status. (i.e., conviction).
- Annual background checks are being conducted for all Summer Camp staff.
- Change in, or additional work activities that require an up to date background check.

**Care Coordination**

- The Managing Director of Behavioral Health Performance will oversee compliance.

**Target:**

100% compliance

**Sample:**

All appropriate staff

**Who is responsible?**

Managing Director of Behavioral Health (Performance) and Human Resources staff

= Performance Indicator (Efficiency)
Procedure for Workforce Development

**Procedure:** ISBH staff are expected to maintain the credentials for which they were offered present employment. In the event of a change or lapse in their credentialed / licensed status, ISBH will conduct a HR/management review to ensure appropriate services and related billing functions meet service and funding standards. In the event of such change, ISBH may take the following actions:

- Suspension
- Dismissal
- Review and position change to the appropriate position for Staff present credentials.

**Care Coordination**

- The Managing Director of Behavioral Health Performance will oversee compliance.

**Target:**

100% compliance

**Sample:**

All appropriate staff

**Who is responsible?**

Managing Director of Behavioral Health (Performance) and Human Resources staff

□ = Performance Indicator (Efficiency)
Procedure for Release of Psychotherapy Notes

**Procedure:** Integrated Services will comply with HIPAA Privacy Rules related to the release of potentially sensitive psychotherapy notes (45 C.F.R. § 164.524):

- Upon receipt of a valid request for release of information, the Service Support Specialist will review the client record to determine if psychotherapy has been provided and documented in the time period of the records request.
- If psychotherapy has been provided, the Service Support Specialist will request a review of the chart by the primary therapist to determine if information detrimental to the patients’ behavioral health and safety are contained within the psychotherapy notes.
- The primary therapist has 48 hours to review the clients’ record to decide if the psychotherapy notes can be released to the requesting party.
- The primary therapist should provide a brief explanation for the reason(s) if it is determined that the psychotherapy notes should not be released.
- In the absence of the primary therapist, this review will be conducted in the same manner by Managing Director for Human Resources.
- The Service Support Specialist will release all allowable material and provide a brief explanation to the requestor of the records that psychotherapy notes are being withheld under the applicable federal HIPAA Rules.

**Care Coordination**

- The Managing Director for Human Resources will oversee compliance.

**Target:**

100% compliance.

**Sample:**

All valid request for release of information.

**Who is responsible?**

Service Support Specialist and the Managing Director for Human Resources.

[ ] = Performance Indicator (Efficiency)
Revision Log

Protocols Updated:

- March 7, 2018 - Added Clinical Supervision for Licensed Counselors and Social Workers Seeking Independent Licensure protocol
- March 7, 2018 – Revised Records Review protocol
- March 7, 2018 – Added Quality Enrichment for Direct Service Providers protocol
- March 7, 2018 – Revised Quarterly Management Schedule / Performance Appraisal protocol
- March 8, 2018 – Integrated Access
- March 8, 2018 – Global Measure of Performance
- March 19, 2018 – Added Performance Profiling protocol
- March 19, 2018 – Added Revenue Profiling protocol
- March 22, 2018 – Added Change in Service Location Protocol
- May 2, 2018 – Added Behavioral Medicine Protocol
- May 2, 2018 – Revised Behavioral Medicine Service Protocol
- June 5, 2018 – Added Procedure for Primary Source Licensure Checks upon hire
- June 6, 2018 – Added Policy for Background Check Reviews
- June 6, 2018 - Added Procedure for Human Resource Development
- August 23, 2018 – Revised Policy for Background Check Reviews
- March 12, 2019 – Revised Procedure for Primary Source Licensure Checks upon hire and throughout employment
- March 12, 2019 – Revised Procedure for Background Check Reviews
- March 12, 2019 – Revised procedure for Workforce Development
- June 13, 2019 – Added Procedure for Release of Psychotherapy Notes

Protocols Archived:

- March 7, 2018 – PCSA Service Protocol for Integrated Community Behavioral Health
- March 7, 2018 – Focus Group Protocol
- March 7, 2018 – Placement Management Support Services
- June 21, 2019 – Performance Profiling
- June 21, 2019 – Revenue Profiling