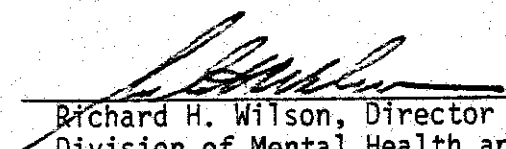DIVISION OF MENTAL HEALTH AND HOSPITALS

Administrative Bulletin Transmittal Memorandum No. 40

April 14, 1983

SUBJECT: Administrative Bulletin 9:03
          Sequence and Procedures for Program Reviews
          of Community Agencies

          This Administrative Bulletin standardizes and clarifies the procedures
for program reviews of community agencies.

Richard H. Wilson, Director
Division of Mental Health and Hospitals

RW:PK:er

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 9:03

Date: April 14, 1983

SUBJECT: Sequence and Procedures for Program Reviews of Community
Agencies
Applicability: H, C, CO

I. Purpose

To standardize and clarify the procedures for program reviews to
insure useful reports on a timely basis, for program accountability
and remediation, and to provide inspection reports and recommendations
to the Office of Community Services and the agency.

II. Authority

N.J.S.A. 30:9A 1-11 et seq., Rules and Regulations, and State
Mental Health Plan, Title XX and Community Care Contract require-
ments.

III. Implementation

A. Pre-site Sequence and Procedures

1. Development of Priorities

All agencies and contracts will be evaluated at least
every three years.

2. Preparation for Scheduling (45+ days)

At least 45 days prior to the proposed reviews, the
Coordinator, Bureau of Standards and Inspections, will
prepare the schedule of site reviews for the subsequent
quarter based on:

a. Established regional priorities; and

b. Scheduling constraints of the respective divisional
Program Analyst and County Mental Health Administrator,
who will have seven calendar days to respond to the
proposed schedule after which it will be finalized.
Agencies will also be contacted for examination of
scheduling constraints.

3. Scheduling (30 days)

At least 30 days prior to a scheduled review, the
Coordinator or a designee will telephone the agency
director and inform him/her of the date(s) for the review.

4. Confirmation of Scheduled Review (30 days)

At least thirty days prior to the review, a standard letter will be sent to the agency which will:

a. Confirm the review date(s);

b. Describe the scope and purpose of the program review and survey procedures;

c. Describe procedures for reviewing client/patient records, observing programs and conducting staff interviews; and

d. Describe the standard team composition (see attachment B).

5. Review Team Selection and Composition (30 days)

At least 30 days prior to the review, the review team will be selected as per Appendix B. The team leader and all team members will be notified of the review and the pre-site meeting. Team members will also be notified of their specific responsibilities. At this time the referral agency questionnaires will be distributed to the Office of Community Services (OCS) Program Analyst(s) and to the County Mental Health Administrator (see attachment C). All team members must attend the scheduled pre-site meeting. Generally, there will be no guest, student, or observer status for the review. Exceptions may, however, be made by the Assistant Director for Program Evaluation.

6. Team Member Responsibilities

a. All team members must review the consolidated funding application, attend the pre-site meeting, prepare to attend all scheduled days of the review (approximately 9am-4pm plus travel time), assume writing responsibility assigned by the team leader, and during the review, prepare written drafts in accordance with each writing assignment. Initial drafts will be edited by the Bureau of Standards and Inspections. Written findings for assigned sections must contain recommendations which are validated by documentation, information provided by the agency and/or specific observations.

b. The team leader shall review responses to intra-divisional requests for information about the subject agency. S/he should also summarize and present previous agency site review reports. Special attention should be paid to complete resolution of previous division and JCAH recommendations. Unresolved issues must be explained and documented at the review.

c. The County Mental Health Administrator should review the County Plan to determine if the agency is meeting its objectives in the county system and present at the pre-site meeting, findings of referral agency interviews (which must be completed prior to the pre-site meeting - see A.8).

d. The Program Analyst(s) shall review affiliation agreements, the consolidated funding application and contingencies, monitoring visits, OCS correspondence and identify any systemic issues. S/he should also develop a list of issues, including compliance with the Rules and Regulations and remediation of any previously identified deficiencies. This list must be submitted to the team leader one month prior to the review.

7. Pre-Site Data Collection

a. Notification of the review and request for information or issues will be sent to the following staff of the Division of Mental Health and Hospitals: Assistant Directors, Grants or Contract Administrators, Bureau of Research and Evaluation, Technical Assistance, Bureau of Information Systems, Services for Children/ Elderly, Office of Planning, Regional Coordinator, and Program Analyst(s).

b. These staff are responsible for notifying the Bureau of Standards and Inspections of outstanding issues regarding the agency in the areas of interagency systems development, fiscal or program operations or any other pertinent information affecting client/patient care or rights. Primary responsibility for providing information rests with the OCS Program Analyst and Services to Children/Elderly for children's programs.

c. The Bureau of Information Systems is responsible for summarizing data on the agency's performance in terms of the reliability of the agency's compliance with USTF requirements; completion of GLOF; and admission/discharge notifications. In addition, the Bureau will provide statistical information regarding regional, demographic and service information.

8. Referral Agency Interviews

a. Interviews with referral agencies shall be scheduled at least 20 days prior to the review and completed before the pre-site meeting (see attachment C). The scheduling and completion of these referral agency interviews is the responsibility of the County Mental Health Administrator.

b.   The County Mental Health Administrator and Division
     staff shall select at least six key referral agencies
     to interview, from the list submitted by the mental
     health agency. Additional referral sources may be
     added. The selected agencies must include welfare,
     probation/police, Division of Youth and Family
     Services, and school systems. This selection may
     also include local representative associations for
     ethnic groups, consumer advocacy groups, other State
     or federal agencies, as well as human service agencies
     which do not but should refer clients. It is preferred
     that these interviews be face-to-face. <u>Referral
     agencies should be interviewed utilizing and completing
     the referral agency questionnaire</u> (see attachment C).

c.   All completed forms, including the agency name, name
     of person interviewed and date of the interview
     should be brought to the pre-site meeting along with
     a summary of the findings which identifies any
     commendations for, difficulties with, or recommendations
     for the agency.

9.   Preparation for the Pre-Site Team Conference (21 days)

     Three weeks prior to the review, the team leader shall:

     a.   Review the list of issues developed by OCS; develop
          a list of issues.

     b.   Read the consolidated funding application.

     c.   Develop and mail a tentative survey agenda to the
          agency. The survey team participants and their
          affiliations should be clearly indicated.

10. Pre-Site Team Conference (7 days)

     The pre-site team conference shall be conducted by the
     team leader. All team members must attend. The con-
     solidated funding application, identified issues and any
     outstanding recommendations from the last review will be
     carefully reviewed. Additionally, individual team members
     will present general areas of concern regarding the
     subject agency including measures of agency performance,
     and problems indicated in the consolidated application as
     per item A.6. The team leader will review the tentative
     agenda and assign to the team members their survey and
     writing responsibilities.

11. Additional Instructions to Surveyors

     a.   As a condition for participation in a review con-
          ducted by the Bureau of Standards and Inspections,
          all members of the review team are subject to the
          direction of the team leader regardless of formal
          employment relationships.

b.   All team members are required to accept survey and
      report assignments. Such assignments will be
      determined and assigned in advance of the survey,
      according to individual expertise. Assignments are
      generally identified at the pre-site meeting, but
      may be amended during the survey by the team leader
      with the agreement of the team member.

c.   As a precondition to participating in reviews con-
      ducted by the Bureau of Standards and Inspections,
      all team members must be present for the entire
      review period with the exception of special con-
      sultants chosen to review specific programs. Reviews
      are scheduled sufficiently in advance for individuals
      to identify potential scheduling conflicts to the
      team leader at least 30 days before the survey.

d.   Team members should be familiar with the Bureau's
      standardized questionnaires and checklists for
      interviews. This will assure the smooth, efficient
      conduct of the survey process. The team leader is
      available to arrange or conduct inservice training
      for individuals unfamiliar with the procedures for
      onsite inspection, data collection and program
      evaluation.

B. Onsite Protocol and Guidelines

The onsite protocol will cover the following areas: Administra-
tion, Governing Body, State Mental Health Plan Compliance,
Client Service Programs, Liaison/Case Management, Consultation
& Education, Research & Evaluation, Manuals, Quality Assurance
and Records. In addition, there will be a case load count,
length of stay and a face-to-face time study. A general
overview of the topics covered in these areas is contained in
Attachment A.

1.   Reconciliation Meeting

      This is a team meeting in which each surveyor's observations,
      data and resulting recommendations are presented to the
      group for validation and discussion. Input by all team
      members will be obtained, and consensus reached, on final
      recommendations for summation.

2.   Summation

      a.   The scheduled summation conference shall be attended
            by all team members except consultants. Feedback
            will be provided to the agency on all major findings
            and recommendations of the review team, including
            systemic issues.

b. Positive qualities, as well as recommendations, will
be provided under the topics of the Division principles
and each section previously noted.

c. All recommendations which will be included in the
report should be addressed at this meeting.

C. Post-Site Review Report Preparation Sequence and Procedures

1. Submission of Reports by Team Members (0-2 days)

Within two working days of review completion, team members
must submit written reports to the team leader. Complete
and neatly handwritten reports are acceptable, while
outlines or unorganized notes are unacceptable. Time
will usually be set aside during the survey for report
preparation.

2. Completion and Review of Draft (6-55 days)

a. Within six working days of review completion, the
first draft should be completed by the team leader
and submitted to Word Processing. Subsequent steps
are as follows:

(1) Editing by Supervisor.

(2) Circulating for review/comment to all team
members and Coordinator, Bureau of Standards
and Inspections.

(3) Development of a corrected draft report which will
incorporate team member comments.

(4) Editing by Bureau staff and circulating to team
members. Comments on this final draft must be
addressed to factual accuracy and may only be
provided in a formal memorandum. This final
draft may be shared, in confidence, with Division
staff for verification of factual information.

b. Reports shall be mailed within eight weeks of the
last day of the review.

NOTE: Unreleased reports are strictly confidential
until the report has been signed by the
Coordinator, Bureau of Standards and
Inspections and the agency has had time to
receive its copy.

3. Dissemination of Report

Copies of the review report will be sent to team members,
Regional Coordinator, County Mental Health Administrator,
agency director, and the Chairperson of the agency Board
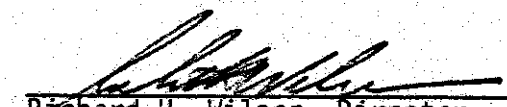of Trustees.

4. Response to Final Report

   Within 30 days after receipt of the report, the agency
   must respond to the recommendations. The response must
   include current and future compliance plans.

5. Availability of Final Report

   The report is not considered complete, and therefore not
   a public document, until receipt of the agency response.
   The final report will include the report as well as the
   agency response. Together they will become a public
   document. The agency will be responsible for forwarding
   copies of their response to the recipients of the original
   report. Subsequently, the Bureau of Standards and
   Inspections will provide the complete final report upon
   specific request. If the response is not received within
   the required 30 days, the report will become a public
   document without the response.

6. Within two weeks of receipt, the team leader shall prepare
   handwritten comments on the agency response and forward
   copies to the Coordinator, Bureau of Standards and
   Inspections, and to the Program Analyst(s).

   Richard H. Wilson, Director
   Division of Mental Health and Hospitals

Overview of Topics Covered
During the Onsite Evaluation
of Community Mental Health Agencies

1. Introduction

   a. Introduction of all team members

   b. Description of process and materials used in preparation for the review.

2. Administration

   The following topics will be minimally covered:

   a. Administrator's name and professional status.

   b. Medical Director's name and professional status.

   c. Organizational chart; lines of accountability (if at issue).

   d. Staffing and personnel issues.

   e. Degree of centralization or autonomy of program units/elements.

   f. Coordinative mechanisms (internal and external).

   g. Internal controls (Management Information and Quality Assurance).

   h. Fiscal management; fee collection.

   i. Adequacy/effectiveness of policies and procedures.

   j. Affiliation agreements (if any).

   k. Admission and discharge criteria including target group prioritization.

   l. Inservice training.

   m. Affirmative action policies.

   n. Total caseload size.

   o. Length of stay.

   p. Face-to-face time.

   q. Percent of open records which are inactive.

3. Board of Trustees/Governing Body

    a. Role and functions.

    b. Responsiveness to community needs.

    c. Composition of membership, including consumer participation.

4. Advisory Groups

    a. Role and functions.

    b. Rapport with agency staff; working relationship with agency staff.

    c. Responsiveness to community needs.

    d. Composition of membership, including consumer participation.

    e. Unified services issues.

5. Outpatient (this material will be covered for each outpatient unit)

    a. Program director: Title; professional status; FTE; other duties.

    b. Staff: Full-time equivalent staffing levels; disciplines represented; productivity; morale; ethnic composition; any other significant factors.

    c. Face-to-face time.

    d. Client load and volume; staff-client ratio; caseload size.

    e. Acceptance criteria and prioritization of target groups and prioritization of referrals from Emergency and Screening.

    f. Sources of referrals.

    g. Accessibility: Physical location and scheduling of hours; visibility; procedural or cultural barriers to service.

    h. Target populations; other significant populations served; comparison to geographic need-based plan.

    i. Adequacy of liaison function.

    j. Intake process, including wait for intake, wait for service.

    k. Service and discharge planning; relatedness of plan to functional assessment.

l. Treatment modalities and services offered.

m. Average length of stay; policies and documentation.

n. Adequacy of linkages to generic and inpatient services.

o. Termination procedures and follow-up.

p. Outreach to community, boarding homes, gatekeepers, others.

q. Fee collection system.

r. Recidivism rate.

s. Compliance with other areas of Rules and Regulations.

t. Client records (information specifically relevant to records in this program element).

6. Liaison and Case Management

a. Liaison name; professional status.

b. FTE staff schedule of services provided, i.e., in-hospital service; outreach; follow-up.

c. Completion of admission/discharge notification system.

d. Client load and volume.

e. Follow-up of hospital service plan.

f. Advocacy and case management, including two-month post-discharge follow up.

g. Scope of responsibilities and caseload size.

7. Partial Care/Partial Hospitalization (this material will be covered for each Partial Care Unit.)

a. Program director: Title; professional status; FTE; other duties.

b. Staff: Full-time equivalent staffing levels; disciplines represented; productivity; morale; ethnic composition; any other significant factors.

c. Client load and volume; staff-client ratio.

d. Acceptance criteria and prioritization.

e. Sources of referrals.

f. Accessibility: Physical location and scheduling of hours and visibility; procedural or cultural barriers; special transportation services; adequacy of space and activities area.

g. Target populations; other significant populations served.

h. Intake process, including wait for intake; wait for service; appropriateness of service for client's LOF.

i. Service and discharge planning; relatedness of plan to SLOF.

j. Outreach to community, boarding homes, gatekeepers, others.

k. Treatment modalities and services offered, especially range of services as related to identified client needs.

l. Average length of stay.

m. Adequacy of linkages to generic and inpatient services.

n. Living skills development, including vocational preparation prior to termination.

o. Termination procedures and follow-up.

p. Use of community and generic resources, natural support systems.

q. Fee collection system.

r. Recidivism rate.

s. Program goals.

t. Staff-client rapport.

u. Client records.

v. Compliance with other areas of Rules and Regulations.

8. Transitional Contract (if applicable)

a. Program director: Title; professional status; FTE; other duties.

b. Staff: Full-time equivalent staffing levels; disciplines represented; productivity; morale; ethnic composition; any other significant factors.

c. Client load and volume; staff-client ratio.

d. Acceptance criteria and prioritization.

e. Sources of referrals.

f. Accessibility: Physical location and scheduling of hours; visibility; procedural/cultural barriers.

g. Adequacy of liaison function.

h. Service to target populations; other significant populations.

i. Intake process, including wait for intake; wait for service.

j. Service and discharge planning; relatedness to SLOF.

k. Treatment modalities and services offered, especially use of group therapy.

l. Average length of stay.

m. Termination procedures and follow-up.

n. Adequacy of linkages to generic and inpatient services.

o. Outreach to community, boarding homes, gatekeepers, others.

p. Fee collection system.

q. Recidivism rate.

r. Compliance with other areas of Rules and Regulations and with the Contract.

s. Client records (include information specifically relevant to records in this program element).

9. Contract Housing (complete one for each contract home or group of houses)

a. Size of facility; number of residents.

b. Census; capacity; vacancy rate.

c. Physical layout: Rooms, floors, grounds.

d. General atmosphere.

e. Cleanliness; maintenance.

f. Level or degree of supervision.

g. Linkage with other agency services.

h. Extent of in-house services (ADL, etc.).

    i.   Use of milieu approach.

    j.   Activities programming, including non-facility based.

    k.   Patient rights.

    l.   Use of seclusion, restraints.

    m.   Linkage to other agency and community services.

    n.   Post-discharge housing arrangements.

    o.   Physical environment: General atmosphere; cleanliness; safety; normalization.

    p.   Staff supervision and training, as applied to improved performance.

    q.   Records.

12.   Additional Client Services and Affiliates

Areas such as substance abuse, child and geriatric services are addressed with similar labels as above. The relationship with the Community Mental Health Center is stressed.

    a.   Program director: Title; professional status; FTE; other duties.

    b.   Staffing.

    c.   Location, if different from agency's.

    d.   Services and treatment modalities offered.

    e.   Program goals.

    f.   Special funding arrangements, if any.

    g.   Population served (age, functional diagnosis, etc., including any plans for serving involuntary patients).

    h.   Caseload size or client capacity.

    i.   Referral sources.

    j.   Linkages to services of this agency and other community and generic services.

    k.   Acceptance and intake.

    l.   Length of stay.

m.   Termination and follow-up.

n.   Record-keeping.

o.   Outreach and publicity.

p.   Future plans for the unit.

q.   Overall assessment of program quality; results and functioning.

13. Consultation and Education

a.   Program director: Title; professional status; FTE; other duties.

b.   Staffing levels.

c.   Goals and objectives: Relationship to service area emergency services and screening programs.

d.   Program priorities and activities: Needs assessment; identification of target groups; outreach; education of gatekeepers.

e.   Written annual plan.

f.   Educational activities: Gatekeepers; community at-large; participation in statewide efforts.

g.   Mechanism for evaluation of program's effectiveness.

h.   Special projects.

i.   Integration with other agency components.

j.   Preventive activities, especially to "at-risk" populations.

k.   Overall assessment of program.

14. Research and Evaluation (if applicable)

a.   Program director: Title; professional status; FTE; other duties.

b.   Staffing levels.

c.   Goals and objectives.

d.   Program priorities and activities: Needs assessment; information collection and use; contributions to quality assurance.

e.   Special projects.

   f.   Integration with other agency components.

   g.   Overall assessment of program.

   h.   Compliance with USTF requirements and management of USTF data.

15. Manuals, Quality Assurance, Utilization Review, Committee Minutes

   a.   Describe the overall mechanism for Utilization Review, stating
        whether formal or informal mechanisms include UR committee,
        case record review, peer review, Quality Assurance programs,
        internal audit. Identify the persons responsible for follow-up
        and the timetable used. Give an overall assessment of UR
        effectiveness.

   b.   Describe how UR feedback is related to inservice training and
        continuing education at all staff levels.

16. Record Review

   a.   Length of wait for service from time of initial contact.

   b.   Length of stay.

   c.   Evidence of functional assessment.

   d.   Service plan: Relatedness to functional assessment; relatedness
        to hospital ISDP, if available.

   e.   Medication.

   f.   Progress notes.

   g.   Progress summaries.

   h.   Discharge planning.

   i.   Discharge summary.

   j.   Release forms.

   k.   Consent forms.

   l.   Documentation of advocacy and follow-up; referral to general
        services; use of natural supports.

   m.   Consent forms for release of information.

   n.   Validation of entries: Signature; title; date.

   o.   Use of unit record system, i.e., centralization of all
        information on client.

p.   Clarity and conciseness.

q.   Organization.

r.   Completeness.

s.   Legibility.

t.   Retrievability of information.

u.   Storage facilities.

Review Team Composition

Source of Surveyors	Community Agency
Standards and Inspections	R
OCS Regional Coordinator	O
OCS Program Analyst	R
CMH Administrator	R

O = Optional
R = Required

REFERRAL AGENCY INTERVIEW QUESTIONS FOR REFERRAL TO COMMUNITY MENTAL HEALTH AGENCIES

1. Do you refer clients to this agency? _____ If not, why?

    _____

2. How many clients did your agency refer to this Mental Health Agency either in the last   Month_____;   Quarter_____;

    or Year _____?

    How soon are appointments available? _____

3. How are local emergency referrals handled? Promptly? _____ Adequately? _____

4. Is this Mental Health Agency generally receptive to your referrals?

    _____ Please explain_____

    _____

    _____

5. In what types of circumstances, if any, has the Mental Health

    Agency been unable/unwilling to serve your clients? _____

    _____

6. Do you have a specific person at this Mental Health Agency to

    whom you can address questions? _____

7. What feedback is provided by the Mental Health Agency on clients

    referred for evaluation or service? _____

    _____

    _____

8. What feedback do you receive from your clients referred to the Mental Health agency? _____

_____

9. Are you satisfied with the clinical services provided to clients you refer? _____

10. Do you provide follow-up to the clients you refer and to the Mental Health Agency? _____ while receiving mental health services? _____ after completion of mental health services?

_____

CLINICAL CARE RECORD REVIEW (Community)

Agency:_____ Program Element:_____ Reviewer:_____ Date: _____

ITEM	#	.#	#	#	#	COMMENT
1. Length of Wait from Initial to Service (days)						
2. Length of Stay (days or visits)						
3. Functional Assessment: a. emotional (MH)						
b. educational & vocational						
c. financial (income/housing/food)						
d. health/medical						
e. social/recreational						
f. support system						
4. Service Plan: a. related to functional assessment						
b. justification of service provided						
c. reviewed regularly						
d. client input						
e. multi-disciplinary						
f. measurable/time limited						
5. Medication: a. clearly stated						
b. justification						
c. changes justified						
6. Progress Notes: a. each visit/weekly						
b. addressed to service goals						
c. describe clinical course/response to trt.						
7. Progress Summaries 3-6 months						
8. Evidence of Supervisory Input						
9. Evidence of QA UR Case Review						
10. Discharge Planning: a. linkage to aftercare						
b. client input						
11. Discharge Summary						

EVALUATION OF LENGTH OF STAY

1. A length of stay evaluation should be limited to one program element. The study should not consume more than one hour.

2. Choose a minimum of 50 recently closed records; a sample of 100 is preferred.

3. Check the USTF/MCI or service application to establish the date of original contact.

4. Identify, if possible, the last date of actual service. If this is not convenient, use the date the case was closed.

5. If the case was closed and re-opened, please so note but use the last opening and closing dates as the most recent service episode.

6. If you have difficulty finding the information, ask the agency personnel to assist you.

Record the data by category as follows:

	Total #	Total %
0 - 1 months		
1 - 3 months		
3 - 6 months		
6 - 9 months		
9 - 12 months		
12 - 18 months		
18 - 24 months		
2 - 3 years		
3 years - over		
Grand Total #		100 %

PROCEDURES FOR EVALUTING OUTPATIENT
FACE-TO-FACE TIME

1. Choose at least two but preferably four weeks - one for each quarter.

2. Obtain from the agency:

    a. The amount of direct service time available for each staff person (e.g., one person may supervise others and have some administrative duties, so only 28 hours are available for direct service).

    b. The amount of time worked by each staff person that week (i.e., were they sick; late; on vacation).

3. Using either the appointment book or staff activity sheets, list the amount of time spent in face-to-face service for each person. Note: Intake and group are usually one and one-half hours, individual is one hour, unless otherwise noted.

4. By staff member, divide the amount of time available for direct service into the hours of direct service to get the percent of face-to-face time

$$\frac{.65}{35 \text{ (hours available)} \quad 22.5 \text{ hours provided}} = P/o \text{ of } f\text{-to-}f$$

200-278/255