

PEER CERTIFICATION MANUAL

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I - INTRODUCTION

Culture of Quality Overview

The Culture of Quality (COQ) Initiative is a collaborative effort of the Ohio Association of County Behavioral Health Authorities (OACBHA) and its member Boards designed to enhance quality, promote statewide consistency and demonstrate accountability of Board operations while retaining the autonomy of each local Board area.

The goals of the Culture of Quality Initiative are to:

- Improve overall quality of Board operations;
- Enhance the role and status of the Boards; and
- Promote community confidence and public support for Boards.

These goals are to be achieved by establishing statewide Board standards, identifying and creating resources to assist with conformance to the standards, and implementing a Peer Certification process. These aims recognize the existence of a variety of approaches used in the process of achieving a “culture of quality” within Board functions.

Additional information regarding the COQ Initiative can be obtained by contacting the OACBHA Culture of Quality Administrator or any member of the COQ Steering Committee. See COQ Committee Roster in Appendix G.

Peer Certification Overview

Peer Certification is a voluntary process for Boards that involves the assessment of a Board’s conformance with the Culture of Quality standards. This process is based on a continuous quality improvement philosophy and is meant to be a consultative model that allows peers within the system to perform an evaluation based on pre-established measures and to provide ongoing assistance to assure the highest possible level of quality.

The Peer Certification process includes: 1) the filing of an application by the Board, 2) the review of Board-specific documents, 3) a two-day site survey and interviews with key individuals, 4) a review of evaluation findings by the Culture of Quality Certification Board, and 5) a determination of certification by the Culture of Quality Certification Board for Boards that have met survey standards.

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II- GOVERNANCE POLICIES

Organizational Structure and Policies Governing the COQ Peer Certification Process

1. Eligibility and Expectations for Certification

- a. A Board must be a member of OACBHA to be eligible to be certified.
- b. Boards participating in the certification process must, prior to the survey, either enter into a Business Associate Agreement with OACBHA that will allow surveyors to view Protected Health Information as an incidental part of the survey process or agree to redact PHI from documents that may need to be reviewed by surveyors.
- c. Boards participating in the certification process must submit an application packet, which will include standards-related information that will be subject to review prior to the site survey.
- d. Prior to seeking certification, a Board is expected to have completed a thorough self examination to determine that it is, in fact, prepared to meet the COQ certification standards and to have organized materials and prepared staff so as to facilitate the work and activities of the survey team.
- e. All internal OACBHA materials related to the certification process shall be considered confidential and shall not be released without the written permission of the Board to which they pertain. Documents and materials related to the certification process that are developed or received by Boards should be assumed to be public documents and consequently not confidential.
- f. Every Board, upon receiving its certification report, shall prepare a written performance improvement plan setting forth how it intends to address the recommendations which are contained in the report.
 - A copy of this performance improvement plan shall be submitted to OACBHA within 90-days of a Board's having received its survey report.
 - These plans will be kept on file and used as resource documents in future surveys of the Board to which they pertain.
- g. Certification shall be a voluntary process.

2. Length of Certification

- a. Full certification shall be for a three-year period. Boards coming from a non-certification status that are in substantial compliance with the majority of the standards and that demonstrate a serious commitment to meeting the intent of the COQ process, but which have some areas of non-compliance that need to be addressed, shall be eligible for a one-year provisional certification. Such one-year provisional certification may be granted only once, after which three-year certification status must be achieved.
- b. If, in the course of a COQ survey for a Board coming from non-certification status, it becomes apparent to the survey team that this Board is unlikely to achieve certification, the survey team shall discuss this situation with Executive Director of the Board and shall afford the Board the opportunity of switching to a consultation (in lieu of completing the survey) and use the expertise of the surveyors to better understand what achieving certification would entail. After discussing this matter with the survey team, the Board may choose to accept or reject this offer. This option of terminating the survey process and switching to a consultation may take place only once and will not be available for subsequent surveys.
- c. In the event there is a delay in the scheduling of a survey because of difficulties encountered by OACBHA, a Board's currently approved certification shall remain in effect until the next certification survey and review can be completed.
- d. Certification, once granted, may be revoked before it would automatically expire by a unanimous vote of the Executive Council.
 - This shall be done only in extraordinary circumstances and only after an investigation and information-gathering process.
 - This investigation and information-gathering process may involve a special survey which is initiated by the Executive Council, with the survey recommendations to go directly to the Executive Council.
 - Before taking final action on such matters, the Executive Council shall afford the Board in question the opportunity for a formal hearing, at which the Board and other relevant and appropriate parties shall be invited to present testimony.
 - The Executive Council has full discretion about the legitimacy and significance of such matters and is under no obligation to carry out investigations or take such matters under advisement.
 - The action of the Executive Council in such circumstances is final and is not subject to review by the full membership.

3. Certification Decision-Making Body

- a. There shall be a Culture of Quality Certification Board which shall be comprised of three Board Executive Directors, along with two designated alternates. The alternates shall fill in when there is a conflict of interest (such as when a member's Board is the subject of the certification review or when that Board's staff participated in the site survey), when a regular member may be unavailable to participate or when there is a vacancy.
 - The COQ Certification Board shall designate a chair from among its membership. This individual shall be a member of the Surveyor Oversight Group.
 - The regular and alternate members of the COQ Certification Board shall be elected by the full membership at the annual meeting, along with the officers and members of the Executive Council.
 - The standard nominating process shall be applicable.
 - A term shall be for two years, with the terms to be staggered (and with the initial Board to be elected to terms of varying length).
 - Members of the COQ Certification Board may also be a member or a chair of any other OACBHA committee or work group, except that they may not be:
 - A member of the Culture of Quality Committee.
 - An officer or member of the Executive Council.
 - An active surveyor.
- b. The duties of the COQ Certification Board shall be as follows:
 - To determine whether a Board is to be granted COQ certification and (when applicable) for what time period, based upon the recommendations and information provided by the survey team (with the understanding that these determinations may, at the option of a Board, be appealed to the Executive Council).
 - To review and approve the report document prepared by the surveyors.
 - To oversee the operation of the peer certification survey process and address problems which may be encountered.
- c. Any member of the COQ Certification Board who has provided substantive survey preparation assistance to another Board which is seeking certification shall recuse himself/herself from the certification decision-making process for that Board.

4. Appeals of Adverse Certification Decisions

- a. Boards who disagree with a decision issued by the COQ Certification Board shall be afforded the opportunity to appeal this decision.
- b. This process shall be initiated by the Board's Executive Director by sending a written request to the CEO of OACBHA within 60-days of its receipt of the accreditation decision letter.
- c. The CEO shall present this appeal to the Executive Council at its next regular meeting or within 30 days, whichever is sooner.
- d. The Executive Council shall initiate an information-gathering process, which shall consist of securing information from the survey team, the Board which is appealing, the COQ Certification Board and other parties as appropriate.
- e. The Executive Council may initiate a re-survey of the Board by a different survey team, with the survey recommendations to go directly to the Executive Council.
- f. This information-gathering process and/or re-survey process shall be completed within 60 days of the meeting at which the Executive Council first considered the appeal.
- g. Upon completion of the information-gathering process and no more than 90 days following the meeting at which the Executive Council first considered the appeal, the Executive Council shall meet to make a final decision on the appeal, at which through formal action the Executive Council shall either uphold the original decision of the COQ Certification Board or shall approve a different level of certification. The Executive Council may not, however, reduce the level of certification from that which was initially achieved.
- h. These timelines may be extended by mutual agreement.
- i. The decision of the Executive Council in the matter of such appeals shall be final and is not subject to review by the full membership.
- j. Any member of the Executive Council who has provided substantive survey preparation assistance to another Board which is appealing a certification decision shall recuse himself/herself from involvement in the appeal process for that Board.

5. Composition of Survey Teams

- a. Survey teams shall consist of a minimum of two persons, at least one of whom is to be a peer surveyor (i.e., an Executive Director or senior staff person at a Board).
- b. The OACBHA CEO shall designate certain OACBHA staff who shall also function as surveyors, with these individuals to carry additional special responsibilities involving coordination, administrative support and procedural matters.
- c. It is anticipated that a typical survey team will be comprised of two persons: a peer surveyor and a designated OACBHA staff person surveyor. The Surveyor Oversight Group, however, shall have authority to make other arrangements, as long as there is at least one peer surveyor.

6. Approval and Oversight of Peer Surveyors

- a. The OACBHA CEO, the chair of the COQ Certification Board and the chair of the COQ Committee shall comprise a Surveyor Oversight Group.
- b. This Surveyor Oversight Group shall have authority and responsibility for the following:
 - Approving persons to serve as surveyors.
 - Determine how the intent of the “Guidelines to be a COQ peer surveyor” is to be interpreted and applied in specific situations.
 - Overseeing the assignment of surveyors to surveys and ruling when questions of conflict of interest or propriety may arise.
 - Overseeing and evaluating the performance of surveyors, including reviewing feedback about surveyor performance from Boards who have been certified.
 - Removing from the list of approved surveyors those persons whose performance may be unsatisfactory.

7. Guidelines to be a COQ Peer Surveyor

- a. Must currently be an Executive Director or hold a senior management position at a Board.
- b. Must have been an employee (or equivalent) with a Board for a minimum of three years.

- c. Must be knowledgeable about a broad range of Board responsibilities and operations.
- d. Must work at a Board which has been certified (after the initial phase-in period).
- e. Must have the approval and permission of the Board where employed (with this to include a willingness to allow the individual to participate in training, to conduct surveys on Board time and to reimburse the individual for travel, lodging and any out-of-pocket expenses).
- f. Must be willing to participate in required training (both initial and ongoing) and to travel.
- g. Must have integrity and be detail-oriented, a good communicator and committed to the Board system.
- h. Must participate as an observer in a survey prior to becoming a surveyor.
- i. Must successfully complete the survey training (which is to be both an educational and screening process).
- j. Must complete an application.
- k. Must sign a code of ethics for surveyors and complete a confidentiality agreement for each survey.
- l. Must be formally approved by the COQ Surveyor Oversight Group.
- m. May not simultaneously be an OACBHA officer, a member of the Executive Council or a member of the COQ Certification Board.

8. Approval and Revision of the COQ Standards

- a. COQ standards and any substantive revision must be approved by the full membership of OACBHA.
- b. The COQ Committee shall be responsible for conducting a review of the complete standards no less than annually and recommending changes which may need to be considered by the full membership.
- c. The Executive Council shall have the authority to make interim technical modifications when circumstances may make this necessary. Any member of OACBHA may request that any such technical modifications to be subject to a vote of the full membership.

III - PEER CERTIFICATION PROCESS

There are four steps involved in the Peer Certification process: determining the appropriate time to become Peer Certified, preparing to meet the standards, applying for Peer Certification and planning for the survey. Order may vary slightly based on an individual Board's internal organization and/or processes.

Before a Board makes a decision to become Peer Certified, a commitment to the process must be made by the Board. Peer Certification should be viewed as a continuous quality improvement effort. A Board must be willing to commit to ongoing improvement and to integrate the COQ standards (practices) into its day-to-day business practices. Peer Certification should be seen as more than a mere paper compliance activity; it should be viewed as a system transformation that seeks to look at ways to continuously enhance operations.

Determining the Appropriate Time to become Peer Certified

Is this the appropriate time to become Peer Certified? Before applying to become Peer Certified, a Board must determine its readiness. Executive Directors need to evaluate the events and activities that will be upcoming for their Boards to determine the most appropriate time to apply. In general, a Board should begin planning for Peer Certification at least six months prior to the anticipated survey date. Efforts should be made by the Board to assure an adequate plan to address any areas of non-conformance prior to its scheduled survey dates.

Preparing to Meet the Standards (Pre-Application)

To begin to prepare for Peer Certification, Boards should complete the self-assessment tool that accompanies each section of the COQ Standards document. (See Section V of this manual.) It is suggested that the Board assign a staff person who will ultimately be in charge of coordinating the Board's Peer Certification efforts. Additional staff may be necessary to respond to the self-assessment questions, and optimal success can be achieved through the awareness/involvement of all staff.

If questions arise during the self-assessment process, technical assistance can be obtained from the OACBHA Culture of Quality Administrator and/or from the web-based COQ Resource Library (www.oacbha.org/COQ%20Initiative/ResourceLibrary.htm).

As Boards review the standards, they should begin to gather supporting documentation that demonstrates conformance to the standards. Boards may need to develop written policy(s), procedure(s) or protocol(s) for one or more specific standards. The COQ Resource Library contains "sample" policies, procedures, and protocols that may be individualized to the specific needs of a Board. Boards using the COQ Resource Library are cautioned that the documents are "samples" that meet the standard, but are not presented as the only way a Board can meet a standard. These "sample" documents should be fully reviewed by any Board planning to use them as templates.

It is imperative that Boards have personnel identified and available on-site at the time of the survey who can elaborate on the Board's conformance to each standard. If a Board contracts out for one or more of its operations, the contractee needs to be available during the survey to respond to his/her applicable sections of the standards. In this case, the Board should arrange appropriate time in the survey schedule with the COQ Administrator.

Applying for Peer Certification

A Board can obtain an application packet for Culture of Quality Peer Certification by contacting the OACBHA COQ Administrator or by visiting the COQ section of the OACBHA website at www.oacbha.org/COQ_Main.htm#.

Boards will be asked to submit various documents to OACBHA as attachments to the certification application. Any changes to the information contained in these documents should be prepared and ready for the Surveyors when they arrive.

The COQ Steering Committee, through various pilot and mock surveys, has found that pre-submission of Board related documents prior to arrival on the survey day allows Surveyors to obtain a greater understanding of the Board and better prepare for the site survey. (Do not confuse the requested documents in the application with the "Desk Audit" materials referenced later.)

Documents to be submitted along with the application include the following:

1. List of Governing Board members
2. List of Board staff
3. Table of organization (that includes staff names and position titles)
4. The most current annual report
5. Current budget – for both Board operations and contracted (provider) services
6. Board publication(s) listing contract provider agency(ies).

It is important to note that the listing of Board members and staff, the Board's budget and other Board publications are for information purposes only and will not be used as part of the scoring of the standards. Submission of the table of organization and the current annual report are used as part of the survey since they are required as part of the standards.

A Board should submit the completed application via U. S. mail with all requested materials at least two months prior to the time the Board is requesting to be surveyed. Applications should be sent to: COQ Administrator, OACBHA, 33 N. High Street, Suite 500, Columbus, OH 43215. Upon receipt of the application by OACBHA, the Board will receive a letter of acknowledgment addressing when it will be contacted to coordinate survey dates.

Planning for the Survey (Post-Application)

The Board should identify at least one Governing Board member and one executive director of a funded provider agency who are willing to participate in the Peer Certification process. The

Surveyors will interview these individuals on one of the survey days. The names and availability of these individuals should be forwarded to the OACBHA COQ Administrator.

The Peer Certification application submitted to OACBHA requires the Board to identify preferred dates for the survey to be conducted. Boards need to plan for at least a two-month period between the application submission and scheduled survey dates. This two-month time period should be used by the Board to further prepare for the site survey.

As the self-assessment checklist is reviewed, it is advisable that documents are retrieved to provide the evidence of conformance with each standard. It is beneficial to label and organize documents to correspond with each section of the standards. In some cases, this may mean that a document needs to be photocopied and/or labeled for more than one section. It has been noted that placing the supporting documents in a loose-leaf binder by standard assists in the organizational process. There will be cases, however, when it is impractical to copy an already existing binder or bound document. In these cases, it is recommended that you follow the process of labeling the document to correspond with the appropriate standard(s).

Boards can access the web-based COQ Resource Library or contact OACBHA's COQ Administrator for assistance if they are unclear about how to demonstrate conformance to any standard in preparation for the survey.

Desk Audits

Once a Peer Certification survey has been scheduled, a Board will be asked to provide additional written documentation. This material will be requested approximately four to six weeks before a Board's scheduled survey date. Pre-submission ensures that Surveyors have ample time during the site survey to complete all evaluation requirements. Further clarification of this written documentation may be requested by the Surveyors during the site survey. A list of standards that will be referenced during the desk audit can be found in the Appendix H.

Site Survey Two-Day Process

The Peer Certification of the Board includes a two-day site survey, which involves comparison of the COQ Standards to existing Board documentation. The documentation reviewed may include but is not limited to: policies and procedures, minutes, budget forms, and written correspondence with state and local agencies.

In addition to the examination of written documents, the site survey also includes face-to-face interviews with key individuals including: 1) a Governing Board member, 2) a funded provider agency representative, and 3) Board staff responsible for areas specific to the standards. The Board is asked to identify the Governing Board, provider agency, and staff representatives to be interviewed by the Surveyors. A list of interview questions for the Governing Board and provider agency representatives will be forwarded to the Board when a survey date has been confirmed. On occasion, telephone interviews may be conducted with the Governing Board and/or provider agency representatives, if face-to-face interviews are not possible. Requests for

telephone interviews must be submitted in writing to OACHBA prior to the survey date and must include the reason for the request.

The site survey will be conducted by a survey team that shall consist of a minimum of two persons, one of whom will be a senior staff member of a peer Board. The other Surveyor may be an OACBHA staff member or a second peer Board staff member. All Surveyors are required to complete training in both the COQ Standards and the survey process. Each Board's certification process will involve at least one peer Surveyor, but occasionally a peer Surveyor-in-training will also accompany the survey team as an observer.

The survey team will conduct both an Orientation Conference, which begins the survey, and an Exit Conference, which concludes the survey. The Executive Director of the Board is responsible for identifying individuals to attend both the Orientation and the Exit Conference. Meeting with various Board staff assists the survey team in getting clarification on Board operations since staff most often have the historical perspectives that can be difficult for the Surveyors to obtain from written documents.

At the conclusion of the Orientation Conference, the Surveyors will begin the survey which will involve the following activities: examine relevant documentation; interview staff and others as needed; make collateral contacts (Board Members, Executive Director(s) of contract agencies, etc...); review the facility for health and safety, office technology and record security; make recommendations/quality considerations; and identify the Board's strengths and potential areas for improvement. The order in which these activities occur will be shared with the Board during the Orientation Conference.

The Surveyors will provide a tentative schedule at the Orientation Conference outlining at what time each section of the standards will be reviewed. Using their supporting documentation to demonstrate conformance to the standards, the Board personnel assigned to subject areas will meet with the Surveyors.

The survey team will use the set of standards to assess the Board's conformance, based on review of written materials and interviews with Board staff. Full conformance, partial conformance, and non-conformance are the possible outcomes for each standard.

Boards will need to provide Surveyors a private room to use for document review, team interactions and interviews. All survey-related documents should be placed in this private room.

A mutually agreed upon start time for the first day of the survey will be established between the Surveyors and the Board. The team will make every effort to adhere to interview times to ensure the efficient use of interviewee time. The Surveyors will conclude their first day of the survey at the close of the Board's business day. The second day of the survey will start at 8:30 a.m. and conclude by or before 5:00 p.m.

The Board will receive official notification of survey results within six to eight weeks following the conclusion of the site survey process. The Board will be awarded its certification at the next subsequent Membership Meeting following official notification.

If the Board disagrees with the certification decision that has been rendered on the certification report, the Board has the right to appeal the decision. Please refer to the Appeal of Adverse Certification Decision section of the Governance Policies for more information regarding appeals.

Orientation Conference

The survey will start with an Orientation Conference. The Orientation Conference provides an overview of the Culture of Quality Initiative, Peer Certification, certification outcomes and the agenda for both survey days. The Executive Director has the discretion to determine who should participate in the Orientation Conference. The Orientation Conference should include, at a minimum, the Executive Director of the Board and key personnel responsible for each section of the standards. If the Executive Director of the Board chooses, other individuals can be invited to the Orientation Conference.

Exit Conference

The Exit Conference includes a brief review of the Board's strengths and areas for improvement as identified during the Peer Certification Survey. The Executive Director has the discretion to determine who will participate in the Exit Conference.

During the Exit Conference, the Board is given the final opportunity to present documentation that might not have been provided during the course of the survey. After the conclusion of the Exit Conference, any documentation presented will not count toward the survey but can be referenced in the Board's Performance Improvement Plan.

Surveyors

For every survey there will be at least two Surveyors; one shall be a voluntary Peer Surveyor, and the other Surveyor could be an appointed Association staff Surveyor. The Peer Surveyor will always be either an Executive Director or a senior level staff person of an ADAMH/CMH/ADAS Board. All Peer Surveyors are required to participate in COQ Surveyor training and in at least one survey as an observer prior to conducting a survey.

At the conclusion of all surveys, the Board will be given the opportunity to complete an evaluation on the survey process. The evaluation will cover clarity, comprehensiveness, conduct of Surveyors, coordination and communication.

Any individual interested in becoming a Surveyor can be considered by completing a Surveyor Application that appears in the Appendix of this manual. An application can also be obtained by contacting the COQ Administrator or accessing the OACBHA website. The application should be submitted to the attention of the COQ Administrator at OACBHA, 33 North High, Suite 500, Columbus Ohio 43215.

Interviews

The Executive Director will identify staff to be interviewed during the site survey process. The process of reviewing the written materials for compliance with the standards may assist in identifying the most appropriate staff person to speak with the survey team about a particular section or individual standard. For example, the staff person responsible for human resources may be the best person to talk with the survey team about how the Board operationalizes specific human resource functions. The Executive Director and the Surveyors will mutually agree on a schedule of what section of standards will be reviewed at what time. Staff with subject matter expertise are expected to be available during the pre-arranged timeframes for discussion of each section of the COQ Standards.

The survey team will interview a Governing Board member about the interrelationship between Governing Board and the ADAMH/CMH/ADAS Board, including the Executive Director, how the Governing Board performs certain tasks, community interaction with the Governing Board, and other areas that relate specifically to the standards. The Executive Director has the option of selecting the Governing Board member to be interviewed.

The survey team will also interview a provider agency representative to assess the Board's communication processes with funded agencies, the degree of inclusiveness of agencies with Board planning, and other areas of importance to provider relations that are contained in the standards. The Board has the option of selecting the provider agency representative that the Board believes will best be able to respond to the questions presented by the survey team. From the mock surveys that were conducted, it was found that the executive director of a provider agency is probably the person best equipped to address all questions.

Certification Outcomes

The survey team will submit a written report of the site survey findings to the Culture of Quality Certification Board. The Certification Board will review and approve the written survey report, speaking directly with members of the survey team for additional information and/or for clarification as needed, and then issue the final certification determination. The degree of conformance to the standards is the determining factor as to whether a Board receives a three-year certification, a one-year provisional certification, or no certification.

There are three levels of certification that may be granted:

- Three-Year Certification – A Board has demonstrated substantial conformance with the standards and has demonstrated a serious commitment to meeting the goals of the COQ process.
- One-Year Provisional Certification – A Board has demonstrated substantial conformance with the standards and has demonstrated a serious commitment to meeting the intent of the COQ process, but significant areas of improvement have been noted. A one-year provisional certification can be granted only once during an initial certification period. A one-year provisional certification cannot be issued during a renewal of certification.

- Non-Certification – The Board either has failed to meet substantial conformance with the standards or has failed to demonstrate a serious commitment to meeting the intent of the COQ process.

If, during the course of a site survey for a Board coming from non-certification status, it becomes apparent to the survey team that the Board is unlikely to achieve certification, the survey team shall discuss this situation with the Executive Director of the Board. The survey team shall afford the Board the opportunity of switching to a consultation (in lieu of completing the survey) and using the expertise of the Surveyors to better understand what achieving certification would entail. After discussing this matter with the survey team, the Board may choose to accept or reject this offer. This option of terminating the site survey process and switching to a consultation may take place only once and will not be available for subsequent surveys.

Rating System

The Peer Certification rating system relies on an objective evaluation of conformance to the standards. It is important to note that final certification outcomes do not rely solely on the rating system; consideration is also given to a Board's demonstration of commitment to meeting the intent of the COQ process.

Weighting

There are a total of 142 standards, but not all standards carry the same weight value. Also, some standards are viewed as one standard with multiple parts. An example of this type of standard can be found in the second section of the standards, Public Affairs/ Education/ Community Relations/ Policy/ Advocacy, standards II A.4(a) and II A.4(b). Standards II A.4(a) and IIA.4(b) are reliant upon each other and are not viewed as separate for weighting purposes.

Each standard has a potential weight value of either times one (x1) or times two (x2). Through feedback received from the first set of pilots when the standards were tested, it was noted that all standards should not be valued the same. All of the standards are important, but some are seen as more important either because of legal authority or inherent nature to a Board's operations. The weighted value of each individual standard can be found next to each standard in the Standards section of this manual.

The number of standards that apply to each Board varies depending on what type of Board, ADAMH, CMH or ADAS. ADAMH Boards have 138 standards that apply, CMH Boards have 131 standards that apply and ADAS Boards have 126 standards that apply. There are also 4 additional standards that might apply to any Board type.

Number of Total Standards by Board Type

	ADAMH Boards		CMH Boards		ADAS Boards	
	<i># of Higher Weight (x2) Standards per Section</i>	<i># of Lower Weight (x1) Standards per Section</i>	<i># of Higher Weight (x2) Standards per Section</i>	<i># of Lower Weight (x1) Standards per Section</i>	<i># of Higher Weight (x2) Standards per Section</i>	<i># of Lower Weight (x1) Standards per Section</i>
Section 1	23		22		22	
Section 2	2	3	2	3	2	3
Section 3		3		3		3
Section 4	3	9	3	9	3	9
Section 5	6	3	6	3	6	3
Section 6	33	2	30	2	24	1
Section 7	11	2	10	2	10	2
Section 8	9	22	9	22	9	22
Section 9	3	1	1	1	3	1
Section 10	3		3		3	
Standards Subtotals	93	45	86	45	82	44
Standards Totals	138		131		126	

Scoring

The weighted value of the standard multiplied by the level of conformance score provides the total score for each standard. Depending upon the type of Board (ADAMH, CMH or ADAS), a potential range is defined below for a full three-year certification.

Conformance Scoring Range for Each Standard:

2=Conformance 1= Partial Conformance 0=Non- Conformance

Score Ranges by Board Type

	ADAMH Board	CMH Board	ADAS Board
Total Standards	138	131	126
Higher Weight Standards	93x2 = 186	86x2 = 172	82x2 = 164
Lower Weight Standards	45x1 = <u>45</u>	45x1 = <u>45</u>	44x1 = <u>44</u>
Maximum Weighted Score	231	217	208
Maximum Score (Maximum Weighted Score x Maximum Conformance)	462 (231x2)	434 (217x2)	416 (208x2)
Full 3-Year Certification	≥ 85% (393 – 462)	≥ 85% (369 – 434)	≥ 85% (354 – 416)
*1- Year Provisional	70 – 84% (323 – 392)	70 – 84% (304 – 368)	70 – 84% (291 – 353)
Non-Certification	≤ 69% (0 – 322)	≤ 69% (0 – 303)	≤ 69% (0 – 290)

* A one-year provisional status can be granted only once during an initial certification period. A one-year provisional status cannot be issued during a renewal of a three-year certification.

Standards that are located in the Additional Standards section will not be officially scored. The additional standards may not be applicable to all Boards. If these standards are applicable, they will assist in the qualitative evaluation of the survey.

See next page for an example of this process.

An example application of the rating system is illustrated below.

Example: Board #A is an ADAMH Board-

	Number of Standards per Section	Raw Conformance Score Scored for Board #A	Weighted Score
Section 1	23	45	90
Section 2	5	9	12
Section 3	3	4	4
Section 4	12	19	25
Section 5	9	16	26
Section 6	35	63	124
Section 7	13	22	48
Section 8	13	56	72
Section 9	4	8	14
Section 10	3	6	12
Total Score			407

Section 2 Close-up

	Number of Standards	Conformance Score Maximum (# of standards x 2)	Raw Conformance Score	Weighted Score (standard weight x raw conformance score)	Weighted Score
Higher Weight (x2)	2	4	3	6	12
Lower Weight (x1)	3	6	6	6	
Totals	5	10	9	12	

Board #A received a total score of 407 which is above 85% for an ADAMH Board range. Board #A also had the following strengths noted during the time of its survey:

- The Board has a hardworking, knowledgeable and committed Governing Board.
- The Executive Director and Board staff were skilled and well trained in their professions.
- It appeared that the Board has a healthy and effective working relationship with its contract agencies.

Board #A's total score and strengths would then be presented to the COQ Certification Board to determine whether Board #A is granted Certification and at what level.

Peer Certification Performance Improvement Plan

Upon receiving its certification report, the Board will prepare a written plan setting forth how it intends to address any recommendations that were identified in the written report. This Peer Certification Performance Improvement Plan is designed to address both the Board's current and future efforts to make improvements in any areas related to the recommendations. The format for the report is provided in the Appendix of this manual.

It is expected that each Board certified by the Culture of Quality Peer Certification Process shall submit a Peer Certification Performance Improvement Plan to OACBHA within 90 days of receipt of the written certification report. Upon receipt of a Board's Performance Improvement Plan to OACBHA, the Plan will be considered accepted.

The Performance Improvement Plan will be kept on file and used as a resource document for future surveys of that Board.

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IV - STANDARDS

The Culture of Quality Initiative developed standards for the administration of Board operations. Some of the standards have direct links to statute, while others are identified as quality practices within the system. The standards are categorized under the areas of: Medicaid; Public Affairs/ Education/ Community Relations/ Policy/ Advocacy; Risk Management & Insurance; Board Health & Safety; Human Resources; Mission & Program; Governance; Board Finance & Operations; Continuous Quality Improvement; Ethics; and Additional Standards.

The COQ Standards were developed after careful review of pertinent Federal and State laws, rules and regulations, input by Executive Directors and Board administrative staff, and feedback obtained from pilots occurring at ten Board areas. The standards have been shared with the Ohio Department of Job and Family Services, the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, and Ohio's Auditor of State.

The standards are specific when a regulation requires a "policy." In other standards the Board has the option of presenting a variety of documents as evidence, which may include but are not limited to the following: Board minutes, internal quality assurance minutes, staff meeting minutes, and correspondence with local government.

The Culture of Quality Standards and any substantive revision must be approved by the full membership of OACBHA. The Culture of Quality Standards were approved by the Membership on November 29, 2005. These standards shall be reviewed by the Culture of Quality Committee at least annually, and the Committee will recommend changes for consideration to the membership. Feedback on a standard can be provided to the Culture of Quality Administrator for further review by the Culture of Quality Committee.

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V – SELF ASSESSMENT TOOLS

The Self-Assessment Tools should be used to assist in preparing a Board for the Peer Certification Process. The Self-Assessment Tools help Boards identify how they conform to the COQ Standards. As the Board completes the self-assessment checklist, it is advisable to retrieve the documents that will provide the evidence of conformance with each standard, which will help the Board in preparing for its certification survey. These tools should never be considered as exhaustive means to show conformance. The Culture of Quality Initiative recognizes that there are various approaches a Board could take to show conformance to a standard. The focus of Peer Certification is for Boards to be able to demonstrate their conformance to the intent of the standard and not to be prescriptive in the means to accomplish conformance to a standard.

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Common Terms and Definitions

Area for Improvement: Recommendations made as a result of less than full conformance to the standards.

Board: The statutorily created entity responsible for planning, funding and monitoring the delivery of mental health and/or alcohol and drug addiction services in local communities.

Conformance: The measure used to demonstrate the level of compliance to a COQ standard.

Exit Conference: The meeting at which a preliminary oral report is provided by the Surveyors on the findings of the survey process. The Exit Conference does not provide for a certification determination. The Exit Conference concludes the survey.

Governing Board: The eighteen-member volunteer body appointed to govern each of the Alcohol and Drug Addiction Services Boards, Mental Health Boards and Alcohol, Drug Addiction and Mental Health Services Boards.

Orientation Conference: The meeting which provides an overview of the Culture of Quality Initiative, Peer Certification, Surveyor selection, certification outcomes and the agenda for both days of the site survey. The site survey commences with the orientation conference.

Peer Certification: Peer Certification is a voluntary process for Boards that involves the assessment of a Board's conformance with the Culture of Quality standards. This process is based on a continuous quality improvement philosophy, and is meant to be a consultative model that allows peers within the system to perform an evaluation based on pre-established measures and to provide ongoing assistance to assure the highest possible level of quality.

Policy: For the purposes of Peer Certification, the term "policy" is meant to be interpreted literally. When the standard directs a Board to have a policy, the expectation is that the Board has a written policy that dictates the Boards practice or position on a particular issue.

Procedures: For the purposes of Peer Certification, the term "procedures" is meant to be interpreted literally. When the standard directs a Board to have procedures, the expectation is that the Board has written procedures that operationalize the way a practice or position will be accomplished.

Quality Considerations: Notations made by the Surveyor(s) for standards in which a Board has demonstrated full conformance to the standard, but the Surveyor has suggestions, which could improve the Board's process. This feedback is meant to enhance the Board's operations.

Recommendations: Recommendations are made when a Board has failed to achieve full conformance for a standard. Recommendations are meant to provide a Board with the means to come into full conformance with the standard. All recommendations shall be addressed in the Board's Performance Improvement Plan. Recommendations are to be written to reiterate what is stated in the standard and show how the Board can obtain full conformance to the standard.

COQ Resource Library: The online resource located on OACBHA's website that provides further assistance to Boards in meeting standards. www.oacbha.org/COQ%20Initiative/ResourceLibrary.htm

Strategic Plan: Any form of written documentation that addresses, at a minimum, the Board's future oriented vision, mission, values, goals, objectives, and priorities and the strategy to achieve them.

Strengths: Areas within a section of the standards or indicated from other parts of the survey (i.e., interviews, site visits, etc...) in which a Board's practice or operations have been noted worthy of mention.

Written Documentation: For the purpose of Peer Certification, the term "written documentation" is used to mean any form of written material used to show conformance to a standard. Examples of written documentation include minutes, policy and procedures, and/or correspondence from constituencies or local governments.

Frequently Asked Questions

? What should a Board do if it is unsure how to show conformance to a standard?

- A. The Culture of Quality Steering Committee recognizes the value of providing technical assistance to Boards prior to the site survey process. In order to assist Boards for Peer Certification, OACBHA will offer numerous trainings. In addition to the trainings, Boards preparing for Peer Certification should reference the Resource Library, which provides on-line access to “sample” policies, procedures and protocols. Boards needing further assistance in preparing for certification should contact the Culture of Quality Administrator.

? Will a Board be certified even if it is unable to conform to all of the standards?

- A. Certification decisions will be based upon a Board’s overall conformance with all of the standards and its demonstration of commitment to meeting the intent of the COQ process. A Board’s inability to conform to one standard should not adversely affect its certification decision, but it is a basic principle of the Culture of Quality Initiative that a Board should attempt to adhere to all of the standards.

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**COQ PEER CERTIFICATION
APPLICATION**

For Internal Use Only
Receipt of Application: __/__/__

Peer Certification Survey

Board Information:

Board Name:

Web Site Address: _____ **Telephone Number:** _____

Fax Number:

Street Address:

City:

State:

Zip/Postal Code:

Board Type:
 ADAMH ADAS CMH

Contact Information

Key Contact (Individual to whom correspondence should be directed)

Title: Mr. Ms. Mrs. Dr. **First Name:** _____ **Mi:** _____ **Last Name:** _____ **Suffix:** _____

Job Title:

Work Telephone and extension:

E-Mail Address:

Mailing Address (if different from organization street address above)

City:

State:

Zip/Postal Code:

Contact Information—Board Liaison for Survey

Check here if the survey liaison is the same person listed as the Key Contact on page 1. Otherwise, please identify the liaison below:

Title: Mr. Ms. Mrs. Dr. First Name: Mi: Last Name: Suffix:

Job Title: Work Telephone and extension: E-Mail Address:

Contact Information—After Hours

(After-hour contact information will only be used in cases of emergency where surveyors may feel it necessary to obtain immediate contact with a Board i.e., emergency survey cancellation).

Title: Mr. Ms. Mrs. Dr. First Name: Mi: Last Name: Suffix:

Home Telephone: Other Telephone:

Information for Scheduling

A TWO –MONTH TIME FRAME IS REQUIRED FOR SURVEY SCHEDULING.

A consecutive two-month time frame with no fewer than four open weeks (Monday-Friday) is required. This time period must be at least two months from the time of mailing the application.

<input type="text"/> January-February	<input type="text"/> May-June	<input type="text"/> September-October
<input type="text"/> February-March	<input type="text"/> June-July	<input type="text"/> October-November
<input type="text"/> March-April	<input type="text"/> July-August	<input type="text"/> November-December
<input type="text"/> April-May	<input type="text"/> August-September	<input type="text"/> December-January

Do you have any dates or time periods within the requested time frame that would pose significant problems for your Board?

Yes No

If yes, indicate any problem dates or time periods such as holidays, annual fundraisers, and events in your community that might limit availability of hotel accommodations; other commitments of key staff members and dates when your Board is not in normal operation.

Problem Dates within Survey Time Frame:

(All dates not listed here will be assumed available for scheduling.)

If you identify additional problem dates after submitting this application, please contact the Ohio Association of County Behavioral Health Authorities at 614-224-1111 as soon as possible.

The Association makes every effort to schedule the survey within the general time frame requested but cannot guarantee the requested time frame. As soon as the survey team and dates are determined, a scheduling letter will be mailed to you at least 30 days prior to the survey. Once the Association has mailed the scheduling letter should you need to change the date we will do all that we can to accommodate you but can make no guarantee of being able to schedule a new date within the originally requested timeframe.

Disclosure of Significant Events - Relationships

Has your organization had any significant events (e.g., litigation, investigation, major catastrophe, or an unexpected occurrence involving death or serious physical or psychological injury or risk thereof) or issues of significance (politically or otherwise) with any entities in your community within the past two years that you feel that may be of relevance to the Peer Certification Process.

If so, please briefly explain. You may attach additional pages if more space is needed.

Lodging Information

Lodging and Transportation Contact Person

Please list a contact person from your organization who can provide information about hotels and logistics.

Name: **Telephone # & Extension:** **E-Mail Address:**

Materials To Be Submitted

Please submit the following materials to the Board Association within 30 days of the receipt of the application for the survey. The materials may be submitted in paper or electronic format.

Submit the Following Materials to the Board Association:

- List of Governing Board members
- List of Board staff
- Table of Organization (that includes staff names and position titles)
- The most current annual report
- Current Budget- for both Board operations and contracted (provider) services
- Board Publication(s) listing Contract Provider Agency(ies)

Signature:

Executive Director

Date

COQ SURVEYOR
APPLICATION

For Internal Use Only

Receipt of Application: __/__/__
Date of Approval: __/__/__
Initials of a Member of the
Surveyor Oversight Committee: __

COQ Peer Certification Surveyor Application

Last Name: _____ First Name: _____ M.I. _____

Board Name:

Board Address:

City:

State:

Zip/Postal Code:

Web Site Address:

Email Address:

Telephone Number:

Fax Number:

Home Address:

City:

State:

Zip/Postal Code:

Telephone Number:

Cellular Phone Number:

Emergency Contact Information

In case of an emergency, please list name and telephone number of person to contact.

Name:

Telephone Number:

Relationship:

Resume

Please attach a resume when submitting this application.

Surveyor Criteria

These “criteria” are intended to function as guidelines rather than legalistic standards. The COQ Surveyor Oversight Group shall have authority to determine how the intent of these standards shall be applied in specific situations. Criteria include:

- Must currently be an Executive Director or hold a senior management position at a Board.
- Must have been an employee (or equivalent) with a Board for a minimum of three years.
- Must be knowledgeable about a broad range of Board responsibilities and operations.
- Must work at a Board, which has been certified (after the initial phase-in period).
- Must have approval and permission of the Board where employed (with this to include a willingness to allow the individual to participate in training and to conduct surveys on Board time).
- Must be willing to participate in required training (both initial and ongoing) and to travel.
- Must have integrity and be detail-oriented, a good communicator and committed to the Board system.
- Must participate as an observer in a survey prior to becoming a surveyor.
- Must successfully complete the survey training (which is envisioned, in part, to be a screening, as well as an educational, process).
- Must complete an application and sign a code of ethics for surveyors and a confidentiality agreement.
- Must be formally approved by the COQ Surveyor Oversight Group.
- May not simultaneously be an OACBHA officer, a member of the Executive Council or a member of the COQ Certification Board.

Please briefly respond to the following questions:

(Please use additional sheets of paper if needed)

1. Have you had any previous surveyor experience? If so, please explain. _____

2. Have you ever participated in or prepared for a survey/audit? If so, please explain. _____

Signature

Surveyor Applicant Signature

Date

Executive Director Signature

Date

Culture of Quality Peer Certification Performance Improvement Plan Procedures

The Peer Certification Performance Improvement Plan is designed to address the Board's current and future efforts to make improvements in any areas of the certification survey report where recommendations were made. The format for the report will be provided by OACBHA. Should the Board completing the response need assistance/consultation in this process please contact the COQ Administrator.

1. It is expected that each Board certified under the OACBHA Culture of Quality Initiative will submit a Quality Improvement Plan to OACBHA.
2. The Peer Certification Performance Improvement Plan is to be submitted to OACBHA within 90 days of receipt of the written certification report.
3. The Peer Certification Performance Improvement Plan is to be submitted on the OACBHA form (copy attached to this document).
4. Upon receipt of a Board's Peer Certification Performance Improvement Plan to OACBHA, the plan will be considered accepted.
5. The Peer Certification Performance Improvement Plan will be kept on file and used as resource documents in future surveys of the Board to which they pertain.

DRAFT PEER CERTIFICATION PRESS RELEASE

FOR IMMEDIATE RELEASE

Date

For more information,

Contact: Name

Phone #

Alcohol, Drug Addiction and Mental Health Board
Achieves Highest Level of Certification

[City] – The **[Board Name Here]** was awarded the highest level of certification available through the Ohio Association of County Behavioral Health Authorities (OACBHA) for its overall operations. The independent association of county alcohol, drug addition and mental health boards provides three-year certifications to Boards that can demonstrate compliance with over 140 standards.

The verification process was developed by the “peer certification” committee of OACBHA as an initiative to bring consistency and accountability to the local board system. Goals include promoting enhanced community confidence and public support through better accountability; enhanced local delivery of prevention and treatment services for children, adults, and families affected by addiction and/or mental illness; providing objective evaluation of a Board’s performance; and stimulating the Board’s quality improvement processes through ongoing self directed evaluation.

“We’re proud of the Board staff for attaining this designation. They work hard with limited resources to ensure that the members of our community who need behavioral health services receive them in an efficient and quality manner. It is a difficult job, but they are doing it and doing it well,” said **[Board President’s name and title here]**.

OACBHA awards a three-year certification to Boards that demonstrate substantial fulfillment of its standards, including compliance to Medicaid rules, risk management and insurance, health and safety, human resources, mission and program, governance’s areas, finance and operations, continuous quality improvement, and ethics. The OACBHA survey report cited **[Board name here]** for strengths in the following areas: **[list out strengths here]**.

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CULTURE OF QUALITY COMMITTEE ROSTER

Linda Pickenpaugh (Chairperson)

Belmont- Harrison- Monroe Mental Health & Recovery Board

Earl Cecil

Athens Hocking & Vinton Counties 317 Board

William Mateer

Mental Health & Recovery Board of Wayne & Holmes Counties

Susan Lewis-Kaylor

The ADAMH Board of Franklin County

Karen Scherra

Clermont County Mental Health & Recovery Board

Pat Baumgarner

Columbiana County Mental Health & Recovery Board

David Wesner

Cuyahoga County Community Mental Health Board

Kim Lafferty

Muskingum Area ADAMH Board

Francine Lopomo

Hamilton County Alcohol and Drug Addiction Services Board

Gary Schaeufele

County of Summit ADM Board

Kent Youngman

Mental Health & Recovery Board of Clark, Greene & Madison Counties

Juni Frey

Paint Valley ADAMH Board

Debbie Kelley

Mental Health & Recovery Board of Erie & Ottawa Counties

Karen Durniat-Suehrstedt

Lucas County Mental Health Board

Laura Lambert

Cuyahoga County Alcohol and Drug Addiction Services Board

Keith Hanson

Washington County Mental Health & Addiction Recovery Board

Cheri L. Walter

Ohio Association of County Behavioral Health Authorities

Christina Shaynak-Diaz

Ohio Association of County Behavioral Health Authorities

Fonda Dawkins

Ohio Association of County Behavioral Health Authorities

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2006 – 2007 DESK AUDIT STANDARDS

Medicaid

I-A.5

The Board adheres to the requirements of the “Guidelines and Operating Principles for Residency Determinations in MACSIS among CMH/ADAS/ADAMH Boards”, as evidenced by a policy.

I-B.3

Board adheres to 42 CFR 431.51 “Free Choice of Providers” assuring that a Medicaid contract is issued to any requesting agency within the Board service area that is ODMH or ODADAS certified, as evidenced by a policy.

Clarifier

Boards are required to pay a Medicaid claim from a provider from any county, but must issue contracts to any requesting certified agency within their Board service area.

I-C.7

Board has a procedure to work the Medicaid RETRO eligibility, Held, and Mismatched Reports to assure that the correct source of payment is used, and prompt payment occurs for Medicaid eligible services.

Public Affairs/ Education/ Community Relations/ Policy/ Advocacy

II-A.2

The Board has written documentation addressing how the Board will comply with the sunshine laws.

II-A.3

The Board has written documentation addressing how the Board will respond to request(s) for access to public records.

Risk Management and Insurance

III-A.2(b)

If the Governing Board determines that it believes such indemnification is appropriate, it adopts appropriate policies and/ or by-law provisions.

Board Health and Safety

IV-A.3

The Board has written policies/procedures to address standard health and safety concerns that include at minimum the following topics:

- Fire Safety
- Fire Drills
- Smoking
- Concealed Weapons
- Use of Controlled Substances
- Bomb/Other Threats
- Natural Disasters

- Power Failures
- Medical Emergencies
- Safety during violent or other threatening situations

Human Resources

V-A.2(b)

The Board has written documentation governing personnel records including content, access and retention.

V-A.3

The Board establishes and maintains personnel policies that have been approved by their governing board, that include at a minimum policies that address:

- Recruitment, Selection and Hiring of Employees
- Employee Compensation and Benefits
- Employee Evaluations
- Employee Conduct, Disciplining, Demotion, Termination and Exiting of Employees

V-A.7

The Board has a policy and procedures regarding whistleblower (employees who report concerns about legal, auditing or accounting irregularities) protection.

V-A.9

The Board has written documentation addressing the use of facilities, equipment and technology by staff or volunteers, working on behalf of the Board.

Mission and Program

VI-A.1(a)

The Board has written documentation that defines its mission, vision and values.

VI-A.8

The Board has a policy and procedures to address grievances of client and family members.

VI-A.9(a)

The Board has provisions stating how it will monitor grievances received by contract agencies.

(ADAMH/CMH Boards only)

VI-A.15

The Board shall have a Civil Rights Compliance Policy to assure that all programs, services and benefits administered, supervised, authorized and/ or participated in by Boards and contracted providers are operated in accordance with nondiscriminatory requirements or on the basis of race, color, sex, creed, age, disability, national origin, religion or inability to pay.

(ADAMH/ADAS Boards only)

VI-A.16

The Board has a policy and procedures for investigating any complaint alleging abuse or neglect of any person receiving services from a community mental health or alcohol/drug agency, or for delegating investigation to another entity.

VI-A.17

The Board has a policy and procedures for investigating any complaint alleging abuse or neglect of any person receiving services from a residential facility licensed under ORC Section 5119.22, or for delegating investigation to another entity.

(ADAMH/CMH Boards only)

VI-A.18

The Board has a policy and procedures for taking action, when it receives a complaint alleging abuse or neglect of an individual with mental illness or severe mental disability that resides in an adult care facility.

(ADAMH/CMH Boards only)

VI-A.19

The Board has a policy and procedures for taking action it determines to be necessary to correct the situation if an investigation substantiates charges of abuse or neglect, including notification of appropriate authorities.

VI-A.27

The Board has written documentation to ensure that Board and/or designated agency staff be present at probate hearings to assist the probate division of the court of common pleas in determining whether there is probable cause for involuntary hospitalization and what if any alternative treatment is available and appropriate.

(ADAMH/CMH Boards only)

Governance**VII-A.1**

The Governing Board has policies and procedures or by-laws defining the governing process of the Board and stating its rules of operations.

VII-A.2

The Governing Board has policies and procedures or by-laws defining Board member duties.

VII-A.3

The Governing Board has policies and procedures or by-laws addressing its responsibility for the recruitment and hiring of the Executive Director, and setting the compensation of the Executive Director.

VII-A.5

The Governing Board has policies and procedures or by-laws, addressing the removal of the Executive Director.

VII-A.6

The Governing Board has policies and procedures or by-laws, addressing delegation of duties to the Executive Director.

Board Finance and Operations

VIII-A.7

The Board has written documentation addressing how standard fiscal matters are to be addressed, that includes at a minimum the following:

- Chart of Accounts
- Process for Approving and Paying Bills
- Fiscal Record Keeping
- How Budget Deviations are to be Handled
- Inventory Records
- Internal Controls

VIII-B.3(a)

The Board has a written statement for how 120-day notices will be used.

Ethics

X-A.1

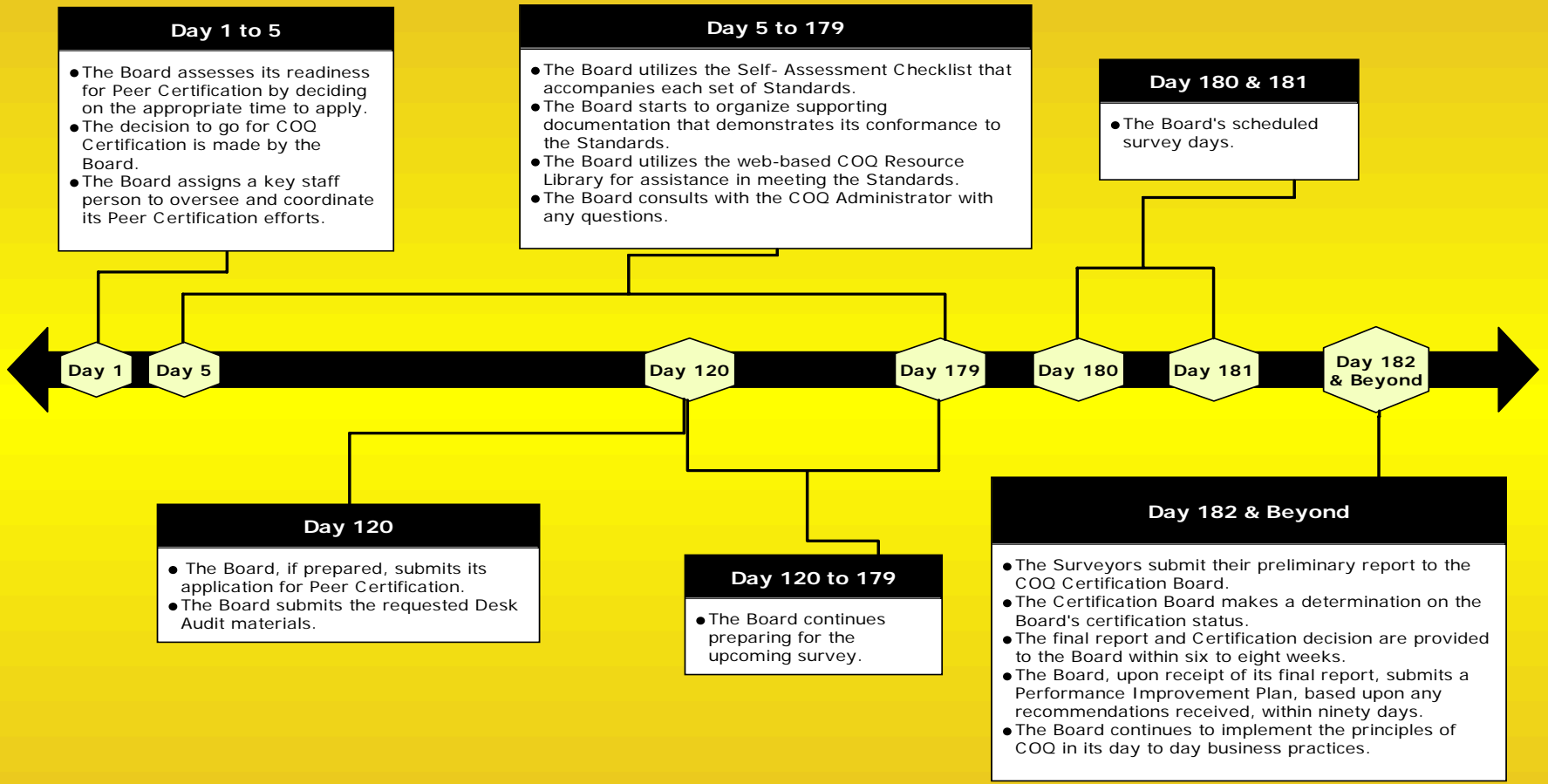
The Governing Board has a conflict of interest policy that applies to the Governing Board and employees of the Board.

X-A.2

The Governing Board has a policy addressing the reimbursement of Board Members for actual and necessary expenses incurred in the performance of their official duties.



OACBHA COQ Peer Certification Process Timeline



Various trainings about the COQ Peer Certification Process will be offered at regular intervals throughout the year.

