



**MONITORING AND TECHNICAL ASSISTANCE SITE VISIT
(MTASV) TEMPLATE FOR THE
MHLA BEHAVIORAL HEALTH EXPANSION PROGRAM**

Agency Name			
DATE OF SITE VISIT		PREVIOUS SITE VISIT	Yes or No
COMMUNITY PARTNER (CP) SITE ADDRESS			
CP ATTENDEES			
DMH ATTENDEES			

Review is organized into the following sections:

1.	MHLA BEHAVIORAL HEALTH EXPANSION Program Implementation and Medical/Health Record Review
2.	Summary
3.	Recommendations

1. MHLA Behavioral Health Expansion Program Implementation and Medical/Health Record Review		
INDICATORS	Y -or- N	COMMENTS
1. PROJECT APPROVAL AND PAYMENT		
a. Are all MHLA approved CP sites providing mental health prevention services and/or activities (MHPS)?		
b. Has CP been approved to receive the supplemental behavioral health MGF payment? If yes, CP received approval to start MHPS on the following date: _____.		
2. TARGET POPULATION		
a. Is CP offering and providing MHPS to MHLA participants?		
b. Is MHPS being provided to the appropriate age range for MHLA participants (Age 26 and older)?		

1. MHLA Behavioral Health Expansion Program Implementation and Medical/Health Record Review		
INDICATORS	Y -or- N	COMMENTS
3. CP ADMINISTRATIVE SUPPORT		
a. Has CP designated a MHLA mental health lead(s) for the MHLA Behavioral Health Expansion Program?		
b. Has CP developed P&P for this program, including a set of best business practices and a MHPS operational flow?		
4. TRAINING		
a. Does CP have the necessary infrastructure to aide in the training of its staff on MHPS?		
b. Has CP submitted the required training certificates and/or sign-in sheets for each staff providing MHPS?		
c. Are new or additional CP staff that will be providing MHPS being trained?		
d. Has the MHLA mental health lead(s) been trained in MHPS?		
5. QUALITY ASSURANCE AND MEDICAL/HEALTH RECORD REVIEW		
a. For each medical/health record reviewed, does the most recent screening indicate a need for MHPS?		
b. For each medical/health record reviewed are all Questionnaires/Measures (PHQ-9 and GAD-7) located in the medical/health record at time of this review?		
c. For each medical/health record reviewed, are all the MHPS notes reflective of MHPS?		
d. For each medical/health record reviewed did CP document all the applicable elements as exhibited in the MHLA Behavioral Health Expansion Program documentation template (reference MH 709-MHLA Only)?		
e. For each medical/health record reviewed, did CP make a referral for treatment (if applicable)?		

1. MHLA Behavioral Health Expansion Program Implementation and Medical/Health Record Review		
INDICATORS	Y -or- N	COMMENTS
6. DATA REPORTING		
a. Is CP submitting encounter data monthly to the American Insurance Administrators (AIA) showing that MHPS has been utilized?		
b. Is CP inputting on the AIA claim forms the scores from the Questionnaires/Measures (PHQ-9 and GAD-7) each time they are being given and/or does CP have an alternative means for submitting a score to DHS each time they are being given?		
c. Is CP inputting required demographic data into the One-e-App for each participant who receives one or more MHPS?		
7. FIDELITY		
a. Does CP have a process in place to ensure that a selected Prevention Practice is being implemented with adherence to curriculum/course fidelity?		
b. Are CP staff in communication with DMH regarding implementation of Prevention Practice(s) if questions or concerns arise?		
c. Are staff trained and/or do they have the necessary education and working knowledge of how to use the Questionnaires/Measures (PHQ-9 and GAD-7)?		
8. SUSTAINABILITY		
a. Is CP providing MHPS in a way that meets the language needs of the population served?		
b. Does CP have a way to support staff retention so MHPS can continue to be provided?		
c. Is CP raising awareness among its MHLA participants to promote the utilization of MHPS?		
Additional Comments for Section 1.		

2. SUMMARY

This second section of the MTASV report provides aggregated findings regarding your agency's progress at this point in time.

These results reflect the eight (8) key indicator clusters that support an effective implementation of the MHLA Behavioral Health Expansion Program.

An average score of less than two (2) in any one (1) of the eight (8) key indicator clusters shall require a Quality Improvement Plan, as outlined in Section 3 of this MTASV.

2

Satisfactory *(Meets performance standard)*

1

Challenge *(Does not meet standard)*

KEY INDICATOR CLUSTERS IN EFFECTIVE IMPLEMENTATION	AVERAGE SCORE
1. PROJECT APPROVAL AND PAYMENT	
2. TARGET POPULATION	
3. CP ADMINISTRATIVE SUPPORT	
4. TRAINING	
5. QUALITY ASSURANCE AND MEDICAL/HEALTH RECORD REVIEW	
6. DATA REPORTING	
7. FIDELITY	
8. SUSTAINABILITY	
TOTAL SUMMARY SCORE	

3. RECOMMENDATIONS AND AGENCY ACTIONS REQUIRED

REQUIRED RESPONSE:

- CP responses to the recommendations listed in the attached Quality Improvement Plan are required and due by: .

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHLA BEHAVIORAL HEALTH EXPANSION PROGRAM PROJECT
MONITORING AND TECHNICAL ASSISTANCE SITE VISIT**

CP NAME (goes here)

QUALITY IMPROVEMENT PLAN

Date of Site Visit: _____

Site Visit Address: _____

Due Date: _____

CP RESPONSE TO DMH RECOMMENDATIONS

Response prepared by: _____

Title: _____

Date: _____

Telephone Number: _____

Email Address: _____

DMH RECOMMENDATIONS	CP ACTION TO BE TAKEN	CP COMPLETION DATE (ACTUAL OR ESTIMATE)
1.		
2.		
3.		
4.		
5.		