



Coastal Plains Integrated Health

Providing Integrated Health Services in Rural South Texas

Quality Management Plan

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Quality Management Plan FY 2026

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INTRODUCTION

Coastal Plains Integrated Health (CPIH) defines quality as an ongoing collaborative effort with internal customers, external customers and other stakeholders utilizing various forums that afford each group an opportunity to describe and define quality. The concept of quality involves a dynamic attitude that permeates 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 which is focused on continuous process and outcome improvement.

Purpose of the Quality Management Plan:

To provide a mechanism to encompass and define the improvement plans of the Center.

These plans include:

- **Continuous Quality Improvement Plan (CQIP)** – defines the Center’s annual goals, objective and outcome measures to include performance measures per state contracts. The Center’s Medical Director and Quality Management Director provide primary oversight of this plan to ensure improvement (that is observable, measurable outcomes, strategies to achieve these outcomes, assigned responsible staff and due dates) is attainable to goals outlined. This plan includes the **Abuse Neglect Reduction Plan** which is a contract required plan.
- **Utilization Management Plan (UM Plan)** – defines the requirements of the committee, goals to be met, UM activities to meet standards, the program’s oversight process and control mechanisms.
- **Crisis Redesign Plan** – defines the Center’s process in redesigning crisis services, to include how the Center responds to crisis, the development of the Mobile Crisis Outreach Team (MCOT), how crisis funds are being utilized and oversight.
- **Jail Diversion Plan** – describes the collaboration efforts with law enforcement agencies to work towards providing services to mentally ill offender in the community, when appropriate, rather than incarcerating them.
- **Compliance Plan** – defines how the center will ensure the integrity of documentation to ensure services meet billing standards and accurately reflect service provision.
- **Consumer Benefits Plan** – process in which we will assess all individuals served and assist them in accessing benefits, based upon eligibility and need.
- **Veteran's Services** – process in which we will provide services to Veterans to assist them in accessing services, both internally and externally.
- **YES Waiver QM Plan (Youth Empowerment Services)** - Establishes processes for a programmed, coordinated, comprehensive, continuous effort to measure and assess the performance of all provider and authority Youth Empowerment Services provided by or contracted by the Center.

Other plans: Consolidated Local Service Plan (CLSP); Local Priorities and Block-Grant Services and various plans required by funding sources. These plans are not part of the Quality Management Plan. Priorities from these plans are incorporated into the CQIP.

PLANNING

Planning Process

The Quality Management Program has implemented a formal agency-wide planning process and has established goals, objectives, performance indicators, responsible staff and time frames for which the improvements need to be accomplished. The agency-wide goals are identified as the Continuous Quality Improvement Plan (CQIP). For the past several years, the Quality Management (QM) Committee met bi-annually with quarterly reviews by the QM Director along with the Service Directors to monitor progress on the quality improvement initiatives for the Center. From progress reports, objectives are evaluated, modified as needed, and additional objectives are added. The committee returned to quarterly meetings beginning May 2013.

Beginning in May 2013, with the addition of a Quality Assurance (QA) Specialist added to the team, the Quality Management (QM) Director has additional support to provide oversight to Center services. This position was revised six months later to be the Waiver Project Coordinator, under the direction of the Integrated Services Director. This position specifically focuses on the QA oversight and reporting for integrated health and substance abuse services through the 1115 Waiver project. The Waiver Project Coordinator's primary focus will be monitoring the measures and metrics associated with this project, which will be funded through the 1115 Waiver Delivery System Reform Incentive Payments (DSRIP).

With the approval of Senior Management, the structure of the Quality Management Program has changed to a Plan, Do, Study/Check, Act (PDSA) model which is required by DSRIP. The QM Director and the Waiver Project Coordinator worked together with the various service departments to revise the Quality Improvement Plan. The PDSA provides a continuous quality improvement system with provider and support services commitment towards improvement utilizing this system. The previous quality improvement system was similar, utilizing goal, actions to be taken, responsible person(s), timeline for completion and status reports. The other purpose of these changes was to integrate whole health and substance abuse services into service provision and the CQIP. Quality Management initiatives direct accountability, assessment of agency systems, and evaluation of data that is generated through performance improvement activities.

QM Department Goals

Goal 1: Support CPIH in meeting or exceeding all applicable requirements and standards.

Objectives:

1. Consistently review all new applicable Texas Administrative Codes (TAC's), HHSC contracts/contract revisions.
2. Distribute TAC's, contracts and contract revisions to appropriate personnel to ensure staff receive up-to-date information on standards within 60 days.
3. Request, as appropriate, revision of CPIH's policies and/or procedures based upon new TACs, contracts or contract revisions within 60 days.

Measurable Results:

1. New and revised Texas Administrative Codes, HHSC contracts and revisions are reviewed within 30 days of receipt.

2. New TACs and state contracts/revisions to contracts are distributed to appropriate management.
3. Policies and/or procedures are revised, as appropriate, per new TACs or contract revisions and submitted to appropriate committee/board for approval
4. Management will train all applicable staffs on any new policies and/or procedures and this is documented in the training record.

Goal 2: CPIH will provide continuous quality improvement activities to ensure quality services are provided to the people we serve through treating the whole person, as behavioral and physical health are intrinsically interconnected.

Objectives:

1. Monitor outcomes from State surveys
2. Conduct internal surveys and reviews
3. Incorporate Utilization Management into the Quality Management Process to identify and review risk indicators, outliers and trends, thus identifying benchmarks for services.
4. Ongoing revisions to the Continuous Quality Improvement Plan utilizing the FOCUS PDCA model for continuous quality improvement.
5. Compliance Reviews will be completed based upon the compliance plan.
6. Plans of Improvement will be developed for all service areas (MH, IDD, YES Waiver, SUDs, Primary Care), implemented and monitored.

Measurable Results:

1. State and internal survey outcomes are reported to management and PNAC.
2. The CQIP has measurable outcomes and revisions made, based upon the PDSA model when reviews, risk indicators, benchmarks and outliers are identified, or there is lack of progress towards goals/metrics/measures.
3. Plans of Improvement monitored by CEO/Senior Management Team as needed.
4. If metrics/measures are not met, evaluation of process/efforts to improve will be made. Action plans will be developed or revised based upon need. Action plans will be monitored, and progress will be noted.
5. Survey results will continue to indicate consumer satisfaction with services.

Goal 3: CPIH will maintain its Certification as a Certified Community Behavioral Health Clinic (CCBHC).

Objectives:

1. Maintain Certification to provide SUD services directly in four of our clinics.
2. Attain funding to expand staff to accommodate staffing needs identified in the Needs Assessment.
3. Hire Care Coordinators to provide care coordination for CCBHC operations.
4. Hire Substance Use treatment experts (LCDC's etc) to provide SUD services in our service locations.
5. Expand counseling services to adhere to the CCBHC model of business.

Measurable results

1. Maintain SUD licensure initially attained November 5, 2021 for the Alice clinic and February 1, 2024 for the Taft clinic.
2. Obtain SUD licensure for the Kingsville clinic in FY26.

3. 3 care coordinator positions are in the budget for FY26.

Goal 4: Improvement in accuracy of assessments and quality of care plans, with oversight provided by the QM department.

Objectives:

1. MCO audits passed due to quality of documentation being clear and standard across operations and clinics.
2. Individual audits completed by QM staff followed up with training by QM department as needed.
3. Overall improvement in documentation as evidenced by no fees, plans of correction, or paybacks in MCO and state audits.

Measurable results:

1. Clinical Trainer/QA Specialist completes audits on each clinician twice a year. Results of the audits are discussed with the individual being monitored and their supervisor.
2. Trainings will be planned as a direct result of audit results. Individual trainings as well as group trainings, depending if patterns of problems are identified or it's isolated to an individual.
3. Semi-annual peer reviews conducted to identify any needs for retraining and to open up communication between peers about quality and fidelity of the documentation.
4. Supervisors and/or designee will observe clinicians while they provide services and complete the EBP fidelity tool related to the curriculum they are using, and service they are providing.
5. Clinical trainer is available to provide training and feedback for any clinician needing assistance in providing services.

RESPONSIBILITIES OF QM DEPARTMENT

The Center's Quality Management Director determined several years ago that if there were too many plans of improvement, the Center staff will get overwhelmed. When this happens goals are not achieved as managers and direct care staffs are bombarded with too many changes at once. The Center has many demands from State Authorities with various performance indicators, outcome measures, and contract requirements. One single Continuous Quality Improvement Plan is utilized to monitor these requirements when outliers are identified, targets are not being met, or new initiatives are required by State Authorities. The CQIP is also utilized to implement and monitor any Center initiatives which are identified as priorities.

This plan has become a living document and has become an effective, streamlined process to monitor requirements, service indicators and to develop quality improvement activities. Though there are many occasions which criteria are met, targets will be raised to improve performance. When performance does not meet criteria an additional strategy for improvement of services will be added to the CQIP.

Instead of individualized Plans of Improvement, unless required by the State Authority, the Center will add objectives with measurable strategies/outcome measures to the CQIP. This process utilizes a retrospective examination to assess the effectiveness. These objectives are a direct result of the monitoring of quality indicators and are a pivotal point towards change. Analysis and evaluation of the data alerts the QM Department of the need for new objectives in

the CQIP. A new objective is developed when data, or review results are less than the desired performance threshold. Each objective will have the following: clear statement of the problem or concern; strategy(s) for how improvements will be made; responsible staff by name or title; and expected completion date/time line will all be specified.

The QM Director is responsible for the following:

- Coordination, development, and monitoring of CPIH Plans:
 - Local Planning and Network Development (LPND) Plan
 - Continuous Quality Improvement Plan (CQIP)
 - Diversion Action Plan (formerly the Jail Diversion Plan)
 - Abuse Neglect Reduction Plan (in the QIP)
 - Consumer Benefits Assistance Plan
 - YES Waiver QM Plan
- Assist in Compliance Program Monitoring
- Additional Reviews as necessary or assigned
- Provide reports and perform QM activities required by State Authorities (HHSC)
- Conduct internal audits to assess compliance with fidelity and quality requirements
- Rights Officer/Ombudsman for Consumers of CPIH Services
- Privacy Officer (HIPAA issues – not related to Information Technology)

QUALITY-RELATED RESPONSIBILITIES OF MANAGEMENT AND COMMITTEES

BOARD OF TRUSTEES

The Board of Trustees of Coastal Plains Integrated Health has ultimate responsibility for the quality of services, practices, and outcomes of the organization. The Board delegates responsibility for the development, implementation, oversight, and evaluation of the Quality Management Plan to the CEO and his leadership team. The Board maintains the following responsibilities:

- To maintain the viability of CPIH through Board actions in the allocation of resources;
- To hold ultimate responsibility for the quality of the CPIH care/outcomes and the services, practices and outcomes of the contracted providers;
- To review, to provide input for, and to approve the Center's planning activities;
- To ensure the involvement of stakeholders including clients, families, advocates, and interested citizens in the planning process through appointment of the Planning and Network Advisory Committee (PNAC);
- To ensure community stakeholder feedback is heard and considered through PNAC reports at Board meetings; and
- Ensures that CPIH and its contract providers deliver quality services to individuals ~~consumers~~ and families in our communities.

LEADERSHIP/SENIOR MANAGEMENT

The leadership (Senior Management) of Coastal Plains Integrated Health is comprised of the Chief Executive Officer (CEO), the Director of Authority Functions, Adult Mental Health Services Director, Children's Mental Health Services Director, Director of IDD Provider

Services, Director of IDD Authority Services, Chief Financial Officer (CFO), Chief Clinical Officer (CCO), Human Resources Director, and Quality Management Director.

This team meets monthly and is responsible for:

- Review of any new legislative action that may impact the Center
- Review of financial reports
- Review of data management reports
- Monitoring of individual program status, to include upcoming reviews, state audits, etc.
- Review of Medicaid and other reimbursement reports
- Implement, oversee, and review Quality Management activities
- Monitoring for Compliance of Contract and Standards.
- Monitor indicators of service provision.
- Monitor Cost Accounting Methodology (CAM) and Data Warehouse.
- Monitor CPIH Risk Assessment
- Reviewing management reports to ensure that issues related to both staff and client ~~consumer~~ needs are properly handled.

QUALITY MANAGEMENT COMMITTEE

To provide for its quality program, Coastal Plains Integrated Health utilizes a Quality Management Committee (QMC). Recently, in order to meet the needs of the individual service areas, subcommittees have been developed. The main QMC is comprised of the QM Director as chairperson and senior management team. The subcommittees are comprised of the following with the QM Director coordinating the process:

Behavioral/Integrated Health:

- CEO
- CCO
- Adult Mental Health Services Director
- Children's Mental Health Services Director
- Clinic Directors
- TCOOMMI Director

Intellectual & Developmental Disability Services:

- CEO
- CCO
- Director of IDD Provider Services
- Director of IDD Authority Services
- Coordinators of Day Habilitation Services (CODS)

Administrative Services and Supports:

- Senior Management Team

The **Quality Management Committee and subcommittees** are authorized by the CEO. These committees are responsible for the overall oversight and implementation of quality management activities. Such activities include, but are not limited to, the following:

- Identification of programmatic strengths, needs, and outliers;
- Identification of improvement activities;
- Implementation, evaluation, and monitoring of ongoing improvement activities;
- Review of data collected and identification of trends;
- Coordination and integration of agency quality efforts;
- Identification of best practices within its network of providers; and
- Development of the agency's Plan of Improvement.

OTHER AGENCY COMMITTEES

Safety Committee

The **Safety Committee** is chaired by the Risk Manager and includes representatives of each Regional Safety Committee from each clinic/center. This committee is responsible for reviewing the following:

- Plan for disasters
- Preventive maintenance issues
- Analysis of risk indicators to identify trends
- Compliance with Safety Plan

Utilization Management Committee

The **Behavioral Health Utilization Management Committee**, chaired by the Quality Management Director meets at least quarterly (monthly meetings are scheduled). Core membership includes the following:

- Contract Psychiatrist – Medical Director
- Utilization Manager
- Director of Authority Functions
- Quality Management Director
- CEO – Multiple Perspectives including Fiscal/Financial Services
- Adult Mental Health Services Director
- Children's Mental Health Services Director
- Director of Nursing
- CCO

Ad hoc committee members, such as the Clinic Directors, attend as dictated by the meeting agenda.

This committee is responsible for the following:

- Monitoring data, analyzing trends, and identifying outliers related to both internal and external providers;
- Reviewing practice guidelines regarding the delivery of treatment in the most effective and efficient manner; and
- Providing oversight of the processes for making utilization/resource allocation determinations (including the formal determination of medical necessity) based on

- clinical data, practice guidelines, and information regarding the client's needs with consideration of the client's and the LAR's treatment preferences and objectives.
- To ensure UM process provides for appropriate authorization of services, based upon levels of care per HHSC Performance Contract.
- Review any appeals or adverse determinations made.
- Identify any gaps in services, no show rates for services, billing issues, and other outliers.
- Review service utilization through MBOW reports and identify any service utilization issues, educational opportunities, or improvement activities for the provider services or authority departments.

The **Intellectual & Developmental Disability Services Utilization Management Committee**, chaired by the Director of IDD Services. This committee was recently formed with meetings beginning in May 2013. These meetings will occur at least quarterly. Core membership includes the following:

- Director of IDD Provider Services
- Director of IDD Authority Services
- CEO
- Quality Management Director

Ad hoc committee members will attend as dictated by the meeting agenda.

This committee is responsible for the following:

- Monitoring data, analyzing trends and identifying outliers related to both internal and external providers;
- Reviewing practice guidelines regarding the delivery of treatment in the most effective and efficient manner
- Providing oversight of the processes for making utilization/resource allocation determinations based on clinical data, practice guidelines, and information regarding the client's needs with consideration of individual person directed plans.
- Identify any gaps in services, no show rates for services, billing issues, and other outliers
- Review service utilization through MBOW, CARE and Cerner reports. Identify any service utilization issues, educational opportunities, or improvement activities for the provider services or authority departments.

Planning and Network Advisory Committee

The **Planning and Network Advisory Committee (PNAC)** includes consumers, family members, community members and advocates. (Note: the consumers/family members will represent both Intellectual and Developmental Disability and adult/child Mental Health services equally.) The role of the Planning & Network Advisory Committee is to advise CPIH on strategic planning, the development and evaluation of the provider network and to respond to special assignments given by the Board of Trustees. The Planning & Network Advisory Committee provided feedback and guidance in the development of network development plan. The plan includes the designation of services to be open for providers. The Planning & Network Advisory Committee meets at least quarterly.

The Planning and Network Advisory Committee are responsible for providing stakeholder input and involvement in assessing and determining the service needs of CPIH. The PNAC is responsible for

- Identifying the most important service needs in the community,
- Providing input regarding the community's feedback for the purpose of Local Planning and Network Development;
- Providing input and feedback regarding the Center's budget on an annual basis;
- Reviewing consumer feedback regarding services, via satisfaction survey results, and making recommendations on improvement activities (e.g. objectives for the Continuous Quality Improvement Plan); and
- Advising the Board of Trustees on the Committees recommendations regarding network development and other planning initiatives.

Quality-Related Initiatives

Co-Occurring Psychiatric and Substance-Abuse Disorders

One of the continuing mandates in mental health services is the need to ensure identification, treatment, and/or referral of individuals with Co-Occurring Psychiatric and Substance-abuse Disorders (COPSD). All staffs that are employed in mental health services are trained on this topic. CPIH utilizes the HHSC e-training for all new mental health employees, to ensure that they are aware of the signs and symptoms of substance abuse, but also of intervention techniques and local resources. Through the Delivery System Reform Incentive Program (DSRIP) 1115 Waiver project, Coastal Plains worked with HHSC approved/licensed providers of Substance Abuse Services to provide Intensive Outpatient Services (IOP) to adults with dual diagnosis within the behavioral health clinics. Previously, people in need of these services have to drive to Corpus Christi or Alice to receive IOP services. This program provides these services within the behavioral health clinics for both dual diagnosed individuals and others who may not qualify for CPIH services, but have a single diagnosis of substance abuse. With the goal to make these Substance Use Disorder (SUD) services accessible to people in their own community to decrease substance abuse, decrease incarceration due to substance abuse, and decrease SA related emergency room visits due to limited access to care; CPIH has implemented its own SUDs Program. In hiring a Program Manager, along with two Licensed Chemical Dependency Counselors (LCDCs), the Center is providing direct individual and group substance use counseling services to consumers in the service area.

Integrated Health and Behavioral Health Care

The Center recognizes that physical health has a direct effect on mental health and visa versa. In order to provide quality services to people served, we must help them care for their whole health. National studies have proven that a person mental health is dependent on their physical wellbeing and to provide quality mental healthcare, the person needs to work towards being healthy. Through the DSRIP 1115 Waiver, Coastal Plains Integrated Health had contracted with a local Federally Qualified Health Clinic (FQHC) Coastal Bend Wellness Foundation to integrate health clinics into the behavioral health clinics in 8 of the 9 counties (Aransas County excluded). Through Methodist Healthcare Ministries (MHM) grant, the center has engaged in a contract to provide integrated health in the Aransas County clinics with same provider. In FY 2023, the Center began to implement its own primary care health by employing a Full-Time Nurse Practitioner (NP), LVN, and Medical Assistant (MA) to enhance existing services. These

services coordinate care for people who have behavioral health diagnosis and co-morbid health conditions. They assist people in obtaining the medical care and provide supports needed to decrease their health risks. The care is coordinated amongst the teams to provide overall healthcare.

Abuse, Neglect and Exploitation Reduction (A/N/E)

The Center continues to statistically have a "less than average" rate of confirmations, as compared to other centers around the state. That said, the Center believes that one confirmation is one too many. Each case is reviewed, whether confirmed, unconfirmed or referred back to the Center for administrative action. Risk analysis is completed, specialized training occurs, and systemic changes are made based upon these reviews. Training continues at new employee orientation and annual refresher training ensure staff know and understand what abuse, neglect and exploitation is; understand boundary issues; prevention; and reporting procedures. CPIH is committed to improving client care and protecting the people we serve.

Rights issues will be reviewed by the rights officer and committee. Any recommendations for change will be sent to Director of IDD Provider Services and the Director of IDD Authority Functions as appropriate. The QM committee will follow up to review if changes were implemented in a timely and appropriate manner. Any restrictions can be brought to the attention of the QM committee through PNAC and consumers. The QM committee will provide oversight to ensure any rights restrictions are improved.

Cost Accounting Methodology

Cost Accounting Methodology (CAM) provides CPIH with a consistent, standardized, industry normed method to determine the cost of service provision. This information is used to analyze the cost effectiveness of providing services by employed staff. It can also be used to evaluate collective staffs' performance. The CAM provides objective management reports.

Documentation Integrity

The State Authority provides CPIH with access to a variety of reports to assess risks related to the contract management process. These reports illustrate CPIH's performance on a variety of indicators. The individual management teams utilize this information to identify potentially adverse trends in performance data of Mental Health, Child & Adolescent, Substance Use, and Intellectual and Developmental Disability Services.

Random reviews for both MH and IDD Services are conducted throughout the year through an internal review process. This procedure is outlined in the center's compliance plan and the encounters submitted for each consumer will be reviewed to ensure the accuracy of data and compliance with billing standards. Documentation is also review for compliance with state, federal, and managed care organization standards.

Data Warehousing

The Mental retardation and Behavioral health Outpatient Warehouse (MBOW) provides a wide range of reports that can be agency-wide or drilled down to specific data elements. These reports summarize our service encounters and assist the Center in monitoring service delivery and assessment practices. Specific reports track our performance on outcomes, other reports identify

outliers that are reviewed by utilization management process. Reports also provide a comparison of service delivery across the state. We are able to analyze no show rates, cancellation rates and amounts of service provided. Reports based on these submissions are used to supplement other data retrieved from our clinical software.

Quality Management Process

Collection of Quantifiable Data

Data is collected through surveys, Data Warehousing, Encounter Data, Risk Assessment, Critical Issues Data, Care Data and other reports. The QM Department has determined several methods of data collection to be preferable in achieving results efficiently. For surveys, electronic and hand-delivered surveys have been utilized, with the best return rate from hand-delivered survey distribution. Quality Management has continually improved sample methodology and experimented with distribution methods to improve solicitation of feedback from people receiving services. A high rate of return is paramount when conducting surveys in order to increase the weight of responses and to increase input overall. Consumer surveys are typically hand delivered in an effort to improve the return rate. Some community surveys are mailed due to the challenging logistics of hand delivery, however, most are hand-delivered at meetings, focus groups, or other gatherings. The integrated services survey is currently using an on-line survey tool for some data gathering and a mailed survey in order to meet metric requirements.

As noted previously, the Center reviews data monthly in the Utilization Management Committee. Management meetings. Staff in all service areas pull individual reports from the state wide data system (MBOW) and from the Center's internal information system (Cerner) on a regular basis to ensure their individual programs are meeting state requirements. The mid-level and upper management staff are able to monitor their progress towards goals often as the systems are user friendly and accessible. This has assisted all management departments to be more efficient and allows the Center to utilize funds on services for consumer and keep the administrative costs down.

Analysis and Evaluation of Data

Though provider services are able to self-monitor, authority services continue to review outcome measures. Over the years, Utilization Management and Quality Management have become enmeshed. The UM Committee reviews the data in regard to outcome measures and qualitative analysis is completed by measuring actual results against quality indicators. Statistical analysis and evaluation are performed depending on the type of data involved. While analysis generally involves a review of detailed service and assessment data, our evaluations also include a review of systems, processes, and outcomes.

The QM Department consists of seven persons, the QM Director, Client Rights Officer, Quality Assurance Specialist, Clinical Trainer, Staff Development Coordinator, Mental Health First Aid Coordinator, and Public Relations Coordinator. There is additional support throughout the agency to ensure quality services are provided through monitoring of services and compliance with outcome measures. The Director of Authority Functions specifically provides extensive support through quality assurance and compliance oversight to ensure ongoing compliance with state and federal guidelines in documentation and billing. The Director of IDD Authority Services also provides oversight through internal reviews of services and supports. The QM

department continues to complete reviews required by the state authorities and those requested by CPIH management staffs.

Improve/Plans of Improvement

The Service Directors are responsible for development of improvement plans required by the State Authority, based upon on-site or other reviews. If HHSC requires an improvement plan, it will be developed and submitted for approval with the assistance of the QM Director. The CEO will review the final CAP and if required will provide written approval prior to submission to the responsible State agency. The Service Director will be responsible for implementation of any CAP's and ensuring that the QM Director adds these to the CQIP for monitoring.

Review and Revision of the Plan

The Quality Management Plan (QMP) for Coastal Plains Integrated Health is intended to be a functional and dynamic document that evolves over time. Thus, the QMP will be reviewed, at least on a bi-annual basis, and will be revised as needed. At a minimum, it is expected that the plan will be revised to reflect changes in quality indicators and performance expectations. Detailed, specific plans of improvement are integrated into the Quality Improvement Plan.

Attachment 1

CONSUMER SERVICES

These summaries do not reflect the whole of services or their limitations. They are a brief overview of the basic services provided however, they do provide basic information about the services. Consumers of services must meet the eligibility criteria, based upon the service standards set forth by the state authorities.

Adult Mental Health Services

Case Management is provided to people who are eligible to receive services. The Case Manager assists individuals in accessing resources and services necessary to reach and maintain an optimal level of functioning in their community. This is done through linking, referring, and monitoring of services. There are various levels of care in which case management services can be provided to people; based upon the level of care, the case manager may also provide skills training to the individual.

Medication Services encompasses contracted psychiatric, contracted laboratory services and in-house nursing services. These services include prescribing of medications and periodic monitoring of the effectiveness of medications. Staff work to ensure that undesirable side effects are minimized and that medication is being taken as prescribed.

Psycho-Social Rehabilitation Programs (PSR) and/or Skills Training provide rehabilitative skills training and interventions designed to assist people with severe psychiatric disorders in learning how to identify and build upon strengths and abilities. Services also help people develop coping skills to better deal with factors which may contribute to mental illness. These skills can be taught on an individual basis and occasionally in groups, based upon the person's individual needs and level of care.

Supported Employment provides customized training, placement, and on-going employment consultation services for people who are motivated and able to perform in a working environment. This service is provided to eligible people based upon their need.

Supported Housing provides assistance to enable individuals to succeed in chosen housing situations. These supports are based on the specific needs of each person, including assistance in locating affordable housing, negotiating leases, acquiring household items, obtaining subsidies, moving into residences and training on how to successfully maintain their homes. This service is provided to eligible people based upon their need. This service is typically a short-term service.

Assertive Community Treatment (ACT) Alternative Program is an intensive, rehabilitative case management program that provides services for people who have a history of intensive needs as reflected in their use of the system. These services are used to reduce crisis and hospitalizations. Services are provided in the person's natural environment. A person would need to be in a specific level of care, based upon risk factors and high needs to qualify for this intensive service. There are a minimum number of therapeutic service hours that are required to be provided to people in this level of care, and many people do not wish to have this intense of contact with MH staff as much of the services are in the home and community.

Peer Support is provided through employee and contract peer providers. Each provider is asked to attend training through Via Hope to learn specific skills needed to provide recovery oriented support. The peers provide group and individual support, with supervision from a licensed staff person.

Local Hospitalization is provided to many people who are in crisis and at risk of further decompensation. If intervention is not provided these individuals may pose as a danger to themselves or others. Hospitalization is always the last resort, as each person deserves to be treated in the least restrictive environment. Various grants from HHSC are used to fund this option.

Youth & Family Program (Y&F)

Case Management is provided to children who are eligible to receive services. The Case Manager assists the child and his/her Legally Authorized Representative in accessing community resources and services needed to reach and maintain an optimal level of functioning in their community. This is done through linking, referring and monitoring of services and supports. Many of the case managers, based upon the child's level of care, also provide skills training to the child and family. This training occurs in the home, school, office and community and is based upon a structured curriculum specified by the State Authority.

Medication Services encompasses contracted psychiatric, contracted laboratory services and in-house nursing services. These services include prescribing of medications and periodic monitoring of the effectiveness of medications. Staff work to ensure that undesirable side effects are minimized and that medication is being taken as prescribed.

Skills Training provides training and interventions designed to assist children, adolescents and their parents in learning how to identify and build upon strengths and abilities. Services also help them develop coping skills. With the level of care requirements, skills training is curriculum based per diagnosis and is required for both the child and the Legally Authorized Representative.

Family Partner Services are provided through employees who are family members of a child who has received or currently receive services. These providers are specially trained to assist family members navigate the systems of care and provide advocacy for the care givers as needed. Family Partners provide individual and group services with supervision from a licensed and/or trained children's services provider.

YES - Youth Empowerment Services - The YES waiver program provides comprehensive home and community-based mental health services to youth between the ages of 3 and 18, up to a youth's 19th birthday, who have a serious emotional disturbance. The YES Waiver provides flexible supports and specialized services to children and youth at risk of institutionalization.

Intellectual and Developmental Disability Services

Service Coordination is provided to all people who receive services. The Service Coordinator assists individuals in accessing resources and services necessary to reach and maintain an optimal level of functioning in their community. This is done through referrals, monitoring of services and advocacy.

Provider Monitor Services ensure oversight of the internal and external providers of the people receiving services. They assist individuals in ensuring that the Person Directed Plan is carried out and advocate for the person, when services are not provided.

Psychological Services includes psychological assessments and consultation to facilitate adaptive behaviors, as well as consultations with the psychiatrist and other providers as needed.

Nursing Services include medical assessments, physician referrals, health and safety education and consultation with specialists as needed. Services include both LVN and RN intervention.

Respite Care Services provide short-term, temporary relief from and/or for the individual's primary care giver(s). Individuals who stay at the agency's respite facility or receive respite in their own home. They are provided assistance and supervision with their activities of daily living and supervision of medications. The length of respite can vary from a few hours to a month.

Individualized Skills and Socialization Services offers a more structured setting for individuals to learn independent living skills. The program's emphasis is to provide meaningful activities for people, teaching skills such as money management, kitchen management, computer skills, socialization skills, etc.

Home and Community-based Services (HCS) program is a Medicaid-waiver program that enables people to live in the community by providing needed supports and services. The program can provide assistance with residential care, supportive employment, nursing, day habilitation and therapeutic services, such as speech or occupational therapy services.

Texas Home Living (TxHmL) is a Medicaid-waiver program that provides less intense support services than HCS services to people with Intellectual and Developmental Disability residing in the community. This program can provide limited assistance with supported employment, nursing, day habilitation, dental and a variety of other services, not to exceed a limit defined by the State.

Integrated Healthcare and Integrated Substance Use Disorder Services

Based upon individual needs, people will be linked to the appropriate integrated service provider within the behavioral health clinics. The services are provided by FTEs with CPIH for all 9 counties. Services include physical health care and intensive outpatient substance use treatment.