



# COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

<b>Policy Number</b>	145
<b>Policy Title</b>	Sustainability (formerly Productivity)
<b>References</b>	<ul style="list-style-type: none"><li>▪ Monterey County Behavioral Health Director</li><li>▪ Monterey County Behavioral Health and Union 521 Memorandum of Understanding 6/1/2009 – 5/31/2011</li><li>▪ Monterey County Behavioral Health and Union 521 Memorandum of Understanding 7/1/2013-06/30/2016</li></ul>
<b>Effective</b>	March 1, 2011 Revised: May 28, 2015 Revised: February 22, 2018 Revised: June 27, 2019

## 1 Policy

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3 Monterey County Behavioral Health Bureau (MCBHB) is dedicated in its effort to excel at providing  
4 quality services for the benefit of all its consumers and their families. In support of this goal,  
5 Monterey County Behavioral Health has established a Productivity Standard for the percentage of  
6 the work week that clinical staff members will provide services directly to consumers This standard  
7 has been created so that all clinical staff members can be fully informed as to the level of  
8 consumer service they are expected to meet, and on what basis their quantity of work will be  
9 evaluated.

10

11 Revenue generating activities are an important source of income for our agency. This income,  
12 along with other sources of income, such as grants, allows our agency to offer a broad range of  
13 services to consumers. MCBHB believes that the clear majority of its clinical staff members work  
14 diligently to support the mental health treatment needs of our community. When clinical staff  
15 members fail to meet the current Productivity Standard, it is typically because they are not  
16 documenting their clinical efforts effectively. To communicate this belief to staff members, the  
17 Productivity Standard is being renamed the "Sustainability Standard" to better reflect the emphasis  
18 on fiscal sustainability and not staff members' work effort.

19

20 The Sustainability Standard reflects that some tasks or activities that clinical staff members engage  
21 in do not directly contribute to the fiscal viability of MCBHB. Such activities are not billable and/or  
22 not related to an individual client, for example, administrative and clerical tasks, attendance at non-

23 clinical meetings and committee work. To allow for and support such activities, which, while not  
24 contributing to fiscal viability, support quality of care, MCBHB's Sustainability Standard is set at  
25 less than 100% and, for some positions, the Sustainability Standard is waived all together:

26

- 27 ■ Clinical staff members, whose primary role is to provide mental health services (see list in  
28 Line 39-45) have a Sustainability Standard of seventy five percent (75%). For such  
29 individuals, a minimum of 75% of work hours must be spent on tasks and services that are:
  - 30 ○ Related to consumer care and are billable (case planning, treatment, case  
31 management, assessment, etc.) or non-billable (interpretation, transportation,  
32 setting appointments) but are all recorded in an individual consumer's electronic  
33 medical record, or are
  - 34 ○ Related to Quality Improvement.

35

36 This means that up to twenty-five percent (25%) of work hours may be spent on activities  
37 not related directly to an individual consumer or Quality Improvement.

38

- 39 1. Social Worker III
- 40 2. Psychiatric Social Worker Trainees, I and II,
- 41 3. Senior Psychiatric Social Worker
- 42 4. Psychologists,
- 43 5. Psychiatrists,
- 44 6. Physician's Assistant (PA),
- 45 7. Nurse Practitioner (NP),
- 46 8. Nursing Staff (RN, LVN, MA, etc.)

47

- 48 ■ Clinical staff members, whose primary role is to support clients in accessing mental health  
49 services by, for example, by providing interpretation or transportation services, do not have a  
50 Sustainability Standard. Such staff members may at times engage in billable activities;  
51 however, this is not the primary focus of their work.

52

- 53 1. Behavioral Health Aides

54

55 Fluctuations in Sustainability levels do occur from week-to-week and month-to-month. Changes  
56 such as new schedules, temporary and unpredictable changes in client participation or shifts in  
57 staff responsibilities may affect Sustainability on a short-term basis. Therefore, Supervisors will  
58 also review and assess overall Sustainability levels by evaluating Sustainability on a quarterly  
59 basis in addition to reviewing and assessing Sustainability based only on monthly reports of  
60 Sustainability levels. In this way, normal fluctuations will "even out" over time, giving both  
61 Supervisors and staff a clearer, more accurate view of overall Sustainability. It is expected that  
62 newly hired staff will not meet the Sustainability Standards their first two months of employment.

63

## 64 Procedure

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66 Clinical staff members' Sustainability levels are calculated based on information contained in the  
67 Electronic Medical Record system (myAvatar). Billable and Non-Billable (330) services are entered  
68 through the progress note function; the remainder of the forty- hour work week is entered into the  
69 appointment scheduler.

70

71 Time Considered to Impact Sustainability. Included in the 75% Sustainability Standard as Minutes  
72 Toward Sustainability (Raising Numerator in Sustainability Calculation):

- 73     ▪ Progress Notes: All service time entered through progress notes into individual consumer's  
74     electronic medical records. This encompasses all clinical service codes including "330,  
75     non-billable" services" and Lock- Out codes.
- 76
- 77     ▪ Appointment Scheduler:
  - 78         ○ 802 = Quality Improvement Time. (See Policy 454 for more details)
    - 79             ▪ Utilization Review, including related to state and other audits
    - 80             ▪ Electronic Medical Records Training (e.g., myAvatar)
    - 81             ▪ Clinical Documentation Training
    - 82             ▪ Legal Ethical Training
    - 83             ▪ Quality Improvement Committee participation
  - 84         ○ All time entered in appointment scheduler as MHSA services:
    - 85             ▪ 810= System Development (General)
    - 86             ▪ 811= Outreach and Engagement
    - 87             ▪ 812= Early Intervention (MHSA authorized programs)
    - 88             ▪ 813= Indicated/Selected (Prevention) (MHSA authorized programs)
    - 89             ▪ 814= Universal (Prevention) (MHSA authorized programs)
- 90     NOTE: All MHSA activities need to be approved by the MHSA coordinator and  
91     be part of the MHSA plan. Also, staff must be listed as working in an MHSA  
92     program to access this code.
- 93     ○ Four-Digit Training Codes. Specified Trainings, listed in Attachment 1, that  
94     improve staff members' ability to provide effective consumer care.
- 95

96 Time Not at Work. Included in the 75% Sustainability Standard by "Backing-Out" Total Non-Work  
97 Week Minutes (Lowering Denominator in Sustainability Calculation):

- 98     ○ 803=Vacation/Sick
- 99     ○ 809= Non-working hours which includes:
  - 100         ▪ Staff members working less than full time. Staff members not working full  
101         time should enter 809 for the hours in a 40-hour work week that they are  
102         not at work.
  - 103         ▪ Hours spend at Activities that are part of our MOU, such as education  
104         leave and union negotiations.
  - 105         ▪ Hours spent in attendance at Health Promotion Partnership Classes (up to  
106         12 hours per year)
  - 107         ▪ Hours away from work to attend Jury Duty
- 108

109 Time Considered Part of Administration or Professional Effort. Included in the 25% Indirect  
110 Service Time:

- 111     ▪ Appointment Scheduler
  - 112         ○ 801= Staff Meeting
  - 113         ○ 805= Indirect Services
  - 114         ○ 806 = Training not listed on Attachment 1
  - 115         ○ 807= Supervision time that is not "billable"
  - 116         ○ 808= Committee Work
- 117

118 Sustainability Calculation Process. Total work minutes per month (work minutes = work hours-  
 119 break time) – back out time = total work minutes after back-outs. The total work minutes after back-  
 120 outs are divided by a sum of the productive work or billable minutes. This calculation produces the  
 121 sustainability percentage.

122

123 **Example of a Sustainability Calculation**

124

125 Monica, an LCSW therapist who works full time (five days and 40 hours per week), missed one day  
 126 of work in July due to illness (she entered this time as code 803 in appointment scheduler). For all  
 127 employees, the 4th of July holiday was automatically deducted from the available work days for the  
 128 month and did not need to be “backed out” from available hours.

129

130 Calculation for Monica

131 22 actual work days in July (4<sup>th</sup> not included)

132 - 1 sick day

133 21 actual work days, or 9450 minutes to calculate sustainability (work time – breaks)

134

135 Monica provided 6908 minutes of services to client care for the month. In addition, Monica spent 2  
 136 hours/week in peer review for a total of 480 minutes for the month. These 480 minutes (entered  
 137 through appointment scheduler) of the 802 code were added to the 6908 minutes for a total of  
 138 hours for a total of 7388 minutes spent in “billable” activities.  $7388 \div 9450 = 78\%$ . For this month,  
 139 Monica achieved the agency standard of 78% sustainability.

140

141 Example of report showing Sustainability Calculation:

	MFTI												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Service Value(\$)	5,776	12,703	13,639	25,732	25,540	8,634	2,781	8,549	18,955	21,375	15,321	16,123	\$ 175,135
Client Count	14	24	32	34	37	33	12	19	17	14	14	13	
Service Count	26	86	112	150	176	62	19	55	129	125	107	108	1,155
BILLED Min	2,592	2,747	4,055	5,175	5,869	2,346	897	2,560	5,080	5,577	4,508	4,481	45,887
(A) PROD Min	3,242	4,167	5,810	5,650	6,499	3,726	5,932	3,335	6,270	6,642	5,393	5,936	62,602
(B) Mon Min	9,450	8,550	9,450	9,900	9,450	9,450	9,900	9,450	9,450	10,350	7,650	9,450	112,500
(C) Backout	0	960	0	540	540	930	1,350	3,780	1,410	540	630	2,160	12,840
(D) Tot Mine B-C	9,450	7,590	9,450	9,360	8,910	8,520	8,550	5,670	8,040	9,810	7,020	7,290	99,660
% Prod=(A)/(D)	34.3%	54.9%	61.4%	60.3%	72.9%	43.7%	69.3%	58.8%	77.9%	67.7%	76.8%	81.4%	62.8%

## Attachment 1: Trainings That Support Effective Consumer Care

Appointment Scheduler Code	Name
<b>Children/Youth</b>	
1000	Aggression Replacement Training (ART)
1001	Attachment Based Dyadic Therapy
1002	Attachment Based Family Therapy (ABFT)
1003	Cannabis Youth Treatment (CYT)
1004	Circle of Security
1005	Joven Noble/Xinachtli
1006	Matrix
1007	Parent-Child Interaction Therapy (PCIT)
1008	Seven Challenges
1009	Thinking for a Change (T4C)
1010	Voices
1011	Child-Parent Psychotherapy (CPP)
1020	Modular Approach to Therapy for Children (MATCH)
<b>Family/Adults</b>	
	Applied Behavioral Analysis (ABA)
2000	Cognitive Behavioral Therapy (CBT)
2001	Dialectical Behavioral Therapy (DBT)
2002	Eye Movement Desensitization & Reprocessing (EMDR)
2003	Family Psychoeducation
2004	HOMEBUILDERS
2005	Motivational Interviewing (MI)
2007	Parents as Teachers
2008	Wellness Recovery Action Plan (WRAP)
2009	Mental Health First Aid (MHFA)
2010	Seeking Safety
2011	Triple P
2012	Brief Strategic Family Therapy (BSFT)
2013	Intensive Community Team (ICT)
2014	Cara y Corazon
2020	Strengths Model

2021	Solution-Focused Brief Therapy
2022	Systematic Training for Effective Parenting (STEP)
2023	Cognitive Behavioral Therapy for Psychosis (CBTp)
2024	Integrative Treatment for Complex Trauma (ITCT)
2025	Unified Protocol
<b>Systems Trainings</b>	
3001	Safety Training
3002	Risk Assessment & Management Topics
3003	5150 Process (Legal Requirements or Practical Aspects)
3004	Non-Violent Crisis Intervention (CPI)
3005	Field Safety
3006	Mandated Reporting
3007	Dangerousness to Self and/or Others
3008	Grave Disability/Conservatorship
3021	Child & Adolescent Needs & Strengths (CANS)
3022	Reaching Recovery
3023	Stage Matched Treatment
3031	Mental Health Topics
3032	Mental Health Assessment & Treatment Planning
3033	Mental Health Interventions- General
3041	Substance Use Disorder (SUD) Topics
3042	SUD Assessment & Treatment Planning (Non ASAM)
3043	SUD Interventions- General
3044	SUD American Society for Addiction Medicine (ASAM)
<b>Quality Improvement Trainings</b>	
802	New Employee Training (NET)
802	Intern Orientation
802	Avatar (EMR)
802	Clinical Documentation: Overview

802	Clinical Documentation: Psychosocial Assessment
802	Clinical Documentation: Treatment Planning
802	Clinical Documentation: Progress Note Writing
802	Clinical Documentation: Clinical Formulation
802	Legal Ethical Licensure Course
802	Legal Ethical Training - General