

**County of San Bernardino  
Department of Behavioral Health**

**Mental Health Quality of Care Referral Procedure**

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**Effective Date** 4/30/07  
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**Purpose** To ensure appropriate steps are in place for referring quality of care issues to the Department of Behavioral Health (DBH) Quality Management Standing Committee (standing committee) and DBH Administration.

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**Quality Management Division Standing Committees**

Quality Management Division consists of several standing committees, which respond to quality of care referrals in the following ways:

- Makes a determination quality of care was not an issue and community standards of care were met.
- Requests additional information from those involved if quality of care issues are founded.
- Issues a letter to service provider or other party expressing concern over events which occurred and recommends specific remedial steps be taken to prevent recurrence.
- Requests service provider submit a plan of correction to the standing committee.
- Report its findings to the Quality Management Committee, together with a request for specific action (e.g., a change in Departmental policy or procedure).
- Reports its findings to the Program Manager II of the Quality Management Division and to the Director of the Department of Behavioral Health for administrative action.

Once the standing committee has decided upon a course of action, the Quality Improvement Coordinator is notified and shall log the results of the standing committee's deliberations as well as any response by DBH Administration.

**Note:** If, as a result of a final review, a particular quality of care issue did not receive a sufficient full review or appropriate response as determined by Quality Improvement staff, the matter may be placed on the agenda for the Executive Work Group.

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## Mental Health Quality of Care Referral Procedure, Continued

**Roles/  
Responsibility**

The following table lists the roles and responsibilities for referring quality of care issues to the appropriate staff:

Roles	Responsibility
Consumer	Files a grievance or appeal with the MHP's Access Unit.
Access Unit Clinician/Clinic Supervisor	Determines whether there is a quality of care issue. If so, notifies the Quality Improvement Coordinator.
Quality Improvement Coordinator	Logs the quality of care issues and refers it to the appropriate standing committee.
Quality Management Division	<p>Monitors quality of care, reviews the matter and recommends a course of action, which could include:</p> <ul style="list-style-type: none"> <li>• Letter of concern to the provider/agency involved.</li> <li>• Request for a plan of correction if the issue reflects a pattern of quality of care issues.</li> <li>• Referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate.</li> </ul> <p>The Quality Improvement Coordinator assumes responsibility for follow-up with regard to the action recommended by the standing committee, and logs the outcome in the internal Quality of Care Referral Log.</p> <p><b>Note:</b> The providers' contract indicates the Quality Management Division may request an annual review of Quality Management/Quality Improvement plans.</p>

**Review of  
Inpatient  
Charts**

The following table lists the roles and responsibilities required when a potential quality of care issue is identified by an Inpatient Authorization Unit nurse/clinician during a review of an inpatient chart:

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### Mental Health Quality of Care Referral Procedure, Continued

**Review of  
Inpatient  
Charts**  
(continued)

Role	Responsibility
Reviewer	Completes the potential Quality of Care Referral Letter and sends it to the respective hospital to investigate/follow-up. If the issue is medication related, the reviewer confers with the Physician Advisor who determines if further action is required.
Quality Improvement Coordinator	Logs in the letters sent to hospitals and reviews to determine if a pattern of quality of care issues exist. May consult with the Chief Quality Management Officer and/or refers to the appropriate standing committee.
Standing Committee	<p>If further action is recommended after the review, it may include the following:</p> <ul style="list-style-type: none"> <li>• Letter of concern to the respective provider/agency.</li> <li>• Request for a plan of correction.</li> <li>• Referral to DBH Administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as deemed appropriate.</li> </ul> <p>The Quality Improvement Coordinator shall log the outcome in the internal Quality of Care Referral Log.</p>

**Audit of a DBH  
Outpatient  
Clinic, Contract  
Agency or Fee-  
for-Service**

The following table lists the roles and responsibilities required when a potential quality of care issue is identified by the Access Unit during an audit of DBH Outpatient clinic, contract agency, or fee-for-service:

Role	Responsibility
Outpatient Utilization Review Unit	Notifies the Quality Improvement Coordinator.
Quality Improvement Coordinator	Logs the referral in the internal Quality of Care Referral Log and sends the referral to the appropriate standing committee.

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## Mental Health Quality of Care Referral Procedure, Continued

**Audit of a DBH Outpatient Clinic, Contract Agency or Fee-for-Service**  
(continued)

Role	Responsibility
Standing Committee	Reviews the issues and recommends a course of action, which could include: <ul style="list-style-type: none"> <li>• Letter of concern to the respective provider/agency.</li> <li>• Request for a plan of correction.</li> <li>• Referral to DBH Administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as deemed appropriate.</li> </ul>
Quality Improvement Coordinator	Logs the outcome in the internal Quality of Care Referral Log.

**Referrals from Concerned Staff and Consumers**

The following steps are required when the Quality Improvement Coordinator accepts reports of potential quality of care referrals from concerned staff and consumers:

Role	Responsibility
Quality Improvement Coordinator	Logs the referral in the internal Quality of Care Referral log and screens, and forwards the referrals to the appropriate Quality Management Division standing committees.
Standing Committee	Reviews the matter and recommends a course of action, which could include: <ul style="list-style-type: none"> <li>• Letter of concern to the provider/agency involved</li> <li>• Request for a plan of correction if the issue reflects a pattern of quality of care issues</li> <li>• Referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate.</li> </ul> The Quality Improvement Coordinator logs the outcome in the Quality of Care Referral Log.

**References**

California Code of Regulations, Title 9, Chapter 11, Section 1810.440

**Related Policy**

DBH Standard Practice Manual:

- [QM6022: Quality of Care Referral Policy](#)