Site Visit Policy & Procedure

PURPOSE: Site visits provide an opportunity to "review and evaluate the community's behavioral health needs, services, facilities and special problems". *(Statutory Duties: WIC 5604.2)* The purpose of this protocol is to define the policy and procedures for Behavioral Health Board members to complete site visits.

POLICY & PROCEDURE

1. Each member shall participate in a minimum of one site visit per year.
2. Site visits can be performed by a maximum of four Board members.
3. The Behavioral Health Board (BHB) Administrative Liaison provides current facilities lists on an annual basis to be reviewed by the Executive Committee. These lists will include both county run services and contracted services.
4. The Executive Committee, with input from the BHB, chooses which sites to visit and provides this list to the BHB Administrative Liaison. Note: Additional sites can be considered throughout the year at the request of BHB members and approval by the Executive Committee.
5. The BHB Administrative Liaison identifies targeted months that site visits could be held and canvasses which board members are available during those months. The BHB Secretary then develops the schedule of site visits.
6. The site visit calendar for each year will be distributed during a BH Board meeting, and one person of each team will serve as the Lead Reviewer.
7. Approximately one month prior to a site visit, the BHB Administrative Liaison will provide:
    1. A "Site Visit Observations" form (to Facility/Program). Note: the contractor is given the form for informational purposes. The form is to be completed during the site visit. Contractors are welcome to offer information in advance if desired.
    2. Site Contact (name/email/phone) (to Lead Reviewer)
    3. Current Contract (to include Scope of Work and Budget) Information (to Site Visit Team)
8. The Lead Reviewer will contact the Site Contact and Site Visit Team to schedule the site visit.
9. Prior to the site visit, the BHB Administrative Liaison will forward to the Site Visit Team
    1. Copies of recent reports to the Napa County HHSA Mental Health Division (if any)
    2. A blank "Site Visit Observations" form (for use during visit.)
10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team's completed "Site Visit Observations" to the BHB Chair and Administrative Liaison to be included for review at the next Executive Committee Meeting. After approval by the Executive Committee, the report may be scheduled for presentation at the next BHB meeting.
11. Concerns raised from site visits should be addressed by the Behavioral Health Director and/or BH Division staff with follow-up information reported to the Board.

[EXAMPLE] COUNTY BEHAVIORAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT

BY:_____
Board Member Names

This Report Is Based On A Personal Visit From One Or More Members Of **The [Example] County Behavioral Health Board**

Date Of Site Visit:_____
Program/Facility Name:_____
Street Address:_____

Program Supervisor/Contact
(Name & Phone #):

*****

Observations / Staff Interview

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?

_____
_____
_____

2. Are individual grievance procedures prominently posted? **Y/N**
   Are grievance forms readily available to the individual? **Y/N**
   Is the current Patients' Rights Advocates contact information posted?
   (Call the phone number to verify.) **Y/N**

3. What are desired outcomes/treatment goals? How often are these achieved?

_____
_____
_____

4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

_____
_____
_____

5. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?

_____
_____
_____

6. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?

_____
_____
_____

7. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic/cultural/racial and LGBTQ+ make-up of the community?

_____
_____
_____

8. Does your agency's Board of Directors, owners or management include any behavioral health consumer members? **Yes / No**

9. Does your agency's staff include any peer providers? **Yes/No**
   Are peer providers consumers or family members/caretakers of adults with mental illness and/or SUD? Are they paid or volunteers?

_____
_____
_____

10. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other?) Please specify:

_____
_____
_____

11. Is there any other aspect of the program you'd like to share with us today?

_____
_____
_____
_____
_____
_____
_____