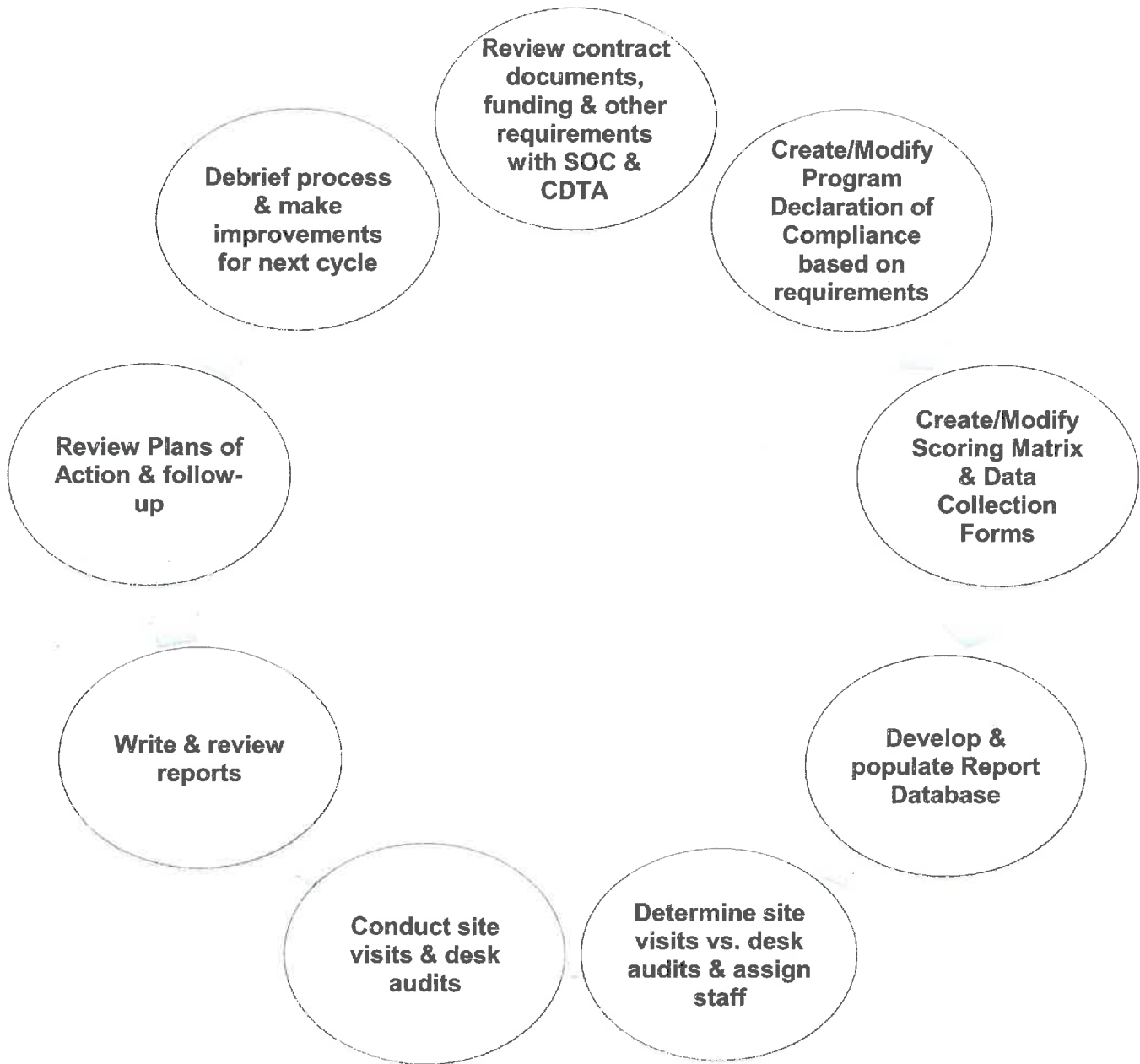


Figure 3 - Monitoring Cycle





**Business Office Contract Compliance (BOCC) -- Ongoing Monitoring, March 2016**

Monitoring Type	Description	Frequency	Ambulatory Care - Behavioral Health Services	Transitions - Housing and Urban Health	Ambulatory Care - HIV Health Services	Community Health Equity and Promotion (CHEP) (includes HIV Prevention and Health Education)
Annual Program Monitoring	Annual monitoring visit or desk audit to determine contractors' conformance with: contract deliverables, objectives, compliance requirements (including chart compliance with mandated forms and required signatures), client satisfaction, submission of contractor Declaration of Compliance, HIPPA compliance, treatment plans (if applicable), consent for treatment, consumer handouts, grievance materials, and site compliance (ADA, fire, etc.). Close-out monitoring may be done in lieu of above depending upon circumstances.	Annually	X	X	X	X
Annual Program Monitoring -Ryan White Part A and B	On-site monitoring of the following elements: access to care, eligibility screening, Anti-Kickback statute, grantee accountability, reporting, limitation on usage of funding, allowable costs, use of program income, assessment of client charges, financial management, cost principals, audits, fiscal procedures, Administrative Binder contents, Premises Checklist.	Annually		X	X	
Annual Program Monitoring - Drug Medical Organized Delivery System	Annual site visit to determine contractors' conformance with all contract deliverables, objectives, and compliance requirements. Follows regular program monitoring guidelines but visit must always be on-site and a report sent to state agency.	Annually	X			
Monitoring of Audited Financial Statements	Desk review, but may include on-site if follow-up required. Includes review of audit opinion, financial statements, accompanying notes to financial statements, schedules of questioned costs and internal controls. Focus on trends to identify potential future issues for monitoring.	Annually	X	X	X	X
Fiscal and Compliance Monitoring	On-site and desk reviews conducted to determine whether contractors comply with standards promulgated by Office of the Controller. For those contractors with funding from multiple city departments, the BOCC participates in a coordinated fiscal monitoring process managed by the Controller's Office. Contractors are selected for on-site visits at least once every three years, where BOCC staff and other department staff determine whether affected contractors are complying with citywide fiscal and nonprofit management standards. When not selected for site visits, organizations complete self-assessments with regards to these standards.	On-site reviews conducted at least every 3 years (self assessments conducted other years)	X	X	X	X
Medi-Cal Site Certification Monitoring	On-Site: physical plant review, review of records storage/management, personnel policies and training, miscellaneous checklist items, compliance with Title 9 Medi-Cal standards.	Every 3 years, but frequency may increase based on critical incidents, grievances, etc.	X	X		



**BOCC: Contract Funding Types & Monitoring Timelines**

<b>SOC</b>	<b>Funding<sup>1</sup></b>	<b>Program Modality<sup>2</sup></b>	<b>Funding FY</b>	<b>Monitoring Timeline</b>
1. Community Behavioral Health Services (CBHS) for Adults & Children	General Fund – Substance Abuse/ Drug Medi-Cal <sup>3</sup>	<ul style="list-style-type: none"> <li>• Drop-In Services</li> <li>• Outreach</li> <li>• Outpatient Substance Abuse</li> <li>• Residential Substance Abuse</li> <li>• Supportive Housing</li> <li>• Outpatient Drug-Free</li> <li>• Perinatal Residential</li> <li>• Narcotic Treatment Programs (Methadone)</li> </ul>	July 1 – June 30	September 15 – March 31
	General Fund – Mental Health/ Mental Health Medi-Cal <sup>4</sup>	<ul style="list-style-type: none"> <li>• Drop-In Services</li> <li>• Outreach</li> <li>• Benefits Advocacy</li> <li>• Outpatient Mental Health</li> <li>• Residential Mental Health</li> <li>• Therapeutic Behavioral Health (TBS)</li> <li>• Day Treatment</li> </ul>		
	Substance Abuse Treatment Prevention (SAPT)	<ul style="list-style-type: none"> <li>• Primary Prevention (PPSA)</li> <li>• HIV Prevention</li> </ul>		
	Mental Health Services Act (MHSA)	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Prevention</li> <li>• Full Service Partnerships (FSP)</li> <li>• Early Childhood Mental Health (ECMH) - Consultation</li> </ul>		

<sup>1</sup> Funding sources may include grants, which are not reflected in this table.

<sup>2</sup> This is not an exhaustive list.

<sup>3</sup> Drug Medi-Cal has General Fund match and only pays for particular services.

<sup>4</sup> With General Fund match. Mental Health Medi-Cal only pays for certain services.

<b>SOC</b>	<b>Funding<sup>1</sup></b>	<b>Program Modality<sup>2</sup></b>	<b>Funding FY</b>	<b>Monitoring Timeline</b>
2. Housing	General Fund	<ul style="list-style-type: none"> <li>• Supportive Housing/Case Management</li> <li>• Adult Day Health</li> <li>• Property Management</li> <li>• Operating Subsidy</li> <li>• Rental Subsidy</li> </ul>		September 15 – November 30
	Ryan White	<ul style="list-style-type: none"> <li>• Supportive Housing/Case</li> <li>• Adult Day Health</li> <li>• Operating Subsidy</li> <li>• Rental Subsidy</li> </ul>	March 1 – February 28	April 1 – June 30
3. HIV Health Services (HHS)	General Fund	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• HIV Rental Subsidy</li> </ul>	July 1 – June 30	September 15 – November 30
	Ryan White	<ul style="list-style-type: none"> <li>• HIV Supportive Housing</li> <li>• HIV Transitional Housing</li> <li>• Residential Treatment</li> </ul>	March 1 – February 28	April 1 – June 30
4. Community Health Equity & Promotion (CHEP)	General Fund	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• HIV Testing</li> <li>• Pre &amp; Post Test Counseling</li> <li>• HIV Prevention</li> </ul>	July 1 – June 30	September 15 – November 30
	Centers for Disease Control (CDC)		January 1 – December 31	March 1 – April 30
	SAPT		July 1 – June 30	September 15 – March 31
5. Community Health Equity & Promotion (CHEP)	Minority AIDS Initiative (MAI)	<ul style="list-style-type: none"> <li>• HIV Support Services</li> </ul>	September 30 – September 29	November 1 – December 1

DPH Contract Monitoring: Compliance and Quality Management Functions

Area of Assessment/ Monitoring	Functions	Frequency	DPH Divisions				
1. Client Input			BOCC	Office of Compliance and Privacy Affairs	Quality Management/ Quality Improvement	CDTA	SOC
Whistle-Blower Audits	DPH Office of Compliance and Privacy Affairs is the lead for follow-up on Whistle Blower complaints. May require assistance from BOCC or QM in conducting audits/investigations. QM provides clinic-based documentation coaching sessions for programs where documentation problems have been identified through compliance chart audits.	On demand	X	X	X		
Risk Management (Grievances, Unusual Occurrences, Critical Incident Reviews (CIRs), and Client Complaints (pre-formal grievance))	<b>BHS-QM:</b> Reporting structure dictated by Medical regulations - investigate and responds to formal grievances (client generated complaints), appeals, and Unusual Occurrences (UOs) for all BHS programs. All client suicides are subject to a Critical Incident Review (CIR) with program staff at the client's treatment program. Trends of high risk incidents are monitored and reported at a monthly Risk Management meeting with contract agency representation, where possible system improvement issues are identified and brought to the Quality Improvement Committee. Information shared with BOCC upon request to identify patterns/trends that speak to overall agency health.  <b>Other Sections:</b> SOC responds to and investigates client complaints and grievances. As needed, SOC involves other sections in responding and determining next steps.	On demand			X		X
Shelter Monitoring	The Board of Supervisors established standards by which City shelters provide services to shelter clients. The DPH Shelter Monitoring Committee is charged with receiving complaints about shelter operations and forwarding unresolved complaints to the BOCC for investigation. BOCC staff members conduct these investigations and prepare and submit written reports summarizing their findings to the Committee. The Committee and DPH representatives provide quarterly reports to the Board of Supervisors regarding the disposition of these complaints.	On demand	X				
Assessing Client Satisfaction	<b>BHS QM:</b> collects, analyzes and reports on client satisfaction with mental health services twice each year, using a standardized satisfaction tool required by DHCS. Substance Use treatment client satisfaction is measured once annually. Program level reports are generated and posted to the DPH public website, and are shared with the BOCC for Monitoring Reports.  <b>Other Sections:</b> All sections do client satisfaction surveys (typically customized, not standardized). For all sections, BOCC confirms via the Declaration of Compliance that agencies completed a survey, conducted analysis, and shared the results with staff and/or Board of Directors.	BHS twice annually	X		X		
		Other sections annually					

Area of Assessment/ Monitoring	Functions	Frequency	DPH Divisions				
2. Quality of Care (cont'd)	Functions	Frequency	BOCC	Office of Compliance and Privacy Affairs	Quality Management/Q Improvement	CDTA	SOC
Monitoring Agencies' Cultural Competency Planning and Implementation	The DPH Office of Workforce Development and Cultural Competency administrators this program, requiring agencies that receive \$500K or more annually to participate. Agencies must comply with Federal Cultural, Linguistic and Access Services (CLAS) standards. Compliance is determined through BOCC's Declaration of Compliance. Currently required number of CLAS standards to be included in Declaration expanding from 1 to 11; participation criteria also expanding (3-16). The Office also provides at least two annual trainings and technical assistance for participating agencies.	Ongoing and during annual monitoring visits or desk audits	<b>X</b>				