

Central Plains Center Mental Health Quality Management Plan

Approval

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Date

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Date

THE QUALITY MANAGEMENT PROGRAM

The implementation of the Quality Management Program allows for a systematic, coordinated, and continuous approach to planning, directing, and improving performance. The goal is to use all available resources in striving to achieve optimal outcomes with continuous, incremental improvements in quality. An effective Quality Management Program should:

- Identify desired outcomes
- Measure performance
- Promote changes to improve performance
- Measure the effect of those changes in relation to the desired outcomes

The over-all objectives of Central Plains Center's Quality Management Program are to:

- Enhance and facilitate the delivery of quality care to the people we serve
- Evaluate and take opportunities to improve quality of care and service
- Provide an interactive needs assessment process, encouraging community involvement with meaningful participation by people served, families, advocates, and other stakeholders
- Allow for an avenue of feedback regarding satisfaction with the quality, quantity, and types of services desired by the persons served
- Ensure the communication of information to service areas when opportunities to improve services are provided
- Ensure compliance with contracting agencies, federal, state, and licensing requirements
- Ensure the ongoing evaluation of the effectiveness of processes identified and implemented through the plan for quality improvement
- Ensure providers are providing services according to DSHS Fidelity Models

THE QUALITY MANAGEMENT PLAN:

The Quality Management Plan is a functional tool to assist the Center in accomplishing its mission and directing the staff in achieving identified performance outcomes. The plan will assist the Center with moving in a positive direction for change. This will be possible by implementing, and monitoring the following quality management activities:

- Local Strategic Planning
- Policy and Procedure Development and Revision
- Competency Reviews of Staff
- Rights Protection and Advocacy
- Risk Management/Safety/Infection Control
- Self-Assessment
- Qualitative and Quantitative Record Reviews
- Consumer Satisfaction
- Corporate Compliance Reviews
- HIPPA Compliance

PROGRAM STRUCTURE AND DESIGN:

The Quality Management Committee (QMC) is responsible for overseeing the Quality Management Plan. The members of this committee play a critical role in setting standards, deciding whether the organization is headed in the direction intended, determining whether the services being provided are leading to the desired results, and determining whether the contract rules and requirements are being met. The QMC is a combined committee with the Utilization Management Committee.

Quality related issues/concerns regarding consumer care may be identified at various levels throughout the Center and by external bodies/parties including committees, management staff, volunteers, advisory committees, external consultants, etc. In order for the Center to identify opportunities for improving consumer care, all identified problems or deficiencies that impact care and clinical performance shall be reported through minutes, reports, etc. to the Quality Management Committee and the Administrative Staff.

VISION AND MISSION STATEMENTS

The Quality Management Program is driven by, and supports, the vision and mission of Central Plains Center. These statements are provided next.

MISSION:

The **mission** of Central Plains Center is to “improve the quality of life for persons with mental illness, mental retardation and chemical dependence, and their families, by providing accessible services and resources which support individual choices and promotes lives of dignity and independence.”

VISION:

The **vision** of Central Plains Center is to “courteously and professionally provide help, hope, and support to people served, in partnership with their families and communities.”

Our vision will be realized when our consumers and families tell us with confidence, we are doing everything possible to continually provide the services and supports of their choice, and that we maintain and continually practice respect, dignity, and responsive valued services.

The **general values** that serve as guides for our services include (but are not limited to):

- Referring to individuals served by name when appropriate
- Using “people first” language
- Be sensitive to cultural differences and language barriers
- Provide services in the location most convenient whenever possible
- Support the preservation of family and friendships
- Services must meet or exceed established usual and acceptable standards
- Individual choices and preferences are the driving force behind program decisions

LEADERSHIP & DELEGATION OF RESPONSIBILITY:

Central Plains Center's Management Team is responsible for supporting system-wide efforts to improve performance by setting expectations, developing plans, and managing processes to assess, improve, and maintain the quality of the Center's governance, managerial, clinical, and support activities. The Management Team is made up of the following staff:

- Chief Executive Officer (Executive Director)
- Chief Operations Officer
- Chief Services Officer
- Chief Financial Officer
- Director of Contracts Management
- Director of Human Resources

Although the Board of Trustees maintains ultimate responsibility, the Center's Management Team (collectively and individually) will:

- Understand the approaches and methods of performance improvement through involvement in educational and training activities.
- Adopt an approach to performance improvement that includes at least:
 - Planning the process of improvement
 - Setting priorities for improvement
 - Assessing performance systematically
 - Implementing improvement activities
 - Maintaining achieved improvements
- Assure that the internal processes and activities that affect consumer outcomes throughout the Center are continuously and systematically improved.
- Review, analyze, and assess the effectiveness of performance improvement activities at least annually or as needed to focus on:
 - Comprehensiveness and effectiveness of the improvement process
 - Minimal duplication of effort
 - Cost effectiveness
 - Improvement in consumer services/outcomes
- Approve a written plan that is revised and submitted bi-annually by the Quality Management Department. The QM Plan may be revised more often, if necessary, as a result of analysis and assessment to maintain compliance with external standard, and/or to improve the delivery of services.
- The Chief Executive Officer or his designee shall provide sufficient resources and training needed for these activities through:
 - Supporting the requirement that all departments, programs and services participate in the Quality Management program
 - The provision and approval of adequate time for staff to participate in these activities.

- The provision of training and tools needed to conduct the QM activities.
- The Quality Management Committee and the various Center committees, acting in their official capacity, have authority to review all of their respective performance improvement activities. These teams and committees function in an oversight capacity and are responsible for ensuring that the performance improvement activities are continuous and effective in improving service delivery.
- The Director of MH Authority Services shall be authorized by the Chief Executive Officer to assume the necessary oversight duties and functions to meet the Center’s performance improvement objectives.

COORDINATION, INTEGRATION AND PLANNING

MECHANISMS FOR GATHERING INTERNAL DATA:

Central Plains Center coordinates activities between the QM Department and other management functions to assure the highest quality of services are available. The Center has established a variety of committees to carry out Quality Management activities and other vital functions. Each of these committees plays a role in gathering and reviewing data. Feedback is solicited from Center committees on a quarterly basis through use of Committee Reports. Based on these committee reports, the QM committee will, if necessary, develop a plan of improvement. After the plan is implemented, it is monitored to ensure it continues to be effective. Central Plains Center also utilizes Component Quality Management Plans for each program. These plans are reviewed quarterly and discussed in the quarterly QMC meetings.

The internal committees that are an integral part of the Quality Management Program include:

- Executive Management Team
- Quality Management Committee/Corporate Compliance Committee
- Utilization Management Committee
- Medical Records/Forms Committee
- Risk Management/Safety Committee
- Human Rights Committee

Each of these committees is described next.

Executive Management Team	
Purpose:	To provide leadership for Central Plains Center
Membership:	Executive Director, Chief Operations Officer, Chief Services Officer, Chief Financial Officer, Director of Contracts Management, Director of Human Resources
Frequency:	Weekly

Quality Management Committee/Corporate Compliance Committee	
Purpose:	To provide a forum for review and action related to committee reports, record audits, surveys, plans of improvement, Corporate Compliance issues, the Quality Management Plan, and all quality assessment activities. On a quarterly basis, all committees turn in a report to the QAC. The information is reviewed, and trends are identified. Plans of improvement are developed and results are monitored. This is a combined committee with the Utilization Management Committee
Membership:	Director of Mental Health Utilization Management and Quality Management, Director of Adult Services, Director of Children's Services, Coordinator of Adult Rehab Services, Coordinator of Clinic Services, Coordinator of Admissions/Crisis, Director of Contracts Management, Chief Services Office, Chief Financial Officer, Chief Operations Officer, UM Physician, UM LPHA and Provider LPHA.
Frequency:	Quarterly
Medical Records/Forms Committee	
Purpose:	To review and monitor the Center's records system to assure the records are effective and efficient for clinical use and quantitative record reviews. The members are responsible for ongoing review of medical records policies and procedures and communication of procedural changes to staff. The committee will review and approve any new forms or proposed changes to documents in the record.
Membership:	Client Records Supervisor, Accounts Receivable Clerk, CMH Specialist, Director of MR Non-Residential Services, Director of MR Residential Services, Director of MH Authority Services, Director of Adult Rehab/Admissions
Frequency:	Quarterly or as needed to review forms
Risk Management/Safety Committee	
Purpose:	This committee will assure a safe, healthy and risk free environment for the people served at Central Plains Center. The committee is charged with conducting routine, timely reviews of trends regarding infection control, safety management, incident reporting, and legal issues impacting consumer care.
Membership:	Unit Risk/Safety Officers, Director of Contracts Management, MH Registered Nurse
Frequency:	Quarterly
Human Rights Committee	
Purpose:	This committee protects, preserves, promotes, and advocates for the health, safety, welfare, and legal and human rights of individuals. The committee reviews rights restrictions, and ensures due process when rights are restricted.
Membership:	Director of Contracts Management, Director of MR Vocational Services, MR Service Assistant, Center Employed Certified Licensed Psychological Associate, Community Representative
Frequency:	Quarterly and as needed.
Benefits Committee	
Purpose:	This committee is responsible for evaluation and assessment of employee fringe benefits (sick, vacation, health insurance, dental), FMLA issues and specific employee situations related to benefits.
Membership:	Director of Human Resources and other as assigned by the CEO
Frequency:	Annually or as needed

Advisory Committees	
Purpose:	Advisory committees are charged with providing input and support consumer and Program needs and liaison with local community leaders for program assessment and Support
Membership:	These committees will consist of family members, non-affiliated community members, consumers and advocates.
Frequency:	Quarterly or as needed
Ad Hoc Committees:	
Purpose:	Ad Hoc Committees may be formed when issues arise that are outside the normal scope of the Centers standing committees.
Membership:	Membership to Ad Hoc committees will be assigned by the Management Team. Ad Hoc Committees will be dispersed when the presenting issue is resolved.
Frequency:	As needed

MECHANISMS FOR STAKEHOLDER PARTICIPATION

The continuous quality improvement process is not the sole responsibility of one individual or one committee. It is a combination of internal committees as well as a broad array of community stakeholders. These stakeholders include people served, family members, advocates, and the community at large. The stakeholders will be offered an opportunity to indicate the goals and objectives that are important to them.

The organization will involve consumers, families, advocates, providers, staff, and stakeholders in identifying desired outcomes, and providing input that will guide our service delivery system. This will be the most effective way of ensuring that the needs of the community are being met. An assessment of needs will be conducted at least on an annual basis in each county we serve. The Quality Management Committee will review the feedback that is received, and efforts will be made to meet the needs of the people we serve. Further, input will be gathered through satisfaction surveys and information gathered from the following external committee:

MH & MR PLANNING & NETWORK ADVISORY COMMITTEE (PNAC):

The Board of Trustees establishes the PNAC and its membership is composed of fifty percent participation by MR consumers or family members of consumers and fifty percent participation by MH consumers or family members of consumers. Prior to assuming their membership duties, the PNAC members are trained regarding the following topics:

- Organization of MHMR Services
- Responsibilities and Guidelines of Advisory Committees
- DADS and DSHS Performance Contracts
- Aging and Disability Services
- Center Vision, Mission and Values
- Local Plan and Objectives
- Operating Budget

- Confidentiality
- Abuse/Neglect/Exploitation of People Served.

The PNAC is responsible for the following activities:

- Advising the Board and Center staff on issues relating to: delivery of service, policy operations, evaluation of services, provider network expansion, provider selection criteria, impartial evaluation of network providers, and mechanisms for determining which services shall be put up for bid
- Reviewing information provided by CPC staff regarding the implementation of the Quality Management Plan
- Making recommendations to the Board regarding Local Planning
- Responding to special charges assigned by the Board
- Meeting on a quarterly basis

PERFORMANCE INDICATORS

CPC's planning process is a continuous cycle, which focuses organizational action on specific objectives and is reinforced by regular assessment. The responsibilities and key participants for each step are described next.

Step 1

The foundation of the planning process is our organizational vision. We envision our community to be a place free of stigma that includes everyone, regardless of ability or disability, and this vision guides us through each step of the strategic planning process.

Step 2

The Executive Management Team defines the Center's goals and presents them to the Board of Trustees for approval every two years. Key factors in developing goals include consumer and community surveys, employee feedback, socioeconomic and demographic analysis, forecasts of the number of people that are in need of services, legislative requirements, and resource allocation. The data is reviewed to assure that the strategic direction is balanced with our responsibility to consumers, community, employees and DSHS.

Step 3

The organization's directors develop the objectives, indicators and action plans in support of the organizational objectives. The PNAC plays a role in fine-tuning this information. The Executive Management Team discusses the alignment of these initiatives with the goals.

Step 4

CPC deploys the direction and goals through careful alignment of action plans and subsequent identification of work tasks for all personnel. Every action plan has a leader responsible for the execution and a set deadline or performance goal. The role of the leader is to communicate to the employees the goals and objectives of the plan and how their work will contribute to the Center's goals.

Step 5

At CPC we believe that a cyclic, comprehensive, systematic and regular review of our organization's activities and results against the set organizational objectives and set performance goals culminates in planned improvement actions.

Self-assessment helps identify gaps between where the Center is, and where it needs to be in order to provide relevant services to the individuals served at Central Plains Center. The organization completes the self-assessment annually and utilizes the results for improving the planning process at all levels. The self-assessment is a continuous cycle for improving the organization, and its services and supports.

A goal is defined as a generally desirable outcome. A goal implies a direction for change, but does not in itself include criteria for success or measurable objectives.

An objective is more specific than a goal. Objectives indicate the intended outcome. A measurable objective often implies that a certain type of data needs to be collected to determine whether the objective is being met.

The performance indicator represents the level of performance against which the attainment of specific objectives is measured. It represents the point at which an organization can say it has succeeded in reaching an objective.

In the absence of goals, objectives, and performance indicators, an organization cannot tell whether or not it has effectively achieved its goals. It is essential to establish meaningful outcomes and performance indicators to honestly appraise the progress the organization is making. Please see Attachment A to review the goals, objectives and performance indicators that will be regularly monitored by Central Plains Center.

COMPONENT QUALITY MANAGEMENT PLANS

CPC Mental Health Services shall ensure the competent and consistent monitoring and evaluation of quality of care issues in MH programs through regular and routine evaluation of programs and services. Using Component Quality Management Plans (CQMP), CPC MH Program Directors and Supervisors will conduct monthly chart and program reviews and will report findings in quarterly reports to the Quality Management Department and to necessary administrative staff. These plans also monitor programs implementation and utilization of the approved and required Department of State Health Services Fidelity Models for certain programs. The Component Quality Management Plans also assist CPC Mental Health Services to maintain and strive toward Central Plains Centers mission: "to improve the quality of life of persons served."

Purpose:

The Component Quality Management Plan is intended to serve the following purposes:

1. To provide structure for an active, systematic, objective and continuous process for the monitoring, evaluation and improvement of the quality and appropriateness of the consumer service delivery system.

2. To provide a mechanism for on-going process of the continued evaluation and improvement for the service delivery system as it relates to DSHS Service Fidelity Models to ensure that services are being delivered according to designated models for each program. According to the DSHS Publication 2005 *Resiliency and Disease Management Fidelity Toolkit*: “Fidelity tools contribute to the goal of reducing variation by defining with some precision what the state expects to receive when contracting for the services included in the R&DM service packages.”
3. To provide a process which enables CPC Mental Health Services to comply with DSHS Performance Contract requirements and the Texas Administrative Code Requirements.

Relevant Rules and Regulations:

Texas Administrative Code:

- Chapter 412, Subchapter G Mental Health Community Service Standards, §412.317

Department of State Health Services Performance Contract

Each CPC Mental Health services program is responsible for developing and continued monitoring of a Component Quality Management Plan. The CQMP will cover the scope of services, program administration and center expectations for each mental health services program offered by Central Plains Center. A CQMP will be developed and maintained for the following programs:

1. Children and Adolescent Mental Health Services
 - a. C&A Admission Services
 - b. C&A Case Management Services
 - c. C&A Rehabilitative Services
 - d. C&A Medical Services
2. Adult Mental Health Services
 - a. Adult MH Admissions
 - b. CPC Crisis Services
 - c. Adult Case Management Services
 - d. Adult Rehabilitative Services
 - e. Adult Medical Services
3. Mental Health Utilization Management Program

Each program director and supervisor will be responsible for conducting, at least monthly, comprehensive chart reviews for the designated number of charts as defined in each CQMP. The chart reviews serve as the mechanism for ensuring that each director and supervisor is continually aware of the quality of services and documentation being delivered in each program. When findings are sub-standard, each director and supervisor is responsible to quickly address deficiencies with appropriate direct service providers. It is up to the discretion of each director/supervisor as to what actions to take when on-going problems appear, however it is the expectation of CPC QM program that corrections be made quickly and problem areas receive necessary attention to improve the quality of services being delivered.

The Component Quality Management Plans is to be summarized each quarter in the Component Quality Management Summary report. This report is due to CPC QM program by the 30th day of the month following the end of a quarter. The summary will include the following:

1. Quantifiable results from chart and program reviews in the form of a percentage score. It is required that specific documentation be reviewed for each chart utilizing the QM Chart Reviews forms per service package.
2. Plan of Improvement when desired scores are not met. The POI should include steps to be taken to improve the scores. Steps should be measurable.

The results of the quarterly reviews will be discussed at the quarterly UM/QM Committee meetings. Program directors and supervisors will be expected to give reports on on-going efforts to improve the quality of services delivered and program administration.

MEASURING – ASSESSING – IMPROVING ESSENTIAL FUNCTIONS

Central Plains Center will use a variety of methods to measure, assess and improve key indicators. These indicators are identified through stakeholders, advisory committees, as well as internal committees. Contractual requirements, departmental rules, and federal and state laws will also be adhered to when determining what data should be measured.

MEASURING-ASSESSING-IMPROVING MH AUTHORITY FUNCTIONS:

Authority Function	Measurement/Assessment	Improvement
Local Planning	The Executive Management Team conducts a semi-annual review of the achievement of goals and objectives defined in the Local Plan.	Based on EMT review and consideration, local planning improvement is achieved by instituting additional staff training where necessary and charging local Center committees with special tasks for completion and presentation to the QMC for implementation.
Policy Development	As new TAC rules, contract mandates and other governing guidelines are released, the Quality Management Department reviews/ revises and/or develops appropriate policies.	The Executive Management Team presents policies for approval to the Board of Trustees as needed. The Board of Trustees will approve the policies as presented or with their revisions.
Oversight for MHA services	Qualitative chart reviews and customer satisfaction surveys.	Results of examinations are presented to the Quality Management Committee for review. Strategies for improvement are developed in this forum and implemented by the appropriate directors. Follow up on implementation is also reviewed by

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		the Quality Management Committee.
Supervise & Ensure provision of MH service array	Review of encounter data and MBOW reports on a regularly scheduled basis.	The Director of MH Authority Services presents encounter information and MBOW outlier data to the QMC on a quarterly basis. Data is monitored for trends. Improvement strategies are recommended and results are followed to ensure implementation.

Table #1 - "Quality Management MH Review Schedule"

TITLE OF REVIEW	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Internal DVC Chart Reviews		♦	
Consumer Rights Review			♦
Voter Registration Review			♦
Site Assessment Survey (based on ADA/LSC)			♦
Comprehensive Organizational Self-Assessment			♦
Policy & Procedure Review			♦
Community Needs Survey			♦
Consumer Satisfaction Surveys			♦
Plan of Improvement Reviews	♦	♦	♦

Attachment A
Program Component Quality Management Plans
(Attached in hard copy only)