



# **Quality Management Plan Fiscal Year 2014**

**Version: 1**

**Mental Health and Substance Abuse Division  
Community MHSA, Contractor Services Section  
Quality Management and Compliance Unit**

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# Quality Management Plan – FY2014

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## Introduction

The Department of State Health Services (DSHS) is one of five departments within the Texas Health and Human Services Commission (HHSC). DSHS has five divisions: Family and Community Health Services, Disease Control and Prevention Services, Regulatory Services, Mental Health and Substance Abuse Services (MHSA), Regional and Local Health Services. The divisions work together to improve the health and well-being of Texans. MHSA has four sections: Program Services Section, Hospital Services Section, Mental Health Transformation and Behavioral Health Operations, and Contractor Services Section.

MHSA's mission is to improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery. MHSA gathers input from internal and external stakeholders (individuals and families in recovery, client and family advocacy groups, mental health and addiction services provider groups, and other public forums) to develop, implement, and maintain evidence based, cost effective mental health and addiction services for the citizens of Texas.

The QM Unit is responsible for developing the Quality Management Plan for MHSA. This Quality Management Plan addresses services provided by contractors serving those with mental illness and substance use disorders. The mission of the QM Unit is to lead and support MHSA contractors and service providers in developing effective quality management processes that promote hope, support recovery, and build resilience.

The QM Unit uses Principles of Continuous Quality Improvement and Total Quality Management including but not limited to;

- Commitment to quality leadership
- Building organizational culture
- Client recovery focus
- Most problems are found in processes, not in people
- Systematic approach
- Count and measure the processes –based on valid and reliable data
- Using feedback to improve processes
- Get staff involved in the processes of improving quality
- Identify defects in quality and trace them to their source
- Improve coordination and collaboration between different functions in the organization
- Work closely with internal and external stakeholders

We use quality management processes in our oversight of contracted mental health and addiction service providers. The processes include tracking critical outcomes and performance measures regarding the effectiveness of services.

The QM Unit promotes these values to its contractors:

- Person-centered – the individual will be at the core of all plans and services.
- Respect – individuals, families, providers and staff are treated with respect.

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- Independence – the individual’s personal and economic independence will be promoted.
- Choice – individuals will have options for services and supports.
- Self-determination – individuals will direct their own lives.
- Living well – the individual’s services and supports will promote health and well-being.
- Contributing to the community – individuals are able to work, volunteer, and participate in local communities.
- Cultural competencies – individuals are able to interact effectively with people of different cultures.
- Flexibility – individual needs will guide our actions.
- Effective and efficient – individual’s needs will be met in a timely and cost effective way.
- Collaboration – partnerships with families, communities, providers, and other federal, state and local organizations result in better services.

We initiate QM activities in the following ways:

- Quarterly performance management
- Internal and external referrals
- Three-Year Review Plan

### **Purpose**

The purpose of the Quality Management Plan is to:

- Guide the activities of the QM Unit.
- Establish processes for assessing the quality of services.
- Identify the standards against which performance is measured.
- Establish a cohesive and focused work plan that directs time, effort, and resources.
- Communicate and coordinate significant changes in its mental health and substance abuse contract monitoring procedures with other organizational units.

### **Quality Infrastructure**

The QM Unit works with contractors to ensure their quality management activities include addressing issues identified in the eight domains listed below. We assess vendors and sub-recipient contractors for quality of services, rule, and contract compliance. We issue findings and obtain contractor remedies such as corrective action plans and plans of improvement. We also provide technical assistance and facilitate root cause analysis. We refer issues to contract management units for contract action, the Medical Director for consultation, and Program Services Section for policy development and clarification.

The domains are:

- Consumer
- Leadership
- Community
- Compliance
- Data
- Personnel

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- Fiscal Accountability
- Physical Plant

<b>Consumer Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Provide person-centered services</li> <li>• Provide immediate and appropriate crisis intervention services, or refer to appropriate provider</li> <li>• Assess consumers for appropriate services</li> <li>• Ensure access to services</li> <li>• Ensure that necessary medical interventions are provided</li> <li>• Provide services that retain fidelity to evidence-based models</li> <li>• Ensure that consumers with co-occurring MH and SA diagnoses have complete access to all services</li> <li>• Document service provision fully and clearly</li> <li>• Collaborate with the consumer to develop appropriate and effective treatment plans</li> <li>• Maintain continuity of care contact with consumer while hospitalized</li> <li>• Ensure a safe and healthy environment for services and treatment</li> <li>• Investigate and report on critical incidents, client complaints, grievances and deaths</li> <li>• Provide services as stated by Rule and Contract</li> </ul>	<p>Develop and implement protocols to review:</p> <ul style="list-style-type: none"> <li>• Clinical records</li> <li>• Business processes</li> <li>• Treatment outcomes</li> <li>• Performance measures</li> <li>• Curricula fidelity</li> <li>• Program fidelity</li> <li>• Medication prescribing practices</li> <li>• Policies and procedures</li> <li>• Client rights</li> <li>• Client safety</li> </ul> <p>In developing review activities, QM staff collaborate or consult with:</p> <ul style="list-style-type: none"> <li>• DSHS Consumer Services and Rights Protection</li> <li>• DSHS Mental Health and Substance Abuse Contract Management Units</li> <li>• DSHS Program Services Section</li> <li>• DSHS Financial Monitoring Unit</li> <li>• DSHS Division for Regulatory Services</li> </ul> <p>Request input from:</p> <ul style="list-style-type: none"> <li>• Community Advisory and Planning Committee</li> <li>• Texas Council of Mental Health and Mental Retardation</li> <li>• Association of Substance Abuse Providers</li> </ul>

<b>Leadership Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>The Contractor's board must have their roles and responsibilities clearly defined.</p> <p>Board members must receive formal training about their roles and responsibilities.</p> <p>Board members must receive formal training regarding all the services delivered by the Contractor.</p> <p>Board members must be trained on the clientele</p>	<p>QM staff review qualifications and training for board members.</p> <p>Develop and implement review protocols for:</p> <ul style="list-style-type: none"> <li>• Board activities</li> <li>• Board members</li> <li>• Business processes</li> <li>• Quality management processes</li> <li>• Disaster plans</li> <li>• Policies and procedures</li> </ul>

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Leadership Domain	
Contractor Expectations	DSHS QM Unit Activities
<p>served by the Contractor.</p> <p>The Board must perform performance evaluations of the Contractor’s Executive Director or Chief Executive Officer.</p> <p>The Contractor must have policies and procedures that clearly define the roles and responsibilities of the executive business team.</p> <p>The contractor must have designated program directors for services as defined by the statements of work.</p> <p>The executive team must make regular reports to the board about operations and community involvement.</p> <p>The executive team and the board are jointly responsible for:</p> <ul style="list-style-type: none"> <li>• Maintaining a safe, healthy environment</li> <li>• Maintaining a financially sound business</li> <li>• Developing, updating and maintaining appropriate disaster plans that include the appropriate care of clients as well as staff during a disaster</li> <li>• Ensuring all aspects of the contract and statements of work are carried out appropriately</li> <li>• Developing, reviewing, and maintaining all policies and procedures</li> </ul> <p>The Contractor’s quality management (QM) activities must be administered through clear and appropriate administrative structures that:</p> <ul style="list-style-type: none"> <li>• Establish a training process for board members and maintain records of their initial and on-going training</li> <li>• Establish and update policies and procedures for QM processes</li> <li>• Establish and maintain a QM committee with representation from all key areas of the organizations</li> <li>• Maintain committee meeting minutes</li> <li>• Maintain board minutes documenting QM reports provided to the board of directors</li> </ul>	<ul style="list-style-type: none"> <li>• Memorandums of Agreement or Understanding</li> </ul>

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<b>Leadership Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<ul style="list-style-type: none"> <li>• Collaborate with DSHS and other QM representatives from other contracted providers on joint projects</li> <li>• Document QM training for all staff in personnel records</li> </ul>	

<b>Community Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Involve consumers and family members in planning activities</li> <li>• Assess community needs and resources</li> <li>• Participate in community coalitions</li> <li>• Collaborate with legislative resources</li> <li>• Develop and maintain a comprehensive (physical and behavioral) service array (prevention, intervention, treatment, aftercare) with service providers</li> <li>• Develop and maintain formal agreements between service providers</li> </ul>	<p>QM staff review:</p> <ul style="list-style-type: none"> <li>• Documentation of community activities</li> <li>• Activities identified in the Local Service Area Plans or Community Coalition Plans</li> <li>• Quality Management Plan</li> <li>• Documentation of Quality Management Plan activities</li> <li>• Board minutes</li> <li>• Consumer involvement in community planning activities</li> <li>• Compliance with requirements for formal agreements between service providers</li> </ul>

<b>Compliance Domain</b>	
Contractors Expectations	DSHS QM Unit Activities
<p>Contractors must comply with all requirements in:</p> <ul style="list-style-type: none"> <li>• Code of Federal Regulations</li> <li>• Texas Administrative Code</li> <li>• Texas Health and Safety Code</li> <li>• Sub-recipient Contracts</li> <li>• Memoranda of Understanding</li> <li>• Memoranda of Agreement</li> <li>• Health Information Portability and Accountability Act</li> </ul>	<p>Develop tools to evaluate and document compliance.</p> <p>Participate in rule-making with other DSHS staff.</p> <p>Participate in development of Statements of Work for contracts.</p>

<b>Data Domain</b>	
Contractors Expectations	DSHS QM Unit Activities
<p>Contractors must provide data to the following DSHS data repositories:</p> <ul style="list-style-type: none"> <li>• Mental retardation and Behavioral</li> </ul>	<p>QM staff review MHSA client-care patterns that include but are not limited to:</p> <ul style="list-style-type: none"> <li>• New generation medications</li> </ul>

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<b>Data Domain</b>	
Contractors Expectations	DSHS QM Unit Activities
<p>health Outpatient data Warehouse (MBOW)</p> <ul style="list-style-type: none"> <li>• Clinical Management Behavior Health System (CMBHS)</li> <li>• NorthSTAR Operational System</li> </ul> <p>Contractors are expected to ensure that data submitted are reliable.</p> <p>Contractors are expected to use data-based reports.</p> <p>Contractors are expected to make management decisions based on data.</p> <p>Contractors are required to have a designated Information Technology Security Administrator and back-up Security Administrator.</p> <p>Contractors are required to have policies and procedures in place for:</p> <ul style="list-style-type: none"> <li>• Using electronic devices</li> <li>• Securing electronic information</li> <li>• Complying with federal data standards</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment waiting lists</li> <li>• Client costs</li> <li>• Service quality</li> <li>• Access-to-Care</li> <li>• Client length-of-stay</li> <li>• Provider-to-client staffing ratios</li> <li>• Client clinical outcomes</li> </ul> <p>Track programmatic improvements from various sources, lead quarterly cross-functional meetings to discuss strategies for quality improvement of client services.</p> <p>Design and develop reports to be used by Local Mental Health Authorities and contracted Substance Abuse providers: reports are deployed in Excel, Crystal Reports and Business Objects for the providers to use in their internal quality management processes.</p> <p>Develop review tools to validate:</p> <ul style="list-style-type: none"> <li>• Data accuracy</li> <li>• Security measures</li> <li>• Policies and procedures</li> </ul>

<b>Personnel Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Maintain policies and procedures for personnel requirements</li> <li>• Ensure proper background screening is conducted prior to hiring</li> <li>• Maintain the proper licenses for staff required to be licensed</li> <li>• Ensure that training is conducted on any changes to service delivery rules or contract requirements</li> <li>• Maintain appropriate documentation of initial training, competency testing, and ongoing training and competency testing</li> </ul>	<p>QM staff review personnel:</p> <ul style="list-style-type: none"> <li>• Credentials</li> <li>• Job descriptions</li> <li>• Supervision</li> <li>• Performance evaluations</li> <li>• Staff development</li> <li>• Cross-training</li> <li>• Organizational structure</li> <li>• Policies and procedures</li> </ul>

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<b>Fiscal Accountability Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Maintain accurate billing practices that ensure that DSHS funds are used as a last resort.</li> <li>• Document fiscal accounting processes in agency policies and procedures.</li> <li>• Provide at least quarterly reports to the board that is documented in the Board minutes.</li> <li>• Follow the instructions in Uniform Grant Management Standards and Office of Management and Budget circulars, local and state requirements when appropriate.</li> <li>• Obtain an external annual fiscal audit when appropriate.</li> </ul>	<p>QM staff review:</p> <ul style="list-style-type: none"> <li>• Contractor expenditures</li> <li>• Medicaid billings</li> <li>• Business process for:                             <ul style="list-style-type: none"> <li>○ billing</li> <li>○ documenting services</li> </ul> </li> </ul>

<b>Physical Plant Domain</b>	
Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Maintain facilities in keeping with local, state, and federal requirements regarding client health and safety.</li> <li>• Maintain appropriate licenses for facilities.</li> <li>• Ensure compliance with all Health and Safety rules and standards.</li> <li>• Maintain appropriate security of electronic equipment: pagers, cell phones, smart phones, desktop and laptop computers.</li> <li>• Maintain appropriate disposal of waste.</li> </ul>	<p>QM staff review or evaluate compliance with:</p> <ul style="list-style-type: none"> <li>• Federal and state standards for health and safety</li> <li>• Architectural reviews</li> <li>• Fire codes</li> <li>• Americans with Disabilities Act</li> </ul>

### **Responsibilities**

The QM Unit monitors and evaluates the quality of consumer services provided by the contractors. The main functions of the QM Unit are:

- Ensuring contractor compliance with rules and contracts
- Reviewing and analyzing contractor data
- Conducting desk and on-site reviews
- Analyzing and evaluating the data captured through reviews
- Preparing reports of findings as well as plans of improvements
- Working with contractors to implement the changes
- Providing technical assistance and training

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- Developing quarterly quality improvement reports and facilitating meetings

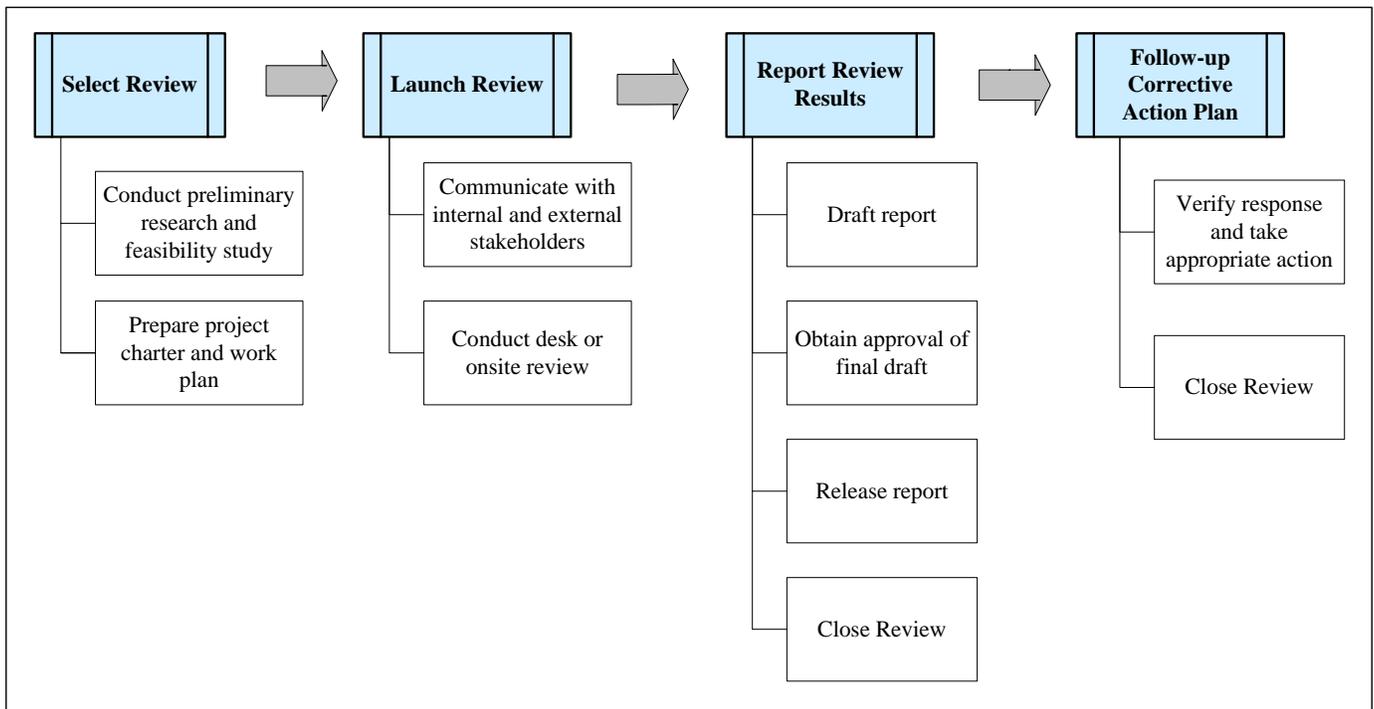
The QM Unit is also responsible for the development of policies and procedures related to quality management.

## QM Committee

The QM Committee consists of the directors, managers, and subject matter experts from the Program Services Section, Decision Support Unit, Behavioral Health Medical Director’s Office, Mental Health Transformation and Behavioral Health Operations, and the Contractor Services Section. The committee members meet regularly to discuss, plan and review various performance improvement activities for the statewide quality management reviews.

## QM Review High-Level Workflow

The high-level workflow below identifies the four major stages for our quality management reviews.

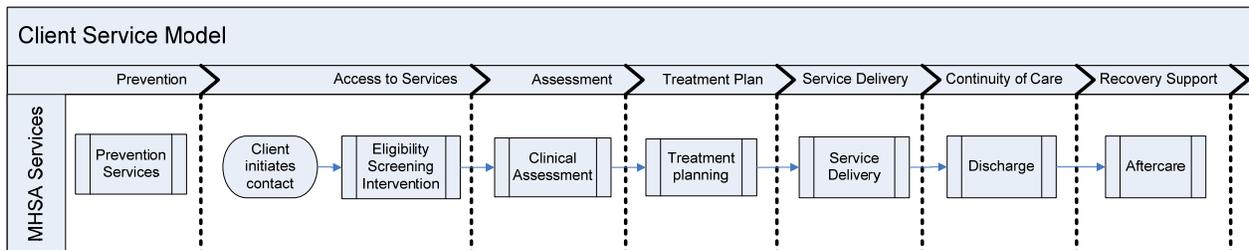


## QM Staff Expertise

Expertise required within the QM Unit includes:

- Quality management principles
- Continuous quality improvement techniques
- Project management
- Business process analysis
- Data analysis
- Cultural competency
- Consumer rights
- Clinical ethics
- MH crisis services
- MH and SA evidence-based treatment
- MH and SA oriented systems of care
- General MH and SA treatment clinical skills
- MH and SA prevention
- MH and SA intervention
- MH and SA medical services
- MH and SA case management

## Client Service Model



The client service model identifies categories of Mental Health and Substance Abuse services in a continuum from prevention to recovery support. Services and programs associated with the categories are listed below:

### Prevention

- Community Coalitions Programs
- Prevention Resource Centers
- Youth Prevention Universal, Youth Prevention Selected, Youth Prevention Indicated, Provider Resource Center
- Rural Border Initiative
- Tobacco

### Access to Services

- Eligibility
  - Financial

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- Clinical
- Screening
- Intervention

**Assessments** The following assessments are in CMBHS:

- Child and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths (ANSA)
- Pregnant, Post-partum Intervention (PPI)
- Detoxification
- Substance Use Disorder psychosocial assessment

**Treatment Plan** This section also applies to the following types of plans:

- Case Management Plan
- Intervention Service Plan
- Wraparound Plan

### **Service Delivery**

- Crisis Services
- Substance Abuse Intervention
  - Pregnant-postpartum intervention
  - Human immunodeficiency virus (HIV)/HIV early intervention
- Case management
  - Mental health
  - Substance Use Disorder
  - HIV
- Co-occurring psychiatric and substance use disorder services
- Wraparound services
- Skills training
- Structured activities
- Supported housing
- Supported employment
- Assertive Community Treatment
- Residential Services
- Medical services
- Medication services
- Mental health rehabilitation
- Counseling
- Peer Support
- Peer Coaching

### **Continuity of Care**

- Discharge
- Referral
- Hospitalization
- Follow-up

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### Recovery Support

- Community services
- Support groups
- Halfway houses

### QM Review Plan

QM Unit's reviews are divided into following main categories:

- Individual contractor focused review
- Individual contractor comprehensive review
- Statewide focused review
- Multiple contractors focused review

We conduct reviews either at Contractors' physical location (onsite reviews) or at DSHS office (desk reviews).

We are conducting four perennial review activities:

- Mystery Caller – testing access to care
- Mystery Shopper – testing access to care
- Substance Abuse treatment peer review
- Mental Health treatment peer review

We plan to conduct comprehensive onsite reviews for a minimum of

- 9 Substance Abuse Contractors
- 6 Mental Health Contractors

We plan to conduct the following statewide reviews during fiscal year 2014.

QM Reviews
Mental Health Mobile Crisis Team Review
Assessing Trauma Informed treatment services at Substance Abuse and Mental Health contractors
Substance Abuse Adult Outpatient review
Mental Health Assertive Community Treatment
Mental Health client treatment access following State Mental Health Hospitalization
Mental Health and Substance Abuse Treatment Plan Review
Substance Abuse Adolescent Treatment Review
Substance Abuse QM Plan Review for Prevention and Intervention Contractors
Mental Health Poly-Medication Review
Substance Abuse COPSD Compliance Review
Mental Health Crisis Residential and Respite Care Review

Attachment 1



**Department of State Health Services**  
**Division for Mental Health and Substance Abuse Services (MHSA)**  
**Community MHSA, Contractor Services Section**  
**Quality Management and Compliance Unit**

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## Quality Management and Compliance Unit Fiscal Year 2013 Activities

### *Executive Summary*

This report provides a brief summary of Quality Management and Compliance (QM) Unit's projects for the Fiscal Year 2013. QM Unit's engages in the following activities:

- Contractor-specific comprehensive Quality Management Reviews
- Contractor-specific Brief Onsite Reviews
- Unplanned targeted reviews in response to management directive.
- State-wide Quality Improvement projects (projects that affect a business process)
- Quality Mystery Caller Reviews
- Quality Mystery Shopper Reviews
- Performance Improvement activities (projects that affect an output: e.g. performance measures)
- Technical Assistance: (e.g.: quality management plan implementation, residential service hours documentation, etc.)
- Unit projects (e.g.: Contractor Performance Assessment, business process improvement, etc.)
- Participation in multiple program and contract related conference calls, workgroups, and joint activities. (e.g.: MH Policy Workgroup, drafting or revising statements of work.)

### *QM Activities during the Fiscal Year 2013*

- 7 Contractor-specific comprehensive Quality Management Reviews
- 10 Contractor-specific Brief Onsite Reviews
- 5 Unplanned targeted reviews in response to management directive
  - Hospitality House
  - Lakes Regional MHMR
  - South Texas Council on Alcohol and Drug Abuse
  - Aliviane NO-AD
  - Community HealthCore (Cass County)
- 6 State-wide Quality Improvement projects
  - mental health progress note (MH Peer Review)
  - mobile crisis team
  - opioid substitution therapy
  - mental health quality management plan implementation
  - substance abuse quality management plan implementation
  - substance abuse diagnostic assessment
- Quality Mystery Caller Reviews (**120 calls**)
- Quality Mystery Shopper Reviews (**5 contractors visited**)
- Performance Improvement activities
  - residential service hours
  - financial eligibility for substance abuse services
  - MHSA access to care for clients with COPSD
- Technical Assistance:

## Quality Management and Compliance Unit FY 2013 Activities

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- substance abuse quality management plan implementation (**25 of the 68 treatment contractors** received or will receive onsite technical assistance visit)
- residential service hours documentation
- mobile crisis team (**13 of 37 LMHAs** received or will receive an onsite technical assistance visit)

### -12 Unit projects

- DSHS Quality Improvement Committee Taskforce,
- QM Posters for October 2013 DSHS Quality Showcase,
- QM Presentation for October 2013 DSHS Quality Showcase
- QM Presentation at BHI
- QM Quarterly Bulletin
- QM Plan Revision
- QM policy and procedures updates
- MHSA Contractors Board Membership Readiness review tool
- CMBHS report development
- Description of QM activity interrelationships
- MH Quarterly Performance Improvement Activities
- SA Quarterly Performance Improvement Activities

Participation in multiple program and contract related conference calls, workgroups, and joint activities  
(See list in Attachment A.)

- 21 MH Work Group Activities
- 16 SA Work Group Activities