



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER

2022 CONSOLIDATED LOCAL SERVICE PLAN (CLSP)

2024 QUALITY MANAGEMENT PLAN (QMP)

FOUNDATION

“A recovery-focused behavioral health care organization recognizes its responsibility to make continual evaluations of the quality and effectiveness of its **services.**” [Personal Outcome Measures in Consumer-Directed Behavioral Health]

“Process accountability means achieving desired outcomes using procedures and methods that are legal, ethical and clinically appropriate.” [Personal Outcome Measures in Consumer-Directed Behavioral Health]

An organization should establish policies and procedures that provide guidance for provider decision making and allow for flexibility in individualizing service delivery for the consumers while at the same time hold the local authority and provider network accountable to their legal, contractual and regulatory guidelines.

This Plan will focus on the mission of West Texas Centers “Quality Services for Quality Life” and will seek to incorporate all major components of the vision statement in the ongoing monitoring activities.

MISSION AND VISION STATEMENTS

Mission Statement - “Quality Services for Quality Life”

Vision Statement- “Create a superior system of care to meet individualized needs through the provision of quality services shaped by partnerships and built upon integrity, mutual respect and compassion for those served.”

Local Service Area Plan Definition

West Texas Centers (WTC) Local Service Area Plan identifies all Center planning documents to include the Center's Quality Management Plan (QMP), Certified Community Behavioral Health, the Local Planning and Network Development Plan, Jail Diversion/Crisis Oversight Plan, and the Corporate Compliance Plan and Center's Code of Conduct.

FY24 Quality Management Plan

West Texas Centers (WTC) has developed the following Quality Management Plan (QMP) to have a systematic and objective way to measure, assess, and improve the clinical services offered. The QMP assists in assuring that basic standards of care are met and provides the framework to obtain feedback from stakeholders and providers regarding the way the Center conducts business. Quality for the organization and its network of providers is represented as a set of standards and expectations in the form of targets, objectives, and outcomes. This plan will ensure effective quality management processes for all services, contracts and subcontractors regardless of funding.

The Quality Management Committee will serve as the communication tool for the various departments within the organization and will work to develop recommendations for improvement as needed.

FOCUS

Performance Contracts:

It is critical to the operations of WTC to remain in compliance with requirements outlined in the Performance Contract with Health and Human Services Commission (HHSC), and Managed Care Organizations (MCO). Behavioral Health HEDIS (Healthcare Effectiveness Data and Information Set) measures will be implemented to monitor compliance with Medicaid or other pay source requirements for billing.

Management teams within each division of the organization are responsible for strict adherence to performance contract expectations and monitoring compliance with established outcomes and accuracy of data submitted. Percentages of compliance established within each performance contract are utilized as minimum acceptable compliance measures.

In addition to the HHSC and MCO performance contract and HEDIS requirements the Centers Quality Management Plan must achieve and maintain compliance with Texas Administrative Code and Health and Safety Code requirements. The plan is reviewed regularly to insure this objective is met as these regulations are revised or deleted.

Outcomes for People

WTC focus is on evaluating questions such as "are people getting better?", "are our services effective?", and "do people achieve their goals as a result of the services they receive?" The ongoing assessment for all our programs will be to see if people are getting better, achieving their personal outcomes and living independent lives through the use of our services and supports. We continue to look at our Center to see that we continue putting the mission, vision, and value statements into practice as services evolve and change. It is important that we view consumers and family members as partners in the process of their recovery and seek their assistance throughout all phases of treatment decisions.

Certified Community Behavioral Health (CCBHC)

The appropriate department Manager/Director along with Quality Management department will routinely monitor clinical outcomes and organization indicator for ongoing compliance for CCBHC certification. Individual provider compliance to evidence-based provider's protocols is done no less than quarterly and overall compliance to CCBHC criteria is formally assessed no less than annually.

West Texas Centers ensures that individual providers adhere to evidence based practiced protocols including the following:

- CANS/ANSA Assessment
- Assertive Community Treatment (ACT)
- Co-occurring Psychiatric and Substance Abuse Disorders (COPSD)
- Illness Management and Recovery (IMR)
- Motivational Interviewing
- Individual Placement and Support-Supported Employment
- Permanent Supportive Housing Evidence Based Practices
- Trauma Informed Care
- Person Centered Recovery planning
- Recovery Planning and Recovery Philosophy
- Nurturing Parent
- Seeking Safety
- Social Skills Training and Aggression Replacement Techniques (START)
- Wraparound Planning Process (C&Y Services)
- PAYA-Preparing Adolescents for Young Adulthood
- CMHS National GAINS Center Sequential Intercept Model
- Mental Health First Aid
- ASK Suicide Safe
- Columbia Suicide Severity Rating Scale (CSSRS)
- Peer Certification
- Family Partner Certification

Quality Management staff conducts periodic reviews (no less than annually) of Assessments, Progress Notes and Training for documentation of adherence to evidence practiced protocols by individual providers.

Workforce

Recruitment - WTC is committed to recruiting and selecting the best applications for positions within the organization and are committed to recruiting potential candidates through the following resources;

- Internal candidates
- Employee referrals
- Networking Internet sources
- Conferences and seminars
- Special recruiting events
- Advertising
- Virtual Job Fair

West Texas Centers provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

Staff Competency Determination

Qualified and trained staff make up an important component of quality service provision. Qualifications and education are verified prior to hire and competency to perform essential direct care duties is assessed prior to staff's working unaided with consumers. All staff complete the required training and competency assessment annually and compliance monitored.

Communication Committee

The Communications Committee provides input and information to the CEO on Center wide activities and issues. The Chief Executive Officer communicates current issues or changes that are generated at Center and State level. The Chief Executive Officer also delivers State and Legislative information to committee members and formulates necessary changes or updates. This group is made up of all the Center's Directors/Supervisors and representatives from the quality management committees with the primary purpose of sharing information among Executive Management and leadership regarding hot topics, management directives, Center implementation of policies and procedures, and progress on achievement of Center goals and objectives. Leadership employees are responsible to provide the information discussed at the meeting to service/department staff.

Leadership Training

Skilled, motivated supervisors, managers, and staff are crucial in building and maintaining WTC quality management values. WTC Human Resource department, Texas Council Risk Management Fund and program specific Consortium groups provide education on the latest trends and developments in areas relevant to effective supervision and management.

HIPAA Compliance

West Texas Center employees are trained on compliance with HIPAA regulations. Notice of Privacy Practices (NPP) is posted on WTC website in English and Spanish. The NPP is posted in WTC office locations to include waiting rooms. The NPP is posted in English and Spanish. The acknowledgment is placed in the consumer's record. WTC has a designated Information Technology Security Officer (Director of Office Information Technology/Security) and is responsible for Security Requirements related to security and Protected Health information. This includes, but is not limited to:

1. Compliance with the Data Use Agreement (DUA)
2. Physical Safeguards (Protection of computer systems);
3. Having policies and procedures in place for
 - Using electronic devices
 - Securing electronic devices

- Complying with federal data standards
- 4. Ensures that WTC staff utilize encrypted e-mail for transmission of PHI through e-mail.
- 5. Technical Security Services (Processes put in place to control access to information); and
- 6. Technical Security Mechanisms (Processes that are put in place to guard against unauthorized access to data that is transmitted over the network)
- 7. Training including Cybersecurity.

Infection Control:

The Infection Control Committee was established by WTC Chief Executive Officer and charged with the responsibility for surveillance (the continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control), prevention (strategies to reduce the probability of an individual acquiring an infection), and control (preventing the transmission of identified infections) of infections. The Infection Control Committee, under the guidance of the Medical Director, has the authority to institute any surveillance, prevention, and control measures if there is reason to believe that any individual served or staff member is at risk.

Emergency Management Plan/Death Review Committee

The Center complies with the Death Review TAC requirements by reporting all client deaths to HHSC and conducting a preliminary investigation and assembles the appropriate administrative/clinical death review committee as necessary. The Center conducts training with consumers needing assistance in what to do in case of an emergency. The relevant management body, Safety/Risk committee or staff assesses trends at least quarterly and improvement strategies are implemented to resolve any issue.

Safety/Risk Management (Encompasses WTC Infection Control Plan)

Develop and establish procedures and requirements for the prevention of accidents or significant incidents. The analysis of data related to consumer incidents/injuries (including abuse/neglect and client deaths), vehicle accidents, employee injuries, medical incidents (including illness), infectious diseases, ADA regulations and deaths will be reviewed by Risk and Safety committees. The Risk and Safety committees are comprised of members that support the reliability and continuity between these processes and Quality Management initiatives.

Tobacco Free Work Environment

West Texas Centers is committed to Tobacco-free campuses for all employees, volunteers, clients and visitors to create a healthier environment. WTC will adopt practices that provide education and training on health related topics to our staff, including the health hazards of tobacco use, information and resources to assist with tobacco cessation. The Quality Management department will monitor clinical charts, through this monitoring areas not meeting prescribed procedures or protocols can be identified and improvement plans can be developed to address individual or areas needing support.

Community Relations

Includes the development, implementation, participation and management of systems effecting West Texas Centers status in the community. Facilitates meaningful growth with WTC Website, Patient Portal, multi-agencies, educational institutions, internal-external committees and special events across West Texas Centers. Ensures positive information about West Texas Centers is communicated to the public - press releases, newspaper articles, PSA's, social media. Community relations also

- Works with Federal, State and local agencies, providers and consumer advocacy groups to improve the delivery of care.
- Conducts Consumer Satisfaction surveys (Mental Health & Intellectual Developmental Disability)
- Discusses community relations issues, concerns and brainstorms on solutions.
- Takes input from the PNAC Planning Network and Advisory Committee to problem solve issues and submits requests to program leadership.

Clinical Practice of Providers

Clinical practices in all program areas will focus on the effectiveness and efficiency of services. Throughout the course of the fiscal year, services will be evaluated for compliance to payer requirements as well as compliance with basic core elements of quality services. The core elements will include but not limited to:

- Respect – individuals, families, providers and staff are treated with respect
- Effectiveness of service planning and validation of diagnosis being treated
- Consumer progress or lack of progress in treatment
- Clinical justification for services authorized (medical necessity)
- Consumer participation in treatment (Person-Centered)
- Choice – individuals will have options for services and supports

Other elements that are unique to a specific service type or program will be included as needed.

Customer Satisfaction:

The concept of customer satisfaction is interlaced throughout all monitoring and review activities, always assessing the level of satisfaction of those who utilize our services. The intent of this domain is to bring customer satisfaction to the forefront and monitor that the Center is not only looking at the basic satisfaction with given services, but that we are responsive to the needs and requests of our customers on an ongoing basis.

Contracts:

The Contract Management process coordinates procurement of services in compliance with 25 TAC Chapter 412B. Contract will be monitored to evaluate fiscal and qualitative indicators specific to contracted services to determine whether the service provider is in compliance with the contract. Community services contracts are evaluated quarterly or as needed on variables to ensure

achievement of desired outcomes, compliance with applicable rules and standards which relate to the contracted services.

Grants

Unprecedented economic pressure and declining funding influence WTC to Pursue grants on a continuing basis for alternate funding sources for customized or project focused grants that will help provide additional resources to consumers and develop programs in communities.

Organizational Self-Assessment

Regular ongoing consumer satisfaction surveys will be developed by the Planning and Network Advisory Council (PNAC) along with the Community Relations Director and Quality Management division through a new Portal System in Smartcare. Information obtained from these surveys will be compiled and reported to program areas, the PNAC group and other stakeholders on a regular basis. Program surveys will also be shared with West Texas Centers Board of Trustees.

Individual program areas perform differing tasks related to organizational self-assessment as outlined below.

ROLES AND RESPONSIBILITIES

Quality Management Committee:

The committee will meet a minimum of quarterly with an agenda that includes reports and data from each of its program areas as well as pertinent reports and data from the Center's standing committees and Local Planning & Network Advisory Council. The committee will be responsible for:

- Reviewing all data presented for assessment of program specific quality management activities;
- Reviewing results of any internal and external record reviews and surveys;
- Monitoring WTC's performance and data accuracy in relation to data verification and other quality monitoring activities required by payers;
- Reviewing implementation of internal quality management plans from Mental Health, IDD and Early Childhood Intervention (ECI);
- Developing recommendations for improvement with Certified Community Behavioral Health Center (CCBHC), Mental Health, IDD, ECI and Special Programs.
- Provide technical assistance to internal and external providers to improve the quality and accountability of contracted services;
- Provide membership to other committee processes such as competency determination and the management and reporting of critical incidents and death;
- Establish procedures and timelines for corrective action responses when problems are identified;
- Analyze reviews of provider recovery plans to determine the accuracy of assessments and the treatment planning process;
- Establish processes which systematically monitor, analyze and improve performance of provider services and outcomes for individuals;
- Develop, review and utilize quality management data and reports to identify and improve programmatic processes;

- Provide a mechanism to insure coordination of activities between other Center committees to include the Certified Community Behavioral Health, Utilization Management Committee, Jail Diversion/Crisis Oversight Committee;
- Monitor and provide input to the Center's individual rights processes;
- Provide information to enhance and improve the Center's provider training activities;
- Provide a vehicle for quality improvement reporting to the Center's governing body, PNAC and other community stakeholders.

Data Collection and Analysis

WTC accesses and reports data from a variety of HHSC data repositories and other reporting systems; this includes, but is not limited to: SmartCare, MBOW, CMBHS, CARE, TMHP. Collection of data and analysis of data for accuracy, reliability and patient safety are carried out with assistance from the Director of Office Information & Technology, Electronic Health Records, Quality Management Director, Chief Executive Officer, Deputy Chief Executive Officer, Chief Financial Officer, IDD & Mental Health Authority Directors & Deputy Directors.

WTC uses data driven reports for the purpose of analyzing data, making management decisions and improving the quality of services to Consumers, Patients and Participants.

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

- Strengths and weaknesses
- Outliers
- Effectiveness of designed processes
- Level of performance and stability of providers
- Opportunities for improvement

Significant findings are immediately reported to the Quality Management for further analysis and recommendations.

Quality Management Committee -Membership will be assigned by the Chief Executive Officer. The members assigned for FY23-24 are as follows:

Director Quality Management – Chair

QM Reviewer

Chief Executive Officer (CEO)

Chief Financial Officer

Deputy Chief Executive Officer

Director Mental Health Services

Deputy Director Mental Health Services

Director Intellectual Developmental Disabilities Services

Deputy Director Local Intellectual Developmental Disabilities Authority Services

Director Administrative Programs/DFPS Liaison

Crisis Support Coordinator

Director Community Relations/PNAC

Director Early Childhood Intervention Services

Medical Services Coordinator

Substance Use Disorder Services Program Manager

Medical Director – Ad Hoc

As the committee meets at least quarterly, it has the authority to form focus groups or workgroups that meet more frequently to address specific issues as indicated.

The Quality Management department will be responsible for the following:

- Guide development of QM Plan with input from local planning entities and staff;
- Serve as contact with HHSC for all quality management issues;
- Representation at Quality Management Consortium;
- Serve as the designated link between Quality Management, Certified Community Behavioral Health Center, Utilization Management, Jail Diversion/Crisis Oversight, Substance Use Disorder Services, Special Programs, Risk/Safety;
- Assure integration and consistent communication (specifically related to quality management) across all systems of care and levels of management;
- Serve as chair of Quality Management Committee;
- Monitor and participate in development and implementation of WTC's Local Planning and Network Development efforts;
- Monitor and participate in development of the Quality Management Plan, to include writing the plan document;
- Provide regular updates and reports to the Centers Board of Trustees and other stakeholders.

Model of Improvement

WTC CCBHC QM/UM workgroup will answer these three questions;

1. What are we trying to accomplish?
2. How will we know that a change has resulted in improvement?
3. What change can we make that will result in an improvement?

Once these questions are answered, the workgroup will understand the desired improvements, the CCBHC QM/UM workgroup will utilize the Plan Do Study Act (PDSA) model.

- PLAN** - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes.
- DO** - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- STUDY** - At this stage, data is again collected to compare the results of the new process with those of the previous one.
- ACT** - This stage involves making the changes a routine part of the targeted activity. It also means "Acting" to involve others (other staff, program components or people serviced) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow-up.

Planning Network and Advisory Committee (PNAC) Local Planning and Network Development

WTC is committed to the development and expansion of our Mental Health and Intellectual and Developmental Disabilities provider networks. The PNAC will include a broad base of community stakeholders, such as public agencies, public and private providers and provider associations, local businesses, advocacy organizations, civic organizations, etc. The composition should reflect the ethnic, cultural and social diversity of the community and should foster ownership among all community stakeholders. The PNAC will be composed of at least nine (9) members, 50% of whom must be consumers and/or family members to represent Mental Health and Intellectual and Developmental Disabilities services. The Board of Trustees shall give the PNAC its charge to assist the Board of Trustees in an advisory capacity by making recommendations concerning development of the Local Plan and development, design, management and evaluation of the Service Delivery System.

We are committed to providing choices for our consumers and their families.

Quality Management Department Responsibilities:

A key component of the Center's Quality Management effort includes submission of provider quality management plans from MH, IDD and ECI. These program specific plans are actively in place and are detailed in this document. Each provider is responsible for the development, implementation and reporting of their individual quality management plan to the Quality Management Department. Plans are concentrated around those program areas identified for improvement through internal reviews, surveys, agency revisions or requirements and/or management initiatives. The Quality Management Department will monitor plans for compliance and safeguard through random chart reviews that corrective actions are completed. The QM department will provide continuous quality improvement measures to ensure contracts are current and ensure compliance. Program initiatives status, findings and corrective action activities will be reported by the program designee at all Quality Management committee meetings.

Center-Wide Quality Management Initiatives

The Center Quality Management Department has identified the following program review activities for FY24

- Certified Community Behavioral Health Center: Supporting the vision of providing access to care at the right time and place, and assuring that programs and services are Person-centered with the strengths and the needs of the person determining the types of services and supports provided. Culturally and linguistically sensitive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of population served. Deliver services in a flexible manner, where possible to meet the needs of each child, family, or adult close to their community. Ensure each child, family, or adult receives care based on the person's needs.
- Customer satisfaction: The Community Relations Director in conjunction with the PNAC and program will develop, distribute and compile annual customer satisfaction surveys. Each year consumer surveys will be revised and updated to

capture new elements as indicated through other QM activities. These survey results will be compiled, documented and provided to the appropriate program management staff, shared with the PNAC, CEO, QM Committee and WTC Board of Trustees.

- IDD: Ongoing measurement and assessment of service quality, critical incidents, consumer incidents and injuries, rights violations, abuse and neglect, results of on-site safety/environmental inspections which include the review of adherence to Fire Safety Codes.
- MH: WTC Quality Management Department along with Mental Health staff will provide oversight to ensure compliance with and the quality of the TRR practices to include monitoring fidelity to the service models defined by HHSC and requiring providers to participate in oversight; including an annual continuous quality improvement measurement of the fidelity of evidence- based practices (EBP) for children and adolescent services utilizing the EBP fidelity tools approved by HHSC
- QM will conduct semiannual review of HR personnel files for all staff members to ensure competence in employment and personnel measures.
- Health and Human Services Mystery Shopper- MH Only: Conducts four recurrent reviews testing Access to services.
- Monthly monitoring of WTC Crisis Respite Center safety reviews.

FY 2024 Individual Program Area Quality Management Activities

Chart Reviews

The WTC Quality Management Department will perform chart review activities specific to the Mental Health and the IDD service areas as outlined below.

Mental Health:

- *FY24 Quality Management Department activities will focus on ongoing corrective action activities related to the HHSC, MCOs progress notes and all elements of quality service documentation.*
- *Quarterly Chart Reviews: Comprehensive chart reviews from the fifteen mental health clinics will be performed on a quarterly basis by the Centers Quality Management Director or designee. Review will include both adults and children serviced. These reviews will be inclusive of mental health service documentation events, i.e. all services. Specific services selected for review will be randomly determined at each review. The QM Department will review the quality of the services provided in these specific areas in accordance with procedure codes, TAC and MCO requirements.*
- *Reviewer will use QM audit forms developed by HHSC or MCO where applicable; these tools include the review instruments for general chart audits, recovery plans, progress notes, and case level psychosocial rehabilitation and skills training. Immediate notification to program staff and reimbursement staff will occur should a potential billing problem be noted. The reviewer will determine the quality of the services in accordance with procedure codes, Corporate Compliance policies and TAC requirements. Record reviews will include noting patterns or trends, identifying and recognizing program excellence and assessing the processes to determine effectiveness.*

- *Findings, data and associated reports will be discussed with the Director of MH services for internal program processes.*
- *Corrective actions will be identified. Timeframes for completion of corrective action activities will be negotiated at the review between the QM Reviewer and the Director Mental Health services. Follow up review of corrective actions will occur prior to the QM Committee meeting and summary information from these reviews will be reported on at QM Committee meeting.*
- *As the Quality Management Department performs quarterly reviews, a standardized customer satisfaction instrument will be developed and utilized to obtain real time feedback from a sampling of consumers in the review. The Individual Service satisfaction survey would measure service performance satisfaction as well as evaluate operational elements such as waiting times, office call protocols and crisis components. Results of these surveys will be shared with Director of Mental Health services or Deputy Director.*

Certified Community Behavioral Health Center (CCBHC)

The CCBHC Continuous Quality Improvement (CQI) committee provides ongoing operational leadership of all CCBHC quality activities.

The responsibilities of the CCBHC CQI committee include:

- Developing, implementing and maintaining effective CCBHC data
- Clearly define and document each CQI CCBHC project implemented, the reason for the projects, and the measurable progress achieved
- Provide at least quarterly review of all CQI CCBHC projects
- CQI projects are based upon the needs of the population served
- Review opportunities to improve the quality of care and safety of individuals served
- Focus on indicators related to improved behavioral and physical health outcomes, and take actions to demonstrate improvement in CCBHC performance
- Reporting to the Board of Trustees on quality improvement activities on a regular basis.

Certified Community Behavioral Health Center CQI Committee- Membership will be assigned by the Chief Executive Officer. The members assigned for FY23-24 are as follows:

Chief Executive Officer (CEO) - Chair
 CCBHC Coordinator Co-Chair
 Chief Financial Officer
 Care Coordination Program Manager
 Business Support Coordinator
 Deputy Chief Executive Officer
 Director Mental Health
 Deputy Director Mental Health
 Director of Reimbursement
Director Quality Management
 Children Services Director
 Program Evaluator

Substance Use Disorder (SUD)

West Texas Center's (WTC's) mission is to provide the best evidence-based, trauma informed community based treatment services to men, women, and young adults who are struggling with both mental health conditions and substance use disorders/addiction. Our goal is to provide a caring treatment environment and a platform of healing that enables our clients to achieve stabilization of mental health conditions, maintain long-term sobriety, recovery and positive life changes.

WTC's focus in conducting Substance Use Disorder (SUD) Quality Management (QM) activities is to measure the effectiveness of our Substance Use Disorder program, to identify opportunities for improvement in quality of client care and services, and to provide clients and participants a voice in the overall operation and quality of the services we provide. The Substance Use Disorder Manager will report SUD performance target numbers to the QM Committee and the committees will monitor quarterly performance as required by HHSC, CCBHC or other accreditation organization as applicable. If a waiting list has to be started for the program, this information will also be shared with this committee who will review the information to ensure fairness and equity in the access of services. The Quality Management Department will utilize the HHSC review tool to monitor SUD services and ensure that written procedures are developed and maintained in compliance with the Texas Administrative Code, the Substance Abuse Performance Contracts, CCBHC criteria, and include goals and objectives that relate to the program's mission.

Care Coordination Program

West Texas Centers Care Coordination Programs strives to assist individuals with co-occurring behavioral health and chronic physical health illnesses. Utilizing a screening process and data from the Electronic Health Record (EHR), staff can identify if an individual in services meets criteria to be served in the Care Coordination Program. Assessments are completed at an initial appointment and every 6 months to measure behavioral and physical health outcomes.

- Psychiatric Diagnosis
- Chronic Medical Conditions
- Social Determinants of Health
- Natural supports/Social resources
- Transportation
- Inpatient Psychiatric hospitalizations
- Involvement in recovery
- Prescription Medications (psychiatric and medical)

- Medical Hospitalizations or ER visits
- Outpatient Providers within the past 6 months
- PCP connected

Mental Health Deputy Program

The Mental Health Deputy (MHD) program is designed to allow for law enforcement intervention in the community with the goal of engagement, prevention, diversion, and recidivism. The MHD program focus is to work collaboratively with WTC in meeting the needs of individuals in the community. MH deputies are currently sub-contracted in three Counties: Howard, Nolan, and Terry. The MH deputies are responsible for engagement in the community to ensure the following.

- Reducing incarceration among individuals with mental illnesses;
- Increasing the chance that individuals with mental illnesses will continue treatment after an encounter with law enforcement; and
- Transportation to Private Psychiatric Facilities if needed

The monitoring of activities is completed monthly by the Deputy Director of Behavioral Health and then reported every quarter. Each program submits the number of individuals engaged with and what resources were offered at the time of engagement. Further, the MH Deputies submit the outcome of each engagement with individuals in the community.

Monitoring

- Schedule Summary of Mental Health First Aide Training for members of Jail Diversion/Crisis Oversight committee: Annually
- Schedule Mental Health First Aide Training for community groups and law enforcement officials as requested: Ongoing
- Tracking and monitoring of state-wide activities related to the Attorney General’s Opinions, Legislative Initiatives, Department of State Health Services directives, as well as other State-wide initiatives: Ongoing
- Mental Health Deputy Program Crisis Diversion reporting: Quarterly

Community Mental Health Grant: Jail Caseworker Program

The Jail Caseworker program is located in 4 County Jails in the WTC service area: Howard, Nolan, Terry, and Reeves. The Jail Caseworkers are strategically located within the jail and have daily collaboration with jail staff/administration and law enforcement. The Jail Caseworkers are responsible for identifying individuals with mental health or substance use disorders who are incarcerated. The Jail Caseworkers work with the inmates to link to resources inside the jail to reduce the chances of decompensating while incarcerated. Further, the Jail Caseworkers work with the inmate to create a person-centered transition plan to plan for the re-integration back to the community. Upon release, the Jail Caseworker then assists the individual on a voluntary basis with their transition plan for 90 days.

- Identifying individuals with mental illness and/or substance use disorders after incarceration
- Link individuals with mental illness and/or substance use disorder to appropriate resources
- Provide transition type services post-incarceration to reduce likelihood of recidivism
- Schedule and coordinate Mental Health First Aid Training and ASIST training for jail staff
- Community Mental Health Grant Program: Jail Caseworker reporting: Quarterly

The Mental Health Deputy and Mental Health Grant program Director (Deputy Director of Behavioral Health Essential Services) reports quarterly to QM committee.

Coordinated Specialty Care: First Episode Psychosis STEP program

STEP is the acronym for the First Episode Psychosis program at West Texas Centers. It stands for Specialized Treatment for Early Psychosis. All activities performed within the STEP program are in compliance with the Coordinated Specialty Care Model. Internal fidelity assessments are performed quarterly to assess the degree to which the program adheres to the model.

- Program staff provides intensive unique services to individual's ages 15 to 30 with their first episode of psychosis within the last 2 years.
- The team must meet twice per month to discuss and report about treatment, strengths, and barriers of clients enrolled in the STEP program
- First Episode Psychosis Program: STEP reporting: Quarterly

Deputy Director of Behavioral Health Essential Services reports quarterly to QM committee.

Crisis Receiving/Jail Diversion Program

The Crisis Receiving/Jail Diversion (CR/JD) program was created in collaboration with Howard County Sheriff's Department, Big Spring Police Department, and West Texas Centers. The goal of CR/JD is to reduce the arrests of those who are suspected of having a MH/SUD challenge or social need in the community. The CR/JD allows for law enforcement to divert these individuals so they can be linked to appropriate resources. The staff at the CR/JD Center receives the individuals and helps them create a transition plan to address their identified needs. The staff will serve each individual on a voluntary basis for up to 90 days.

- Program staff provide intensive services using a wraparound team approach
- Develops a transition plan to identify any unmet needs of the individual
- Works collaboratively with the individual to help them reach their goals
- CR/JD Program reporting: Quarterly
- *Deputy Director of Behavioral Health Essential Services reports quarterly to QM committee.*

YES Waiver Services

The UM/QM Department through the Director of Behavioral Health or his/her designer shall be responsible for monitoring, oversight, and review of the Center's provision of YES Waiver Services.

The purpose is to monitor compliance with all YES Waiver policies and procedures and to address any necessary corrective actions identified during Quality Management Reviews.

Data is collected, measured, and assessed to improve dimensions of performance through periodic reviews by the QM/UM department. Results of the reviews will be reported to the CEO and MH UM Committee.

Service utilization is monitored for compliance with HHSC approved IPC for each waiver participant through periodic reviews by the QM/UM department. Results of the reviews will be reported to the CEO and MH UM Committee.

Periodic reviews will be conducted by the QM department to ensure:

- Timely access to services
 - a. To include at least monthly checks/call-ins to the YES inquiry line to verify the line is working properly.
- Services are based on identified client needs
- Services are provided in compliance with HHSC approved IPC,
- Child and Family Team meetings include provider participation
- Health and Safety factors are identified and updated
- Providers are credentialed and trained
- Critical incident data is collected and analyzed by the Wraparound Facilitator and reported to HHSC within 72 hours of finding out a critical incident has occurred
- Adherence to established policies and procedures
- All applicable Waiver Services are not exceeded.

All reviews conducted by the QM Department will be reviewed by the Behavioral Health Director. The UM/QM Director and the Director of Behavioral Health will attend all entrance and exit conferences associated with YES QM Reviews. The QM Department will work closely with the Mental Health Department to ensure services are provided in compliance with the policies and procedures and assure that established performance measures are met.

Intellectual and Developmental Disabilities

Quality Management activities will include record reviews as mandated by compliance principles/standards and the HHSC Performance contract. Reviews will be conducted using standardized review forms based upon the compliance requirements of the applicable funding sources (ex: HCS, TxHmL, GR). Results of these reviews will be shared with Local IDD Authority Director.

- All findings, data and associated reports will be shared with the Local IDD Authority Director.*
- Summary information from these reviews will be included in Quality Management Committee reports.*

Reporting

All quality management reports and activities will be reviewed in summary or in detail by the QM committee. The extent of review by the committee will be determined by the specific area and the impact of the findings. The Director of Quality Management will insure regular quarterly updates of Quality Management activities are provided to the Planning & Network Advisory Councils, providers and as needed or requested to other community stakeholders such as peer and family organizations.

The Quality Management department will provide to the Board of Trustees a quarterly update of the Center's quality management program activities to include review and approval of the annual plan. All subsequent revisions to the Center's QM plan will also be provided to the Board for review and approval.

Program Coordinators and Directors will be held responsible for development of plans of improvement as indicated from the reviews. They will also be responsible for dissemination of appropriate information to their staff.

The Utilization Manager (UM Committee Chair) will serve as the link between the QM Committee and the UM Committee and will make periodic reports to the QM Committee to ensure collaboration and consistent communication is achieved. Both the QM and the UM committees are comprised of several common members, promoting consistency and continuity between the Center's Utilization Management processes and the Quality Management initiatives.

Mental Health Services Quality Management Program Initiatives

Oversight to ensure compliance with the quality of the Texas Resilience and Recovery practices to include monitoring fidelity to the service models defined by HHSC and requiring providers to participate in oversight activities. Through the use of these practices, the services and supports provided within our mental health system will result in measurable outcomes and ultimately the resilience, recovery, and achievement of mental health of adults, children, and youth.

1. WTC will ensure that the documentation flow in regards to charting are well defined and accurate, the oversight of the documentation flow will include Child, Youth and Adult assessments, Person Centered Recovery Plan and corresponding progress notes. Each MH Division Region will conduct a quarterly Peer Review process to aid in monitoring this process as well as providing a forum for continued enhancement of documentation skills utilizing the HHSC Recovery Plan Audit Tool.
2. WTC will ensure that the Person Centered Recovery plans reflect areas of concern determined by the Uniform Assessment and that goals and objectives are measurable. Regional MH Program Managers with oversight of the Director of MH services will conduct quarterly audits to ensure that this process conforms to HHSC recovery planning standards.

Utilization Management (UM):

WTC leadership insists upon intense UM review to insure equal access to services, efficiency and cost effectiveness. The Utilization Management Committee meets a minimum of quarterly to monitor the use of clinical resources to assist the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. Specific items tracked and monitored are identified through the performance contract. Membership will be assigned by the Chief Executive Officer. The members assigned for FY23-24 are as follows:

Utilization Management Manager/Deputy Director Mental Health Services – Chair
Medical Director
Medical Services Coordinator
Chief Financial Officer/Reimbursement
Director Mental Health Services
Medical Record/EHR Coordinator
Chief Executive Officer
Deputy Chief Executive Officer
Quality Management Director

Access to Services

Frequency: Monthly

Monthly monitoring of the quality of access to services, service delivery and timeliness of services:

1. WTC will monitor access to services to ensure that all individuals who present for an intake to services through our walk in clinic have access to an Initial Psychiatric Evaluation by an LPHA in a timely manner.
2. WTC will monitor the time between when an individual is determined to qualify for services and when they see a licensed mental health practitioner.

A timeline for any identified need for correction will be negotiated between the Medical Director and Mental Health Director or Deputy.

Eligibility Determination: The UM division will conduct screenings of each individual to determine whether the requirements are met for admission to services and initial Level of Care assignment using Health and Human Services (HHS) criteria. Determinations are conducted to ensure the Center's practice guidelines deliver treatment in the most effective and efficient manner and will report quarterly to QM Committee.

Crisis Services

Specific tools to be utilized to monitor and assess effective delivery of Mental Health crisis services are defined within the performance contract and have indicators identified to assess fidelity to the model as well as the quality of services performed within the service delivery model itself. The Quality Management department will work closely with the Utilization Management department to assure that established performance measures are met and that fidelity to the service model is upheld in practice. Crisis service assessments and reviews will be reported to the Utilization Management Committee. The Crisis

Manager will review all Crisis calls from the previous day and review each Critical Care Assessments (CCA) to ensure all elements are completed and adequately addressed. In the event of an attempted suicide, the CCA will help to inform QMHP staff and LPHA staff to determine if private hospitalization or a safety plan is warranted. Procedures for timelines of aftercare when released from the hospital or follow up are strictly enforced and monitored. In addition, any individual that has been released from private psychiatric hospitalization will need an updated Recovery Plan and TRR to identify any additional needs and goals. Any re-hospitalization within 30 days is monitored and reported to the CCBHC CQI workgroup and to the UM Committee. Behavioral Health Leadership receive these reports in the workgroup and the Committee and plan appropriately. The Crisis Manager will provide the link to the Quality Management committee in regard to crisis services. This review of provider performance data will facilitate management decisions for the organization. A timeline for any identified need for correction will be negotiated between the Director of Mental Health services and the QM department.

Crisis Monitoring

Frequency: Quarterly

Quarterly monitoring of the quality of crisis services provision and timeliness of services:

1. WTC will ensure that documentation supports that an individual received face-to-face contact with a QMHP-CS within one hour (60 minutes) when the individual is determined to be in an emergent crisis.
2. WTC will monitor inpatient hospital readmissions within 30 days of inpatient discharge.
3. WTC will monitor to ensure the number of days between discharges from a WTC funded inpatient psychiatric hospital to the date of the face-to-face follow-up visit by a QMHP-CS is completed within 7 days of discharge on at least 77% of the discharges.
4. WTC will monitor the number of days between discharges from inpatient psychiatric hospital to the date of first service with a licensed mental health practitioner.

All Crisis Services reviews conducted by the QM Department will be reviewed with the Crisis Manager, Director of Mental Health services and Deputy Director MH. The QM Department will work closely with the Mental Health Department to ensure services are provided in compliance with the policies and procedures and assure that established performance measures are met. Crisis monitoring reports will be presented at QM Quarterly meetings.

Substance Use Disorder (SUD)

The SUD Program Manager and QM Department staff will use the SUD Audit Tool to review charts and staff training records to ensure that standards and requirements are being met. Results of these reviews will be presented in

WTC's quarterly QM meetings. Charts and records will be evaluated in the following areas:

1. Access to services
 - a. Clients will be contacted within 48 hours of referral

2. Placement & Level of Care
 - a. DSM criteria will be met
 - b. Level of care changes will be justified
 - c. Will be authorized by a QCC

3. Screenings
 - a. Appropriate referrals will be made/documented for risk of communicable diseases, HIV testing and counseling

4. Treatment Plans
 - a. Goals comply with HHSC requirements
 - b. Will contain justification when identified needs are deferred, withdrawn or not addressed during treatment
 - c. Objective will comply with HHSC requirements
 - d. Strategies will comply with HHSC requirements

5. Discharge Plans
 - a. Will address ongoing needs in compliance with HHSC requirements
 - b. Plan will be signed & in file
 - c. Referrals will contain follow-ups

6. Outpatient Services provided
 - a. Relapse prevention, 2 hours per month
 - b. TCU Mapping 2 hours per month
 - c. STI/HIV Education 1 hour quarterly
 - d. Tobacco Cessation 1 hour quarterly
 - e. Overdose education 2 hours quarterly

7. Other Needs
 - a. Treatment or referral to address psychiatric and medical care needs, including prenatal, postpartum, and reproductive health care, domestic violence, HIV/STD, and tobacco cessation services.

8. Clinical Supervision forms
 - a. Weekly forms will be completed and on file

9. Other documentation
 - a. All Consents are present
 - b. Participant Rights are present
 - c. Attendance Rosters meet HHSC requirements
 - d. Documentation is entered into CMBHS and the WTC electronic health record appropriately

10. SUD Quality Management P&P

Medication Services

West Texas Centers Medication Oversight Committee (MOC) provides oversight, monitoring and review of the Center's provision of medication services. Special emphasis is placed upon the prescribing practices related to the provision of psychoactive medication related services. Medication reviews are conducted monthly through the MOC committee.

Medication Oversight Committee: Membership will be assigned by the Chief Executive Officer. The members assigned for FY23-24 are as follows:

Medical Director -Chair
Administrative Medication Tech
Chief Financial Officer
Director Mental Health Services
Deputy Director Mental Health Services
EHR/Medical Records Coordinator
Medical Services Coordinator
Substance Use Disorder Manager
Quality Management Director

Medication Oversight Committee (MOC) activities include review of:

- Appropriateness of prescribing (including choice of medication, dose and route)
- Documentation of medication prescribing, tracking and dispensing
- Emergency use of psychoactive medications
- PRN use
- Medication errors
- Adverse drug reactions and
- Frequency of medication monitoring;
- Overall medication processing activities for the period
- Formulary review; utilization
- Laboratory testing and utilization
- Provision of reports related to medication prescribing, usage, medication dispensing, medication side effects, effectiveness and cost to committee members and all Center physician providers.

The WTC Medical Director utilizes information from the committee reports and reviews to provide to the Center medical staff necessary strategies for improvement. A timeline for any identified need for correction will be determined by the Mental Health Director or Deputy MH Director.

All medication services are closely monitored to ensure compliance with the Texas Administrative Code, Managed Care Organizations and the Department of State Health Services Performance Contract.

Psychoactive Medications

Special review and emphasis is placed upon the Centers prescribing and usage of psychoactive medications. The Center's Medical Director, medical staff and

the Executive Committee in conjunction with the Medication Oversight Committee ensure the provision of psychoactive medications is done in accordance with all Texas Administrative Code and Managed Care Organizations standards and requirements. A timeline for any identified need for correction will be negotiated between the Medical Director and Director Mental Health services or Deputy MH Director.

Medication policies will originate from the Medication Oversight Committee and will be approved through the Centers approval process, ultimately being approved by the Centers Board of Trustees. Procedures to support approved medication policies will be originated through the MOC committee with final approval from the Medical Director.

Medication Consents/Medication Training and Support

The Medical Services Coordinator or designee will complete quarterly reviews of patient records to ensure the accurate and timely completion of Medication Consents for Psychoactive Medications.

The Medical Services Coordinator or designee will provide instruction to all new Rehab Providers, Team Coordinators, Peer Providers and Nurses regarding the process and documentation of Medication Training and Support services that are a requirement of HHSC and the TAC code for all MH patients. This training will be provided as part of the monthly New Employee Orientation presentation to new staff members.

The Medical Services Coordinator or designee will perform quarterly audits of nursing documentation to ensure that Medication Training and Support is being completed with patients according to West Texas Centers' policy and procedure for Patient and Family Education and report to QM committee.

Intellectual and Developmental Disabilities (IDD) Services Quality

Management Program Initiatives

Local Authority Record Reviews

Frequency: Quarterly

The IDD Authority Deputy Director will conduct record reviews for content and quality as mandated by compliance principles/standards and the HHSC Performance contract and based on previous citations in the most recent Contract Accountability and Oversight (CAO) review. Reviews will be conducted using standardized review forms based upon the compliance requirements of the applicable funding sources (ex: HCS, TxHmL, GR, PASRR). Reviews will be focused on Local Authority functions. Results will be submitted to the Local Intellectual Developmental Disabilities Authority's Deputy Director that will then review with each Service Coordinator for any corrections or missing documents as needed.

On-going Evaluation

Frequency: Quarterly

IDD Leadership staff will review service quality issues, critical incident report data, consumer incidents and injuries, rights issues, abuse and neglect

allegations/confirmations, and results from safety/environmental inspections which will include a review of the completion of Fire Marshall Inspections. This review will be conducted to determine trends (ex: by location/area, service type, staff, and consumers). The review will evaluate existing systems and/or procedures, relevant to the data, to determine if they are effective and appropriate or in need of revision.

Little Lives ECI Services Quality Management Program Initiatives

OUTCOMES: Little Lives Early Childhood intervention (ECI) serve children birth up to 3 years old with disabilities and their families. For children, the overarching goal of services is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings; in their homes, with their families, in childcare or school programs, and in the community. For families, the overarching goal is to enable families to provide appropriate care for their child and have the resources they need to participate in desired family and community activities. Effective programs support families in their quest to have a satisfactory quality of life for themselves and their child by providing needed services and supports in a timely and appropriate fashion.

AUDITING		
STRATEGY	PERSON RESPONSIBLE	EVALUATION METHOD
Each Early Intervention Specialist/Service Coordinator will be monitored for the quality of their work in relation to quality services, ECI policies, and local.	ECI Director, ECI Program Supervisor	The Director or her assigned staff will utilize guides and tools provided by the Health and Human Services (HHS) to ensure services are meeting the expected standards.
SURVEYS		
Each family will receive a satisfaction survey to determine satisfaction with services	Health and Human Services – Early Childhood Intervention (HHS ECI) office.	<ul style="list-style-type: none"> ▪ The State HHS ECI office will be sending survey letters every year to the program families. ▪ 85% of families will feel ECI helped their child develop and learn <p>At the end of the year the results will be sent to the QM Director who will provide them to the CEO</p>
Each referral source will be sent a satisfaction survey	ECI Director or Designated Staff	Each referral source that called with referrals during the year will be sent a satisfaction survey. The results will be sent to the QM Director at the completion of the survey.
PROGRAM DEVELOPMENT		

ECI families will receive initial services in a timely manner	Direct Service Staff	100% of ECI families will receive their first service within 28 days of the initial IFSP
ECI families will receive service in their natural environment	Direct Service Staff	98% of ECI families will receive their services in the natural environment
ECI families will receive an IFSP within 45 days of referral(exclude families that have requested to wait)	Early Intervention Specialists/Service Coordinator	100% of ECI families will receive their initial IFSP within 45 days of referral
ECI program will deliver appropriate amount of services to families	Direct Service Staff	ECI program will deliver an average of 2.70 hours of service per month per child
Transition services will be offered to families within the State timelines	Early Intervention Specialist/ Service Coordinator	100% of ECI families will receive transition services within timelines established by the HHS ECI

Specialty Programs:

Programs and Processes such as Co-Occurring Psychiatric and Substance Use Disorders (COPSD), Youth Enrichment Services (YES), Specialized Treatment of Early Psychosis (STEP). Services and records are assessed for adequacy of assessment, service planning, education and documentation. Results are shared with staff and managers, aggregated accumulated and reported quarterly to the Quality Management Committee.

Critical Incident Reporting

Frequency: Critical Incident reports will be compiled monthly. Critical Incident reporting will occur monthly prior to the end of the month for the previous month. Data will be collected by IDD administrative staff for data entry.

Reduction of Abuse, Neglect and Exploitation

All new employees shall receive training on Prevention of Abuse & Neglect and Exploitation during their orientation training and prior to beginning work. Training on specific problem areas is provided during annual refresher training. Prevention of Abuse & Neglect and Exploitation training is provided annually to Planning Network and Advisory Committee members and Intellectual and Developmental Disabilities (IDD) WTC consumers.

The incidents of abuse, neglect and exploitation are closely monitored on a continuous basis by WTC Adult Protective Services Liaison. Reports on abuse, neglect and exploitation are presented quarterly to the Quality Management Committee for evaluation and assessment. Statistics on abuse, neglect and exploitation are also

examined quarterly from information provided by the Client Abuse and Neglect Reporting System. This report presents a statewide perspective and is included in quarterly assessments. Indicators from this analysis and assessments form the basis for development of mechanisms to improve individual's rights protections processes within the Center. Trends are analyzed and training provided to employees which incorporate preventive strategies.

Consumer Rights Protection Process

All new employees shall receive training on client rights during their orientation training and prior to beginning work. Training on specific problem areas is provided during annual refresher training. Training is also provide to Planning Network and Advisory Committee members and Intellectual and Developmental Disabilities (IDD) WTC consumers. Copies of Rights handbooks shall be displayed prominently at all times in all areas frequented by consumers in their preferred language.

All Rights restrictions in IDD programs are authorized only with due process by the Human Rights Committee (HRC). Rights restrictions are reviewed by the Consumer Rights Officer and collected to identify trends in use. The Human Rights Committee will meet as needed to review Rights restrictions, behavior therapy plans or any other issues in need of review and approval of IDD consumers, which will report to the QM Committee.

Rights violations and complaints can be reported to the Consumer Rights Officer, Office of Client Services and Rights Protection, and Disability Rights Texas. The phone numbers for the Center's Consumer Rights Officer and external advocacy agencies are posted in all residences, vocational, clinical, administrative sites, WTC Website and will be available through the Patient Portal operated by West Texas Centers.

Monthly reporting of Form LL - Consumer Complaint Reporting and MH Clinics Data Inquiry monthly reports to Health and Human Services Commission HHSC performance contact.

Corporate Compliance

West Texas Centers Board of Trustees annually approves the Centers Corporate Plan and receives periodic updates regarding Corporate Compliance activities within the Center. The Centers Corporate Compliance plan is considered an integral part of this document.

West Texas Center's comprehensive Corporate Compliance plan is reviewed and updated as regulations, internal findings and other related data indicate. The plan outlines the Centers Code of Conduct as well as all aspects of the Corporate Compliance program. As a condition of receiving Medicaid payments, the plan identifies policies and procedures, training and investigative processes along with prevention activities related to and required by the Deficit Reduction Act of 2005 (DRA) inclusive of the False Claims Act Section 6032 requirements.

West Texas Centers will not discharge, demote, suspend, threaten, harass or discriminate against any employee because of lawful acts done by the employee on behalf of the employer or because the employee testifies or assists in an investigation of the employer. Retaliation related to any report of potential fraud or abuse related to any business activity of the Center will not be tolerated.

Reference: False Claims Act, Whistleblower Protections

All West Texas Center’s employees and contractors participate in compliance training whereby a system is in place to document that such training has occurred. Training materials will identify the Center contact person(s) available to respond to questions specific to compliance training or regulatory issues. Employees and contractors are made aware of their compliance obligations as a condition of employment or as a condition of the contract, respectively. Adherence to policies will be addressed within the Center’s orientation and ongoing training programs, employee job descriptions and contracts. Employees and contractors will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer may recommend that identified persons attend training addressing the risk issue. Curriculum established and presented to both West Texas Centers employees and contractors will include explanation and emphasis regarding the Federal False Claims Act, Section 6032 of the DRA to include administrative remedies for false claims, and whistleblower protections.

Conclusion

The Board of Trustees, the Chief Executive Officer and Deputy Chief Executive Officer, along with the Planning Advisory Committee and all Program staff have made a long-term commitment to the implementation and evaluation of the quality management process. This will enable us to achieve a higher degree of quality in service provisions as well as management and support. The Center will continually invite consumer, family and public opinion and use this as a gauge to determine where the Center is in its efforts toward achieving and maintaining quality management goals.

This plan will be reviewed and modified annually or as deemed necessary by the Quality Management Director, Chief Executive Officer, Deputy Chief Executive Officer, Chief Financial Officer, the Planning and Network Advisory Committee and/or the Board of Trustees.

Approval

Many of the initiatives outlined in this plan are ongoing and seamless from one fiscal year to the next. Final approval of this plan was made by West Texas Centers Board of Trustees on August 25, 2023. Revisions to this plan will be made as necessary or required. All plan revisions will be approved through the Centers Board of Trustees.

Van L. York
Board Chairman

Date

Shelley Smith, LMSW, CMFSW
Chief Executive Officer

Date

Minnie Gonzalez
Quality Management Director

Date

Note: Other plans considered components of the Consolidated Local Service Plan and approved through separate processes include the following:

FY22 Consolidated Local Service Plan (HHSC approved 06/2/23)

2023-24 Crisis Plan

2023-24 Jail Diversion Plan

2023-24 Corporate Compliance Plan