



# **Quality Management Plan Fiscal Year 2016 - 2017**

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

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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), and Regional and Local Health Services. The divisions work together to improve the health and well-being of Texans. MHSA has six sections: Executive Staff, Program Services Sections I and II, Hospital Services Section, Office of Decision Support, and Contractor Services Section. The Quality Management and Compliance Unit (QM Unit) is under the 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 the following principles of quality management<sup>1</sup>:

- Commitment to quality leadership
- Improve organizational culture
- Focus on client recovery
- Continual Process improvement
- Strategic and Systematic approach
- MHSA Integrated System
- Data validity
- Staff involvement
- Quality planning, control, assurance and improvement
- Improve coordination and collaboration stakeholders

The QM Unit uses quality management processes in 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 the following values:

- Person-centered – the individual will be at the core of all plans and services.

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<sup>1</sup> Based on the primary elements of Total Quality Management and Continuous Quality Improvement

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- Respect – individuals, families, providers and staff are treated with respect.
- 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.

The QM Unit encourages the following Strategies outlined from the Substance Abuse and Mental Health Service Administration (SAMHSA)<sup>2</sup>:

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

The QM Unit initiates activities in the following ways:

- Internal and external referrals
- Three-Year Review Cycle

### **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 to measure performance.
- Establish a cohesive and focused work plan that directs time, effort, and resources.
- Communicate and coordinate significant changes in mental health and substance abuse contract monitoring procedures with other organizational units.

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<sup>2</sup> <http://www.samhsa.gov/newsroom/press-announcements/201410011000> SAMHSA announces FY 2015 – 2018 Strategic Plan “Leading Change 2.0: Advancing the Behavioral Health of the Nation”  
Wednesday, October 1, 2014

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### QM Committee

The QM Committee consists of the directors, managers, and subject matter experts from the Program Services Sections, Office of Decision Support, Executive Staff, and the Contractor Services Section. The committee members meet regularly to discuss, plan and review various performance improvement activities for the quality management reviews.

### Quality Infrastructure

MHSA assesses contractors for quality of services, rules, and contract compliance. MHSA issues findings reports and obtains contractor corrective action plans. The QM Committee may refer issues identified during QM Unit reviews to Contract Management Units for contract action, the Medical Director for consultation, and Program Services Section for technical assistance, policy development and clarification.

The QM Unit works with contractors to ensure quality management activities addresses issues identified in the following eight domains:

- Consumer
- Leadership
- Community
- Compliance
- Data
- Personnel
- Fiscal Accountability
- Physical Plant

## Quality Management Plan – FY 2016-2017

Table 1 Consumer Domain

Contractor Expectations	DSHS QM Unit Activities
<p>Contractors are expected to:</p> <ul style="list-style-type: none"> <li>• Provide person-centered and recovery-oriented services</li> <li>• Provide immediate and appropriate crisis intervention and follow up services, or refer to appropriate provider</li> <li>• Assess consumers for appropriate services</li> <li>• Ensure access to services or refer to appropriate provider</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 psychiatric and substance use disorder diagnoses have complete access to all services</li> <li>• Document service provision fully, timely, and clearly</li> <li>• Collaborate with the consumer to develop appropriate and effective recovery plans</li> <li>• Maintain continuity of care contact with consumer while hospitalized, incarcerated, or otherwise detained from services</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 Rules and Contracts</li> </ul>	<p>The QM Unit Develops and implements 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> <li>• Environment of care</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>

Table 2 Leadership Domain

Contractor Expectations	DSHS QM Unit Activities
<p>Board of Trustees (Board)</p> <p>The Contractor’s Board must have their roles and responsibilities clearly defined in the Policies and Procedures. Board members must receive initial and ongoing training in the following areas:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities of Board members</li> <li>• Contractor’s services</li> <li>• Contractor’s clientele</li> </ul> <p>The Board must conduct annual performance evaluations of the Executive Director or Chief</p>	<p>QM staff develops and implements review protocols for:</p> <ul style="list-style-type: none"> <li>• Board activities</li> <li>• Board training and processes</li> <li>• Board members</li> <li>• Business processes</li> <li>• Quality management processes</li> <li>• Disaster plans</li> <li>• Policies and procedures</li> <li>• Memorandums of Agreement or Understanding</li> <li>• Service delivery</li> </ul>

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Contractor Expectations	DSHS QM Unit Activities
<p>Executive Officer. The Contractor must make regular reports to the Board about operations and community involvement.</p> <p>The Contractor 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</li> <li>• Ensuring all aspects of the contract and statements of work are carried out</li> <li>• Developing, reviewing, and maintaining all policies and procedures</li> </ul> <p>The Contractor’s QM activities include :</p> <ul style="list-style-type: none"> <li>• Establishing a training process for Board members and maintain records of their initial and on-going training</li> <li>• Establishing and updating 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>• Maintaining Committee meeting minutes</li> <li>• Maintaining Board minutes documenting QM reports provided to the board of directors</li> </ul>	

Table 3 Community Domain

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 local and legislative resources</li> <li>• Develop and maintain current comprehensive service array with service providers</li> <li>• Develop and maintain formal agreements between service providers</li> </ul>	<p>QM staff reviews:</p> <ul style="list-style-type: none"> <li>• Documentation of community activities</li> <li>• Quality Management Plan</li> <li>• Documentation of Quality Management Plan activities</li> <li>• Consumer, Board, and Contractor’s involvement in community planning activities</li> <li>• Compliance with requirements for formal agreements between service providers</li> </ul>

Table 4 Compliance Domain

Contractors Expectations	DSHS QM Unit Activities
<p>Contractors must comply with all requirements:</p> <ul style="list-style-type: none"> <li>• Contract (general provisions, statements of</li> </ul>	<p>QM staff ensures compliance through:</p> <ul style="list-style-type: none"> <li>• Developing tools to evaluate and document</li> </ul>

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Contractors Expectations	DSHS QM Unit Activities
<p>work, contract attachments) requirements</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>• Contract s</li> <li>• Memoranda of Understanding</li> <li>• Memoranda of Agreement</li> <li>• Health Information Portability and Accountability Act</li> <li>• Life Safety Code and International Fire Code</li> <li>• Americans with Disabilities Act (ADA)</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in rule-making with other DSHS staff</li> <li>• Participating in development of Statements of Work for contracts</li> <li>• Researching, staying informed, and training on rules applicable to the Contractors and clients served</li> </ul>

Table 5 Data Domain

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 health Outpatient data Warehouse (MBOW)</li> <li>• Clinical Management Behavior Health System (CMBHS)</li> <li>• NorthSTAR Operational System</li> </ul> <p>Contractors are expected to do the following:</p> <ul style="list-style-type: none"> <li>• Ensure that data submitted are reliable</li> <li>• Use of data-based reports</li> <li>• Make management decisions based on data</li> <li>• Have a designated Information Technology Security Administrator and back-up Security Administrator.</li> <li>• Have policies and procedures in place for:               <ol style="list-style-type: none"> <li>1. Using electronic devices</li> <li>2. Securing electronic information</li> <li>3. Complying with federal data standards</li> </ol> </li> </ul>	<p>QM staff review MHSA client-care patterns that include:</p> <ul style="list-style-type: none"> <li>• New generation medications</li> <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>• Continuity of care</li> <li>• Provider-to-client staffing ratios</li> <li>• Client clinical outcomes</li> <li>• Underserved clients</li> <li>• Hospital utilization</li> <li>• Reports of abuse and neglect</li> </ul> <p>QM staff also:</p> <ul style="list-style-type: none"> <li>• Track programmatic improvements;</li> <li>• Design and develop reports to be used by Local Mental Health Authorities and contracted Substance Abuse providers for internal quality management processes; and</li> <li>• Develop review tools to validate data accuracy, security measures, and policies and procedures.</li> </ul>

Table 6 Personnel Domain

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 pre-employment requirements are met (background checks, drug testing, credentials verification)</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> </ul>

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Contractor Expectations	DSHS QM Unit Activities
<ul style="list-style-type: none"> <li>• Document 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>• Conduct performance evaluations</li> <li>• Maintain current job descriptions of all staff</li> <li>• Maintain appropriate documentation of initial and ongoing training and competency testing</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational structure</li> <li>• Policies and procedures</li> <li>• Background checks</li> <li>• Skill acquisition</li> <li>• Environment</li> </ul>

**Table 7 Fiscal Accountability Domain**

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 processes for:                             <ul style="list-style-type: none"> <li>○ billing</li> <li>○ documenting services</li> </ul> </li> </ul> <p>QM collaborates with Contractor Oversight Services fiscal reviewers, Contract Management Units, Office of Decision Support and auditors.</p>

**Table 8 Physical Plan Domain**

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, if applicable</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, telehealth equipment, 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, state, and local standards for health and safety</li> <li>• Fire and building codes</li> <li>• ADA Requirements</li> </ul>

# Quality Management Plan – FY 2016-2017

## QM 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 onsite reviews
- Analyzing and evaluating the data captured through reviews
- Preparing reports of findings
- Reviewing corrective action plans

## QM Review High-Level Workflow

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

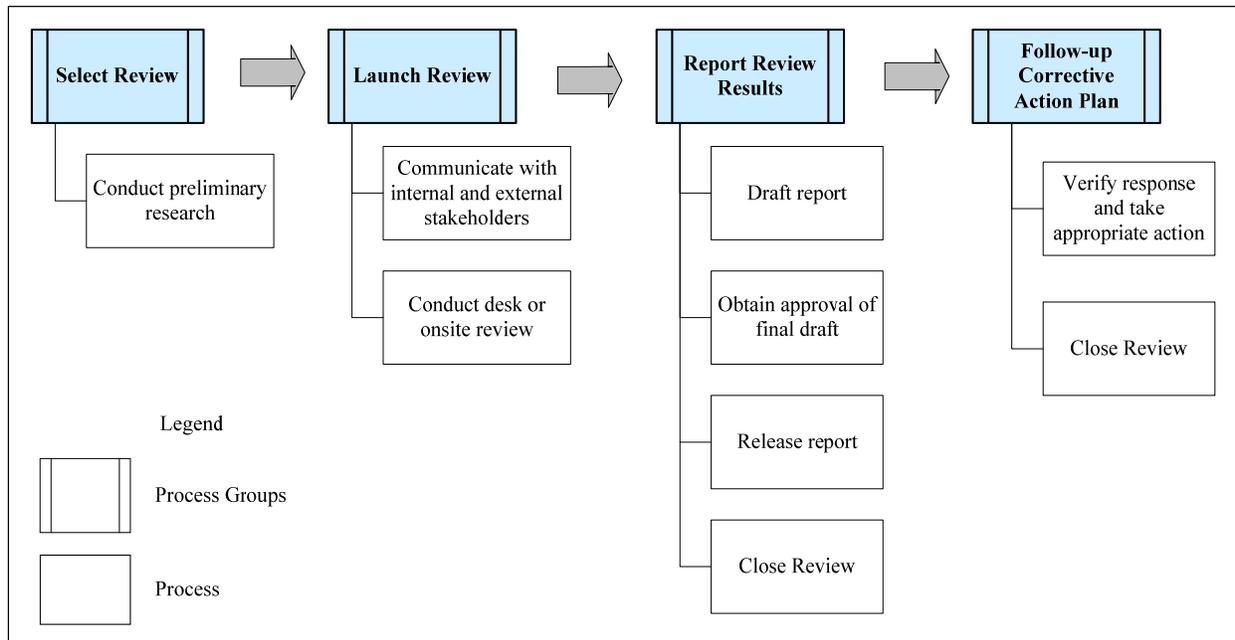
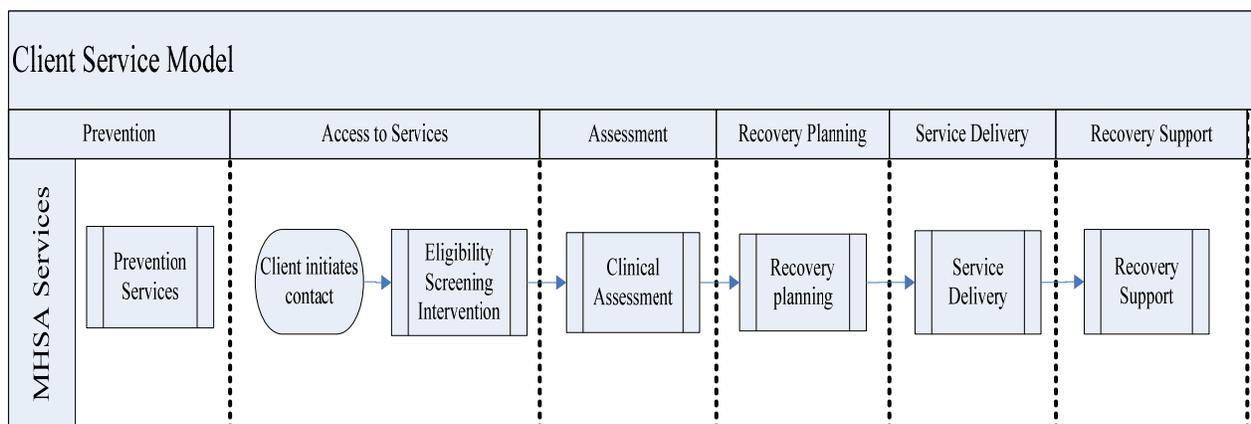


Figure 1 QM Review High-Level Workflow

## 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 Services**

- Community Coalitions Programs
- Prevention Resource Centers
- Youth Prevention Universal, Youth Prevention Selected, Youth Prevention Indicated
- Rural Border Initiative
- Mental Health Prevention

### **Intervention Services**

#### **Access to Services**

- Eligibility
  - Financial
  - Clinical
- Screening
- Intervention
- Pregnant-postpartum intervention (PPI)
- Human immunodeficiency virus (HIV)
- HIV early intervention (HEI)
- Intervention Service Plan
- Parenting awareness and drug-risk education (PADRE)

#### **Assessments**

- Child and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths (ANSA)
- Pregnant, Post-partum Intervention (PPI)
- Parenting awareness and drug-risk education (PADRE)
- Detoxification (Detox)
- Substance Use Disorder (SUD) psychosocial assessment

#### **Recovery Planning<sup>3</sup>**

- SUD Service Plan
- SUD treatment
- Mental Health treatment
- Co-occurring psychiatric and substance use disorder services
- Wraparound Plan

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<sup>3</sup> Previously Treatment Planning

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### Service Delivery

- Crisis Services
- Case management
- Co-occurring psychiatric and substance use disorder services
- SUD outpatient treatment
- Wraparound services
- Skills training
- Supported housing
- Supported employment
- Assertive Community Treatment
- SUD and Mental Health Residential Services
- Medical and medication services
- Psychosocial rehabilitation
- Youth Empowerment Services (YES)

### Continuity of Care

- Discharge
- Referral
- Hospitalization
- Follow-up
- Community services
- Community and Recovery Support groups
- Transitional Living

### QM Review Plan

QM conducts reviews for individual contractors, multiple contractors, and statewide contractors. These reviews can be conducted at the contractor's physical location (onsite reviews) or at DSHS office (desk reviews).

QM Staff is conducting five 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
- Crisis Facility Reviews

We plan to conduct comprehensive onsite reviews annually for a minimum of

- 50 Substance Abuse Contractors
  - 12 Mental Health Contractors
-