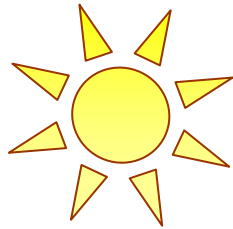


BORDER REGION MHMR COMMUNITY CENTER



MHMR

**Working for a
Brighter Tomorrow**

Quality Management Plan Fiscal Years 2005-2008

Table of Contents

- I. Purpose
- II. Authority, Leadership and Delegation of Responsibility
- III. Defining Quality
- IV. BRMHMRCC Vision and Mission Statements
 - Vision
 - Mission
 - Values
- V. Program Structure and Design
- VI. Quality Management Methodology
 - Design of the Quality Improvement Program
 - Collection and Measurement of Data
 - Assessment of Data
 - Monitoring
 - Findings, Reporting, and Trending
 - Improvement
- VII. Scope of Quality Management Functions
 - Organizational and Service Self-Assessment
 - Ongoing Quality Management Activities
 - Contract Monitoring
 - Provider Profiling
 - Regulatory Compliance
 - Utilization Management
 - Infection Control
 - Dashboard Indicator
 - MH Quality Management Protocol
 - Co-Occurring Psychiatric and Substance Use Disorders (COPSD)
 - Texas Implementation of Medication Algorithms
- VIII. Implementation and Adherence to Resiliency and Disease Management
- IX. Review/Revision of the QM Plan
- X. Approval

Attachments

- A. Internal Functional Structure
- B. Internal / External Functional Structure
- C. Committee Function and Structure
- D. Quality Indicators
- E. Reporting Plans of Improvement Form
- F. Continuous Quality Improvement System
- G. Provider Profiling
- H. TIMA Monitoring Tool

BORDER REGION MHMR COMMUNITY CENTER

Quality Management Plan

I. PURPOSE

The Quality Management Plan is a programmed, coordinated, comprehensive and continuous effort to measure and assess the performance of all care and services provided by or contracted by Border Region Mental Health and Mental Retardation Community Center, the areas local mental health and mental retardation authority. The goal is to use all available resources in striving to achieve optimal outcomes with continuous, incremental improvements in quality, which are consistently representative of a high standard of practice in the community.

The quality management function must ensure that BRMHMRCC's management, Board of Trustees and advisory groups have the data and information they need to make management decisions which support the provision of the highest quality of services. The QM process is a critical element in demonstrating best value, and balance between cost and quality in building the agency's network of providers. The quality management process is vital to demonstrating the local authority is maintaining an objective relationship between internal providers and its contractors.

The Quality Management Plan defines an organizational and functional structure and ensures a core set of performance indicators, identified by DSHS, the behavioral health care industry and the Border Region MHMRCC. Such indicators are monitored, trended and analyzed.

The purpose of the quality management plan is:

- To provide a process for monitoring, evaluating and improving the quality and appropriateness of the service delivery system.
- To define quality for the Border Region MHMRCC and its providers from the perspective of stakeholders, this includes consumers, families and advocates in order to assure service quality, accountability, choice and best use of public resources.
- To describe the relationship between the Border Region MHMR Community Center's Quality Management Plan and other management functions such as local planning, self-assessment processes, fiscal operations, human resources and information systems.
- To provide data-driven information to the Border Region MHMRCC for relevant planning and decision-making processes.

- To operationalize on-going efforts to achieve optimal outcomes related to DSHS standards and rules, managed care and behavioral healthcare principles and professional ethics and accreditation standards.

II. AUTHORITY, LEADERSHIP AND DELEGATION OF RESPONSIBILITY

The development and implementation of a Quality Management Program is a required element indicated in the Performance Contract of DSHS and BRMHMRCC as well as the contract of DADS and BRMHMRCC. The Quality Management Program derives its authority from the Executive Director who is hired and supervised by the governing body, the Board of Trustees. The Executive Director delegates the responsibility for the development, implementation, monitoring and evaluation of the QM Program to the Director of Quality Management with oversight by the Quality Management Committee. The role of the QM Committee is to ensure implementation and integration of the various components of the QM Program. This committee is comprised of executive management, program managers and other stakeholders to act upon recommendation by QM staff and standing committees. The Executive Director approves the Quality Management plan in writing.

Center operations are divided between Authority and Provider services, both under the direction of the Executive Director. The Quality Management Department operates in the Authority branch under the supervision of the Executive Director.

III. DEFINING QUALITY

Border Region Mental Health and Mental Retardation Community Center defines quality through an ongoing collaborative effort of internal customers, external customers and stakeholders through varied forums that afford each group an opportunity to describe and define quality. The concept of quality involves a dynamic attitude that is evident throughout all areas of the organization and has a direct impact on all stakeholders. The ultimate achievement of quality lies in meeting the highest expectations of the individuals served. Quality management integrates fundamental management techniques, existing improvement efforts, and technical tools in a planned disciplined approach, focused on continuous process and outcome improvement.

IV. BRMHMRCC VISION AND MISSION STATEMENTS

The Quality Management Plan is driven by, and supports, the vision and mission of the Border Region Mental Health and Mental Retardation Community Center. These statements follow, respectively:

MISSION

Border Region MHMR Community Center will provide treatment services to consumers that increase their independence and quality of life.

VISION

Border Region MHMR will be the leader in the provision of quality and cost effective Mental Health and Mental Retardation services that maximizes each person's potential.

VALUES

Commitment – We value and are dedicated to providing the public's mental health services.

Communication – Communication begins with listening and results in mutual understanding.

Quality – We commit ourselves to meet the highest expectations of the individuals we serve.

Evaluation and Accountability - We will continue to improve, monitor and evaluate our programs and services, and we will be accountable to our stakeholders.

Teamwork – Together Everybody Achieves More – We work together for the benefit of all.

Diversity – We understand and respect each person as unique

Wisdom - We learn from each other and acknowledge that there are many ways of knowing.

Sense of Purpose – Happiness comes from having a sense of purpose.

Change – Change is constant, the more we keep our consumers, employees, community, and stakeholders informed, the more they will embrace it.

Family – We understand the concept of family as defined by the consumer.

V. PROGRAM STRUCTURE AND DESIGN

The Structure of the Quality Management Program can be described organizationally and functionally. Although the QM plan is primarily the responsibility of the QM department, the QM process does not occur solely in this department but occurs throughout all levels and departments of the agency as an ongoing and collaborative effort. (Attachment A & B)

The Quality Management Team performs functions, which support and facilitate the development, implementation, monitoring and evaluation of the Quality Management Plan. The team's role is not to be the sole or primary source of performance improvement activities. Rather, its objective is to involve and provide support, expertise and guidance to administrative, executive management and provider staff in performance improvement activities. The Quality Management Team provides assistance with plans of improvement to meet the Performance

Contract with DSHS and DADS; oversight of utilization management reviews and activities; performing and ensuring compliance with Internal audit/self assessment activities; participating on the MR Outcomes Self-Assessment and Quality Improvement Teams; providing Corporate Compliance Training to new and tenure employees; and providing technical and other assistance to the BRMHMRCC MH and MR services as well as other Departments as needed. In addition, the QM Director acts as the Corporate Compliance Officer. The Quality Management Department is comprised of the following positions:

- Director, Quality Management;
- MH/MR Quality Management Advisors (2)
- Utilization Manager

The Executive Director directly supervises the Quality Management Department.

Consumer Rights

The Consumer Services and Rights Protection Department at BRMHMRCC establishes procedures regarding consumer education, the protection and advocacy of rights of clients, as well as methods of reporting and investigating suspected violations to those rights in accordance with the applicable laws and regulations. The QM Department is a standing member in the Consumer Rights Committee which is designed to:

- review all policies, procedures, behavior management or therapy programs, and rules which affect the rights of the consumers;
- ensure that Consumer rights have been thoroughly explained to Center staff through periodic trainings.
- measure, assess, and reduce the number of incidents of consumer abuse, neglect, and exploitation
- Improve the consumer rights protection processes

In addition, BRMHMRCC staff receives initial training on the content of the Consumer Rights policy upon entering employment and annually thereafter; new employees may not assume job responsibilities prior to Consumer Rights Training. Furthermore, within 60 days of the effective date of new rights directives from DSHS and DADS, the Consumer Services and Rights Protection Department will brief all employees of updates and changes.

All suspected violations of Consumer Rights are reported to the Consumer Rights Officer immediately. Any allegations or suspicion of Abuse, Neglect, or Exploitation involving consumer of the Center is reported to the Texas Department of Family and Protective Services by contacting the hotline number immediately within one hour to initiate an investigation.

Providers

Internal and external are responsible for the execution of roles and responsibilities related to QM and reporting such information as scheduled or required by contract. Both internal and external provider QM responsibilities and reporting responsibilities are delineated in the Performance

Contract between the LA and the Provider. BRMHMRCC in collaboration with internal and external providers develops written strategies and monitoring instruments to identify and collect pertinent data elements. Border Region MHMRCC collects internal and external data to guide quality management activities including but not limited to UM issues such as medical necessity, authorizations, appeals and denials; Levels of Need such as ICAP and the Uniform Assessment; Access to services; Availability of choice of providers; Consumer satisfaction; Credentialing; Hospital admissions; Medical records review; Abuse and neglect issues; and incident reporting.

Quality Management Committee

The Quality Management Committee (QMC) is responsible for providing oversight of the QM plan. The QMC is comprised of the Executive Director, Administrator of Provider Services, CFO, Human Resources Director, Quality Management Director and staff, Client Rights Officer program managers and other stakeholders to act upon recommendation by QM Staff and standing Committees. Functions of the Quality Management Committee include:

- designing processes that monitor and improve the quality of care across all network services;
- analysis of ongoing measurements of organizational processes;
- analysis of ongoing measurements of organizational outcomes;
- analysis of ongoing measurement of service processes;
- analysis of ongoing measurement of service outcomes;
- identification of trends and patterns;
- identification and prioritization of performance improvement opportunities;
- formulation and implementation of actions plans for improvement;
- monitoring plans of improvement for effectiveness;
- oversight of the annual network wide self assessment;
- oversight of the development and annual written network wide QI plan in response to self assessment findings;
- facilitation of involvement of stakeholders in QM process;
- communication of performance data information to the board, leadership, providers, practioners, consumers, state authority and other stakeholders.

The Quality Management Committee's agenda includes reports and data from each of its members departments, as well as pertinent reports and data from the center's standing committees and Network and Public advisory committees. The QMC members are also members of the agency's standing committee. Each QMC member is responsible for communicating information from the QMC back to his/her designated standing committee. Likewise, information from each of the standing committees is taken back to the QMC by each individual member. Minutes document issues, decisions and actions. Minutes and related documentation are distributed to all QMC members for review. Quality Management Committee members may report pertinent information and data back to committees. Reports of pertinent quality management activities are generated as needed and are provided to the leadership, the Board and other departments as appropriate. (Attachment C)

Committees

BRMHMRCC has established a number of standing committees to carry out Quality Management functions. Center Management committees are those which address issues which have center- wide implications and cross program and division lines and include:

- Executive Council
- Administrative Council
- Encounter Data Verification Committee;
- Death Review Committee;
- Infection Control Committee;
- Human Rights Committee;
- Utilization Management/Utilization Review Committee;
- Medical Records Committee;
- Injury Review Committee;
- Facilities Space Utilization Committee;
- Community Resource Coordination Group for Children and Adults
- SALA (Spanish word for lobby) Committee;
- Information Systems Committee;
- Cost Accounting Methodology Committee;
- Others (specialized groups to address specific issues that arise; i.e. Medication Task Force)
- RDM Committee

Center Management committees communicate data and issues to and from the Quality Management Committee via QMC membership on each committee. In addition, QM Department serves in each committee. Advisory committees such as the Public Advisory committee and the Network Advisory Committee provide a mechanism for input and participation from consumers, families and other stakeholders in the planning and evaluation of services, thus involving our stakeholders in the QM process. Advisory committees are linked directly to QM via Local Planning's membership in the Quality Management Committee.

VI. QUALITY MANAGEMENT METHODOLOGY

Border Region MHMR Community Center's approach to improving its performance involves six essential steps:

- Designing processes
- Monitoring performance through data collection
- Analyzing current performance
- Improving and sustaining improved performance
- Monitoring the improved performance
- Trending and reporting

The Border Region MHMR Community Center's system for design and performance measurement, analysis, trending, reporting, and improvement is based on a continuous quality improvement model.

Design of the Quality Improvement Program

Quality Improvement processes are designed consistent with the center's mission, vision, values, plans, and focus on stakeholders needs. The center's Quality Management Plan will measure key indicators in identified areas. The center will identify and develop, through collaboration with its stakeholders, specific quality indicators. These reflect the unique cultural, linguistic, demographic and regulatory requirements of its catchment area and are reflected and defined in Attachment D of this document.

Collection and Measurement of Data

Border Region MHMR Community Center collects data to monitor its existing processes to identify opportunities for improvement. Client and family satisfaction is evaluated through semi-annual satisfaction surveys conducted by the facility. BRMHMRCC has an internal Encounter Data Verification process managed through the QM Department where data is audited monthly by the members of the Encounter Data Verification Committee. The QM Department submits the sample on a monthly basis to each member. The sample consists of encounters that will be submitted to the Data Warehouse. If errors are discovered during the process, they are corrected prior to submission of the data, thus improving the accuracy of data reported by BRMHMRCC.

Data used to monitor performance includes but is not limited to the following performance measures related to Standards:

- MH
- MR
- The Council's Personal Outcome Measures
- Encounter Data Verification
- ICF-MR
- HCS
- TCS Reports
- Surveys
- Quality Control: internal and external audits
- Observations
- CARE Reports
- WebCARE Reports
- ANASAZI Reports
- Business Objects
- Management Reports
- Strategic Plan
- Corporate Compliance

- Standard Compliance Reports
- Performance Contracts
- Utilization Management Reports
- Provider Profiling Reports
- Staff Training Curriculum
- Identified Quality Indicators, processes, and outcomes
- Stakeholder satisfaction (internal and external customers)
- Organization Performance Measures/Self-Assessment
- Self-Assessments
- Risk Indicators (high volume, high risk and performance problem prone areas related to the care and services provided e.g. Medication use, restraint use, care or services provided to high-risk populations.)

The data collected will be utilized to develop the comprehensive center-wide risk self-assessment.

Assessment of Data

Collected data will be aggregated and analyzed to effectively assess the organization's performance and to determine the following:

- Strengths and Weaknesses
- Outliers
- Effectiveness of designed process (Did the design get you what you wanted?)
- Level of performance and stability of important existing processes
- Opportunity for Improvement

Monitoring

All of the services provided by Border Region MHMR Community Center should be monitored at least annually. These services include:

The following services are available for all consumers:

- Education for eligibility for services
- Case Management
- Treatment Planning
- Crisis Services
- Eligibility for Medicaid
- Respite Services

The following services are available for adults with mental health diagnosis and children determined to have severe emotional problems:

- Psychiatric Services
- Medication Related Services
- Behavioral Skills Training

- Inpatient Services
- Medication Training and Supports
- Patient Assistance Program
- Jail Diversion

The following services are available for adult consumers:

- Supported Employment
- Supported Housing
- Assertive Community Treatment (ACT)
- Consumer Peer Support
- Projects for Assistance in Transition from Homelessness (PATH)
- TCOOMI

The following services are available for Children and Adolescents:

- Wraparound Planning
- Transition Planning
- Juvenile Justice
- Family Psychoeducation
- Flexible Community Supports
- Intensive Case Management
- Routine Case Management
- Family Support Groups
- Family Partner Services
- Treatment Foster Care
- Counseling

The following services are available for consumers with a diagnosis of Mental Retardation:

- Supported Employment-Employment Assistance
- Supported Employment-Individualized Competitive Employment
- Skills Training-Day Habilitation Program
- ICF-MR Residential Services
- Home and Community Support (HCS)
- In-Home Family Support
- Texas Home Living
- Supported Home Living

Other services should be monitored quarterly due to critical importance. These services include:

- Continuity and Community Aftercare
- Medicaid Review
- Utilization Review
- New Generation Medications

- TIMA
- Day Habilitation Services – General Revenue

The following services are services managed by Border Region MHMR Community Center:

- Avail Solutions – Crisis Screening
- Mercy Health Center of Laredo – Hospitalization Services
- South West Mental Health Center – Children’s Psychiatric Hospital
- Lab Corporation of America – Lab Services
- Heritage Residential – Residential Services
- Ruth B. Cowl – Occupational Therapy
- Wood Living Center – Residential Assisted Living, Crisis, PATH, Respite

Findings, Reporting and Trending

The results of the analyses need to be reported to the areas, persons, or systems from which the information was gathered. The reports, including any identified trends are sent to the Department Heads, MH and MR Director as appropriate, Administrators, Executive Director, Clients Rights Officer, and other pertinent and applicable managers. Corrective measures and improvements are monitored through on-going audits and evaluation of the systems that BRMHMRCC has in place while maintaining those that are in compliance.

Improvement

Based on the indicators, targets and standards outlined in the Quality Management plan, performance that does not meet target criteria must be addressed via a formal plan of improvement that is submitted to the Border Region MHMR Community Center’s QM Department. Subsequent performance relating to the deficient indicator will then be evaluated to determine the effectiveness of each plan of improvement. A standardized format for the development and reporting of plans of improvement will individually include the following areas: (Attachment E)

- Date (issue) Initiated
- Problem identification/improvement opportunity/description
- Corrective action/method of resolution
- Responsible staff
- Status/Measure
- Completion Date

Deficiencies identified through other Self-Assessment processes, by the QM Department will be prioritized for resolution. Each program is responsible for identifying and prioritizing deficiencies as they apply to their respective entity. These deficiencies will also be prioritized and become part of our local plan of improvement. The QMC will dictate the agency’s priorities for improvement.

Data collected will be analyzed monthly and quarterly to determine trends. The collected data will guide the development of plans of improvement and over time, will reduce negative trends. Additionally, this planning process lends itself to identifying best practices. Best practices are those clinical, programmatic and/or administrative processes, protocols or practices that have resulted in the apparent and incremental improvement in clinical and program outcomes consistently and predictably. These identified best practices will serve as benchmarks for leading the center in the continual quality improvement planning process. (Attachment F)

VII. SCOPE OF QUALITY MANAGEMENT FUNCTIONS

The ultimate goals of the Border Region MHMR Community Center's Quality Management Program are to:

- Design and describe the system of quality management activities;
- Monitor and evaluate the quality and appropriateness of consumer care;
- Report service and system needs to appropriate administrators for resolution;
- Integrate findings of quality management activities into assessment processes;
- Recommend service, process, outcome improvement;
- Integrate risk management and quality enhancement activities;
- Ensure that managed care and utilization activities are evident in the delivery of services; and
- Ensure that the collection and analysis of outcome data is evidenced in the delivery of services.

The Border Region MHMRCC will strive to achieve the identified goals by implementing outcome management activities. Outcome management activities use information and knowledge gained from outcome monitoring to achieve optimal results for individuals through improved clinical decision-making and service delivery. Outcome Management is the result of the performance (or non-performance) of a function or process (es). Qualitative outcomes include organizational outcomes (e.g., Evaluation of Strategic goals), system outcomes (e.g., LBB Measures), clinical outcomes (e.g., Level of Care), functional outcomes (e.g., TRAG) and personal outcomes (e.g., Council's Personal Outcome Measures). An Outcome indicator assesses what does or does not happen as the result of a function or process.

Organizational and Service Self-Assessment

The QM Plan of BRMHMRCC will include a process for self-assessment of the organization. The center will use the model described in the book "How to Prepare for Managed Behavioral Health Care." This self-assessment model allows for evaluation of organizational and service outcomes and processes, outcomes for people and clinical outcomes. The Quality Management department is responsible for facilitating and coordinating the completion of the organizational self-assessment and collecting the plans of improvement from the various organizational components needing to submit one. The QM Committee is responsible for reviewing and assessing results of self-assessment, approving and monitoring plan of improvements submitted. The role of the QM Department in the accomplishment of this assessment activity will range

from monitoring results and improvement plans, to coordination of all related activities. The service outcomes and service processes of all current assessment activities will be included in the annual Organizational Self-Assessment and plans of improvement for each is incorporated into the Organizational-Wide Quality Improvement Plan.

Ongoing Quality Management Activities:

- Review of performance data to facilitate management decisions;
- Review of performance contract measures, including targets;
- Review of complaints, appeals for services and consumer surveys to obtain information about satisfaction and other outcomes (e.g. consumer waiting time, phone answering waiting time);
- Review of data pertaining to abuse and neglect issues;
- Review of unusual incidents including medication error data;
- Review of utilization data;
- Review of clinical records for clinical outcome data and to evaluate compliance with standards, rules, laws, and other contract requirements;
- Review of any other data determined to be important to the center, internal and external providers of services and stakeholders;
- Review of clinical services and program management;
- Review of service outcomes through Benefit Design;
- Review of Encounter Data to improve the accuracy of data reported to DADS & DSHS.

Contract Monitoring

Contract monitoring is a function of gathering and evaluating fiscal and qualitative indicators specific to a particular contracted service to determine whether the service provider is in compliance with the contract. Fiscal and qualitative data are evaluated to make informed decisions regarding recontracting with service providers. The qualitative indicators should be tailored to the service provided and ensure achievement of desired outcomes, compliance with applicable rules, laws, and standards which relate to the contracted service.

Provider Profiling

Provider profiling is the development of mechanisms to document and report the performance of individual internal and external contracted providers to assist management in answering questions for decision-making. Examples of indicators include achievement of positive clinical outcomes, number and nature of complaints, percent of direct service time, no show rates, provider cancellations, recidivism rate, timeliness of provider documentation and billing, appointments kept and follow-up to missed appointments, and timely closure of cases. Profiling providers can also be accomplished via productivity expectations and identifying critical performance indicators. Profiles will be used to make determinations of risk, such as, “good or acceptable,” or “problem” performance. Profiling will be used to assist BRMHMRCC make decisions that improve services. (Attachment G)

- Consumer /family/staff Satisfaction-Data collected and analyzed to provide information about satisfaction with services
- Rights/Abuse & Neglect-data from investigation information regarding confirmed cases,
- Complaints & Appeals
- Regulatory Compliance
- Clinical Record Review
-

Regulatory Compliance

BRMHMR will identify standards, rules and laws, which apply to the organization and its internal and external providers. The center will regularly review a sample of clinical records using instruments that address selected performance and compliance measures, which include standards and other local authority requirements. Results of reviews will be aggregated, analyzed, trended and summarized for review by QM Committee. Corrective actions will be expected including system changes when trends indicate. Records reviewed will be evaluated to verify compliance with the following service standards:

- MH Community Service Standards Adult and Children
- Medicaid Mental Health Rehabilitative Services
- ICF-MR Community Standards
- HCS Evidentiary Principles
- Data Verification Criteria Manual
- Medicaid Standards-Corporate Compliance Issues

Utilization Management

BRMHMR will employ a utilization management system to ensure customers receive the right services, in the right amount, at the right time, the process will consist of timely and meaningful assessments; accurate assignments of level of need; determination of medical necessity, focused treatment plan development and active monitoring of progress towards objectives.

- Utilization Management
 - The development of fundamental utilization management structures and processes to include the creation of a Utilization Management Committee that shall at a minimum:
 1. Include multidisciplinary membership
 2. Meet monthly
 3. Record committee minutes
 4. Review, identify and analyze current services, providers, and client outlier utilization patterns;
 5. Recommend methods for minimizing inappropriate or outlier practices among providers;
 6. Develop and distribute basic provider profiles to individual providers and managers; and
 7. Develop and deploy a method to educate clinical decision makers regarding service over/under utilization and practice improvement.

8. Monitor clinical and administrative appeals.
 - Review and monitor over and under utilization of resources

Infection Control

BRMHMR will implement a provider-wide infection control plan which includes prevention, education, management and monitoring of significant infections.

- Evaluate the compliance with infection control plan
- Review compliance with Health/Food Inspections if required

Dashboard Indicator

BRMHMRCC will employ the use of numerous “dashboard indicators” to assist in the tracking and monitoring several key performance elements. The division managers will collect these indicators with the assistance of the management information services division. The results of Dashboard Indicators will be presented monthly during the Manager’s and Executive Management Team meeting for evaluation. Dashboard indicators demonstrating poor performance or outliers will be cited for further analysis, plan of improvement or may be addressed by the implementation of a quality focus team. To initiate the use of on-going monthly “dashboard indicators,” the management has decided upon the following performance measures:

- Consumer Satisfaction
- Direct care staff productivity
- Twenty-four hour (1 day) rule compliance - submitting progress notes into billing
- No Show by unit
- Billing/Accuracy compliance (TRAG, Treatment Plan, Medical necessity)
- GAF- Improvement by 10 points within 6 months
- MH - Treatment Plan 90-Day Compliance
- Minimum and Average Hours
- Appropriateness of Service Delivery
- TRAG Completion Rate
- MR-PDP Compliance
- DMR Accuracy

MH Services Quality and Compliance Review Protocol

These are two instruments developed, implemented and monitored by the MH services division to assure services are of the highest quality and in compliance with the center’s corporate compliance plan and standards for billing. This quality and compliance review examines a multiple of elements regarding treatment plans, progress notes and outcome indicators. Those charts found not to be in total compliance with the review will need to be corrected by the service provider and evidence submitted to the department manager. The MH Director forwards the review teams finding to the QM department. The QM department will provide any requested technical assistance or monitoring that may be asked by the MH Director. The MH Services Quality and Compliance Review Protocol, although independent from the activities of the QM

staff, will further compliment, enhance and improve the Quality Management Process of the agency at large.

Co-occurring Psychiatric and Substance Use Disorders (COPSD)

The BRMHMRCC's Quality Management Department will conduct a minimum of one annual review where processes for delivering services will be measured and assessed. The review will also focus on evaluating outcomes for individuals receiving services. This review will include a section to evaluate COPSD competency as part of monitoring provider credentialing.

Texas Implementation of Medication Algorithms

The BRMHMRCC's Quality Management Department will conduct a minimum of one annual study of the LA's Texas Implementation of Medication Algorithms (TIMA) process. The study will be to ensure that the process has been implemented appropriately and to verify that improvements to the process occur as needed. The TIMA review will verify the existence and consistent use of the TIMA protocol's highlighted in each of the three procedure manuals (Schizophrenia, Major Depression and Bi-Polar Disorder).

The specific elements of TIMA to be reviewed will be:

1. Medication Algorithms
2. Patient Education
3. Documentation and TIMA Forms
4. Adherence to TIMA rating scales
5. Patient Participation
6. Staging
7. Contact Intensity
8. Timing of Changes
9. Dosing
10. Assessment of Previous Treatment

A random sample of thirty will be reviewed. A determination that the TIMA process is not being followed in 100% of charts reviewed will require the implementation of a plan of improvement for identified problems. This TIMA study will be available upon request by TDMHMR and LA will submit the results in accordance with Performance Contract Attachment XVIII. (Attachment H)

Border Region's Medical staff are successfully using protocols and TIMA required forms. In addition successful distribution of family and educational materials is present at the facility. However, resistance to adherence to TIMA rating scales by the medical staff was identified. The QM Department will continue to monitor adherence to TIMA Guidelines and protocols throughout the new fiscal year and encourage implementation of this. The QM Director will consult with other centers to find out victorious strategies and techniques that have resulted in successful implementation of TIMA. BRMHMRCC is currently working with Dr. Molly Lopez and Dr. Shon to coordinate TIMA training for center medical staff.

VIII. IMPLEMENTATION AND ADHERANCE TO RESILIENCY AND DISEASE MANAGEMENT

During fiscal year 2005, all Community Mental Health Centers in the State of Texas have been required to revise their service provision through by converting to the Resiliency and Disease Management (RDM) model. This is a form of managed care, which provides benefit packages and utilization management guidelines for the centers to utilize. This model of services is based upon “service packages” designed to offer services to eligible individuals based upon their needs. Each individual’s needs are assessed through a tool called the Texas Recommended Authorized Guidelines (TRAG). This assessment reviews various areas of a person’s life to include support needs, risk of harm, functional impairment, employment, housing, substance abuse issues and criminal justice involvement. The TRAG also reviews a person’s current symptoms, as related to their diagnosis.

Based upon the assessment, the person will be designated to a service package. This package will be explained to them and they have the choice to accept that package or chose a lesser service package, based on their perceived needs.

BRMHRCC is currently implementing the RDM model by developing a service delivery system in accordance with the most current version of DSHS’s UM Guidelines and fidelity instruments. This includes but is not limited to monitor fidelity to service models.

IX. REVIEW/REVISION OF THE QM PLAN

The Border Region Mental Health and Mental Retardation Community Center’s quality management plan is intended to be a functional and dynamic document that evolves over time. Its effectiveness will be demonstrated by documented improvement in consumer outcomes and by documented improvement in the care and services provided by BRMHRCC. Thus, the quality management plan will be reviewed, at least on an annual basis during the first quarter of the new fiscal year, to determine which area(s) will be revised as dictated by identified needs. At a minimum, it is expected that the plan will be revised to reflect changes in quality indicators, changes that may have occurred in the QM Department during he past year, to evaluate whether the QM process and structure has been effective and whether improvement in quality has been demonstrated within Border Region MHMR Community Center. The revision of the Quality Management Plan will result from and reflect this evaluation process and be submitted to the Executive Director and the Executive Management Council for approval.

X. APPROVAL

The Quality Management Plan for the Border Region Mental Health and Mental Retardation Community Center was reviewed and approved on

the 17th day of May, 2006.

(Signature on file)

Daniel Castellón, Interim Executive Director
Border Region Mental Health and Mental Retardation Community Center

(Signature on file)

Karina G. Mendoza, Director of Quality Management
Border Region Mental Health and Mental Retardation Community Center