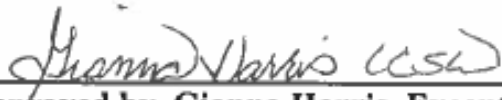


HELEN FARABEE CENTERS

**Quality Management Plan
Fiscal Year 2022**



**Helen Farabee Centers Quality Management Plan
including Attachments:**



Approved by **Gianna Harris, Executive Director** 09/02/21
Date



Approved by **Verner Hayhurst, Chair, Board of Trustees** 9-2-21
Date

Table of Contents

Contents

Introduction/CQI	4
Committees/Staff Meetings	7
Quality Management Infrastructure	7
Board of Trustees	7
Center Leadership.....	8
Services offered to Individuals.....	9
(Mental Health, Intellectual and Developmentally Disabilities –IDD, Substance Abuse and Early Childhood Intervention)	9
Medical Services	10
Client Rights.....	11
Clinical Accountability.....	11
Safety and Risk Management Activities	11
Community Services	12
Human Resources.....	13
Financial Processes.....	13
Information Services	14
Role and Responsibilities of Quality Management Staff	14
Annual Evaluation of Quality Management Plan.....	14

Program Specific Quality Management Plan Attachments:

- A Mental Health Services-Adults and Child/Adolescents
- B Archived- Home and Community based services-Adult Mental Health
- C Child/ Adolescent –Youth Empowerment Services (YES)
- D Intellectual and Developmentally Disabled Authority Services
- E Intellectual and Developmentally Disabled Provider Services
- F Substance Abuse Services
- G Evidenced-Based Practices and Fidelity Elements
- H Mental Health-Performance Measures
- I Early Childhood Intervention Services (ECI)
- J Subcontracting

Introduction/CQI

Helen Farabee Centers (Center) maintains an annual Quality Management (QM) Plan, which identifies the internal and external processes of our quality management program per Texas Administrative Code Title 26, Part 1, Chapter 301, Subchapter G, Division 2, Rule § 301.222- Quality Management. Additional requirements for the Quality Management Plan also exist for IDD Services, Substance Abuse Services, YES Waiver and Early Childhood Intervention Services.

The Center's Quality Management Plan addresses services provided by internal providers and contractors serving those individuals with Behavioral Health disorders (Mental Health and Substance Abuse disorders), Intellectual and Developmental Disabilities (IDD) and Early Childhood Intervention (ECI) services.

The QM activities, described in this plan, are supported by the principles of **Continuous Quality Improvement (CQI)**:

- *Commitment to quality leadership*
- *Building organizational culture*
- *Focusing on individual's recovery*
- *Most problems are found in processes, not in people*
- *Using a systematic approach*
- *Measuring processes with valid and reliable data*
- *Using feedback to improve processes*
- *Partnering with staff to improve quality*
- *Identifying defects in quality and tracing them to their source*
- *Improving coordination and collaboration between different functions in the organization*
- *Working closely with internal and external stakeholders*

The Center promotes these values to individuals, families, and other stakeholders in the provision of our services:

- *Person-centered – the individual's needs will be at the core of all plans and services.*
- *Respect – the presence of respect to individuals, families, providers and staff.*
- *Independence – promoting the individual's personal and economic independence.*
- *Choice – individuals will have options for services and supports.*
- *Self-determination – individuals will direct their own lives.*
- *Living well – the individual's services and supports will promote health and well-being.*
- *Trauma-informed care– the treatment environment and communications will reflect an understanding, recognition, and response to all types of trauma.*

- *Contributing to the community – individuals are able to work, volunteer, and participate in local communities.*
- *Cultural competencies – individuals are able to interact effectively with people of different cultures.*
- *Flexibility – individual needs will guide our actions.*
- *Effective and efficient – individual's needs will be met in a timely and cost-effective way.*
- *Collaboration – partnerships with families, communities, providers, and other federal, state and local organizations result in better services.*

The purpose of the Quality Management Plan is to:

- Guide the activities of the organizational quality management (QM) program and services provided by the Quality Management staff.
- Establish processes for assessing the quality of services.
- Identify the standards against which performance is measured.
- Establish a cohesive and focused work plan that directs time, effort, and resources.
- Communicate and coordinate significant changes in monitoring procedures with other departments.

QM activities are initiated in the following ways:

- On-going performance review activities to include the completion of fidelity reviews on identified evidence-based practices by qualified staff.
- Monitoring standards identified within relevant contracts.
- Locally selected performance improvement initiatives.
- Participating in audits conducted by external sources including any required corrective action plans.

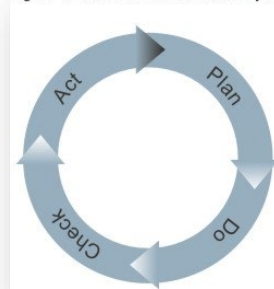
In order to ensure the improvement of service delivery and Center practices, the Quality Management staff should offer or employ the following strategies to the employees of Helen Farabee Centers:

1. **Consultation** as it relates to compliance standards, performance measure on contracts and policy/procedures.
2. **Oversight of policy and procedures** within the organization to ensure that they are clear and relevant and direct processes and systems across the organization.
3. **Completion of monitoring and evaluation** activities as identified related to our processes to ensure appropriate services, competent staff, safe environment, and ensuring that corrective action plans are established. The monitoring and evaluation activities are internally directed reviews for purposes of performance improvement. **Closing the Loop:** Therefore, corrective action/ responses of these

activities are requested through the Quality Action Management Plan process (QMAP) or as governed by a requested corrective action plan.

4. **Seeking stakeholder input/ satisfaction** as it relates to providing opportunities for individuals to provide feedback. This information is provided in a manner for which discussion and follow up can occur.
5. **Data entry/ Integrity** as it relates to identified data/measures being entered or tracked by the Quality Management staff.
6. **Ongoing assessment** or review of systems and processes of the organization as identified. The use of Plan, Do, Check, Act¹ is a recommended tool for quality improvement activities.

Figure 1: The Plan-Do-Check-Act Cycle



The four phases of this problem-solving model include Plan= recognize an opportunity and plan a change; Do= develop and test the change or potential solution; Check=review the test, analyze the results, and identify what you have learned; Act=take action, implementing the improved solution fully.

QM staff will assist in encouraging the use of steps toward a Continuous Quality Improvement model of business:

- Use of a workgroup that has knowledge of the system needing improvement.
- Define the outcome desired.
- Understand the needs of the individual served by the process/ system.
- Identify and define measures of success toward the outcome.
- Brainstorm strategies for producing improvement.

¹ <http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html>

- Plan, collect, and use data in decision-making.

On a routine basis, QM staff will provide objective feedback in terms of data, data analysis, patterns and trends related to areas monitored to leadership.

Committees/Staff Meetings

The structure of the Center’s various committees, including the Board of Trustees, assists the leadership in effectively administering the primary functions/services of the organization. The committee structure includes representatives who speak on behalf of their assigned area for the purpose of information sharing, identification of issues/ concerns and to assist in any corrective actions that are required within the organization. Established committees at this time include Board of Trustees (BOT), Improvement and Oversight Committee (IOC), Expanded Improvement and Oversight Committee (Ex-IOC), Utilization Review Committee, Medical Staff Committee, Clinical and Environmental Safety Committee and Human Rights Committee, Trauma Informed Care Team. A variety of staff meetings also occur, and QM staff may attend at the request of the Department Head/ Program Manager for consultation.

Quality Management Infrastructure

The Center works with individuals, families, and other stakeholders to ensure quality management activities address issues identified in the Quality Management Infrastructure. The domains of our Center’s infrastructure include:

Board of Trustees
<ul style="list-style-type: none">• Board of Trustees receives formal training to clarify their roles and responsibilities.• Board members receive formal training regarding all the services delivered by the Center.• Board members receive formal training regarding the populations served by the Center.• Board members have a responsibility to perform a performance evaluation(s) of the Executive Director.• Board members approve policy statements of the Center.• Board members receive regular reports about the operations and community involvement of the Center provided to them by the Executive Team-Improvement and Oversight Committee – (IOC) of the Center.

QM Monitoring of the Board of Trustees

- Board members receive required training.
- Board members receive Policy Statements for annual review and approval.
- Board members receive budget/ budget issues for review and approval.
- Board members receive additional information on business operations for endorsement and recommendations.

Center Leadership

- The Executive Team meets regularly with the Board of Trustees in order to apprise them of the Center's budget, operations, external audits, etc.
- The Executive team is responsible for maintaining a safe and healthy environment.
- The Executive Team is responsible for maintaining financially sound business practices.
- The Executive Team is responsible for the development of and maintaining organizational plans such as Emergency Management Plan, Accessibility Plan, Cultural Competency Plan, Strategic Plan, Staffing Plan, Training Plan (Procedure 200.2.1), etc.
- The Executive Team is responsible for ensuring all aspects of performance contracts and statements of work.
- The Executive Team is responsible for the development of and maintaining center specific procedures.
- The Executive Team is responsible to ensure on going monitoring and corrective actions as appropriate in relation to their quality management activities.
- The Executive Team is responsible to ensure the use and adherence to the governing documents for service provision and compliance requirements in the State of Texas and Helen Farabee Centers:
 - Code of Federal Regulations (CFR) including Health Information Portability and Accountability Act
 - Texas Administrative Code (TAC)
 - Texas Health and Safety Code
 - Performance Contracts and Statements of Work
 - Criteria of the Certified Community Behavioral Health Clinic (CCBHC)
 - Memoranda of Understanding
 - Memoranda of Agreement
- Policy and Procedures
- The Executive Team is responsible to ensure data integrity processes. Such as Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW); Clinical Management Behavior Health System (CMBHS); electronic medical record, human resource/payroll system Pay Com; CARE, and any required data portals used at the Center.

- The Executive Team is responsible for ensuring appointed committees in accordance with established requirements.
- Improvement and Oversight Committee (IOC)
- Expanded Improvement and Oversight Committee (Ex-IOC)
- Medical Staff Committee
- Utilization Review Committee
- Planning and Network Advisory Committee
- Human Rights Committee
- Clinical and Environmental Safety Committee
- Trauma Informed Care Team

QM Monitoring of the Center's Leadership

- Executive Team routinely monitors center activities and implement performance improvement activities as identified.
- Executive Team ensures the annual review and revision of policies and procedures.
- Executive Team ensures the annual review and revisions of required Plans.
- Executive Team ensures ongoing monitoring/ reporting on performance contracts.
- Executive Team ensures full cooperation with external audits and compliance with corrective action plans.
- Executive Team ensures the adherence to the CCBHC criteria.
- Executive Team ensures a trauma-informed care environment.

Services offered to Individuals (Mental Health, Intellectual and Developmentally Disabilities -IDD, Substance Abuse and Early Childhood Intervention)

Individuals served of Helen Farabee Centers are provided or offered:

- Person-centered/family-centered services.
- Services that are culturally sensitive.
- Communications maintained and in compliance with HIPAA regulations.
- Immediate and appropriate crisis intervention services; or referral to an appropriate provider.
- Assessment in a timely manner for appropriate services.
- Timely and appropriate access to services.
- Evidence-based services as available.
- Necessary medical screenings/ interventions as identified.
- Age appropriate services.
- Collaboration of clinical staff as appropriate.

- Continuity of care services if hospitalized or incarcerated.
- Their rights and opportunity to grieve or appeal treatment decisions.
- A safe and healthy environment for treatment services.
- Services as defined by the performance contracts or statement of work.
- Opportunities to work with Certified Peer Support Specialists, Recovery Coaches, and Certified Family Partner as appropriate.
- Opportunities to work with a Veteran Peer Specialist as appropriate.

QM Monitoring of Services

Service provision is ensured by the Center Managers/ Department heads for:

- Use of person-centered, family-centered recovery planning.
- Any violations of HIPAA regulations.
- The completeness and confidentiality of an individual's medical record.
- Use of fidelity on identified evidence-based treatments.
- Use of appropriate prescribing practices.
- For completion of rights, confidentiality and privacy requirements.
- Use of culturally sensitive services and communication.

Medical Services

Services include:

- Psychiatric Evaluations and ongoing follow up.
- Screening and referral services for designed health care conditions (i.e., A1C lab for diabetes screening, blood pressure readings, body mass index scores, vital signs).
- Medication management/education.
- Informed consent related to medication management.
- A clean environment and clear practices to reduce the spread of infections.

QM Monitoring of Medical Services

- Chief Medical Officer ensure appropriate clinical practices of our prescribing providers.
- Director of Nursing ensure appropriate nursing practices of our licensed nurses and medical assistants.
- Infection Control Coordinator ensure development and revision of the Infection Control Plan to include oversight of the Infection Control Program.
- Infection Control Coordinator monitors infectious conditions of individuals served/ staff and ensure appropriate follow up.

Client Rights

- Center affords all individuals served the rights provided to them through the Texas Administrative Code and local policy and procedure.
- Follow up on any complaints related to one's rights being violated or associated concerns.
- Follow up on any reports of abuse, neglect and/or exploitation in accordance with Texas Administrative Code and the Department of Family Protection Services (DFPS).

QM Monitoring of Client Rights

- Director of Client Rights performs internal QM reviews on:
 - A mechanism to improve individual's rights protection processes.
 - A mechanism to measure, assess, and reduce incidents or abuse, neglect and exploitation.
 - A mechanism to track and address grievances reported.

Clinical Accountability

- Services reviewed for appropriate utilization of services.
- Services reviewed for quality of services, along with timeliness of documentation.
- Center ensures clinical staff are appropriately trained to clinical practices and credentialed for the provision of services.

QM Monitoring of Clinical Accountability

- Director of Utilization and Quality Management will establish needed monitoring practices and reports based on the needs of the organization.

Safety and Risk Management Activities

- Center maintains facilities as required by local, state, and federal requirements regarding individual health and safety.
- Center maintains appropriate licenses for facilities.
- Center maintains compliance with applicable Health and Safety rules and standards.
- Center maintains policies and procedures related to emergency management, safety practices, safe environment, and the safety disposal of bio-hazardous waste as applicable.

QM Monitoring of Safety and Risk Management

Director of Risk Management and Safety Officer performs internal QM reviews on:

- Available and accuracy of documentation related to critical incidents/unsafe conditions.
- Ensure completion of monthly Center environmental inspections.
- Ensure completion of required evacuation drills.
- Ensure completion of annual fire extinguisher reviews and Fire Marshall visits.

Community Services

- Center will actively involve individuals served and family members in planning activities (Consolidated Local Service Plan and Local Network Development Plan).
- Center will assess community needs and resources.
- Center will participate in community coalitions.
- Center will collaborate with legislative resources.
- Center will seek input on satisfaction with services provided.
- Center will develop and maintain formal agreements between service providers, as needed.

QM Monitoring of Community Services

Director of Community and Client Support (CCS) performs internal QM reviews on:

- Documentation of community activities through social media.
- Individuals served involvement in community planning activities.
- Compliance with requirements for formal agreements between service providers (e.g. volunteers, interns).
- Scheduling and coordinating activities for the Planning and Network Advisory Committee (PNAC).

Human Resources
<ul style="list-style-type: none">• Center ensures legal and appropriate hiring practices.• Center ensures proper background screening is conducted prior to hiring.• Center ensures proper licenses/ certifications are verified by way of the Primary Source for this information-initially and prior to expiration.• Center maintains policies and procedures on personnel requirements.• Center ensures that staff training and development is conducted on any changes to service delivery rules or contract requirements.• Center maintains appropriate documentation of new employee orientation-training, annual refresher training, as needed training such as evidence-based practices, along with competency tested.
QM Monitoring of Human Resources
Director of Human Resources performs internal QM reviews on: <ul style="list-style-type: none">➤ Credentials/Licensure➤ Position Descriptions➤ Performance Evaluations➤ Staff Training➤ Employee Injuries and associated costs

Financial Processes
<ul style="list-style-type: none">• Center ensures fiscal accounting and business processes within local policy and procedures.• Center ensures accurate billing practices that ensure department funds are used as a last resort.• Center ensures we follow the instructions/ guidelines of the Uniform Grant Management Standards, Office of Management and Budget, circulars, local and state requirements as appropriate.• Center ensures routine financial reports to the Board of Trustees.• Center ensures that any financial activities conducted, on behalf of individuals served, will be monitored routinely.• Center ensures compliance with the Texas Administrative Code on financial requirements.
QM Monitoring of Financial Processes
Under the direction of the Chief Financial Officer, the department ensures a variety of checks and balances through: <ul style="list-style-type: none">• Reconciliations• Reporting• External Audits• Other internal processes

--

Information Services
<ul style="list-style-type: none">• Center ensures upkeep of center technology/ equipment.• Center ensures security guidelines as it relates to electronic equipment: phone system, cell phones, projectors, printers, faxes, Xerox machines, desktop and laptop computers.• Center provides education and guidance to staff related to responsibilities of assigned equipment.• Center provides “help-desk” services by way of email contact @Helpdesk or phone contact.• Center ensures the electronic medical record that is designed to meet collection of required measures, standards of practices and is functional for the clinical staff’s use.
QM Monitoring of Information Services
<ul style="list-style-type: none">• Director of Management Information Services performs internal QM activities on<ul style="list-style-type: none">➤ Issues surrounding the center technology/ equipment.➤ Issues surrounding the electronic medical record.➤ Issues surrounding virus protection or scams.

Role and Responsibilities of Quality Management Staff

It is the responsibility of the Quality Management staff, unless otherwise designated, to measure, assess and improve the accuracy of data from across Center departments. Continual analysis of internal processes, outcomes, and external forces provides the Center with valuable information that guides the development and redevelopment of Quality Management, service delivery systems, and business practices.

Annual Evaluation of Quality Management Plan

On an annual basis, an evaluation/review of the Helen Farabee Centers Quality Management Plan will be completed in order to identify any additions, deletions, or changes needed to the plan.