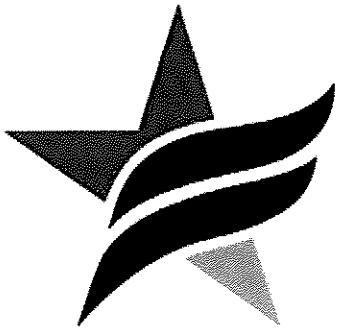

WEST TEXAS CENTERS

PROVIDING BEHAVIORAL AND DEVELOPMENTAL HEALTH

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER

QUALITY MANAGEMENT PLAN
2025

CONTENTS

OVERVIEW

Purpose

Quality is a concept that is emphasized throughout West Texas Centers. It is a dynamic process that is ever changing to meet the needs of the people we serve. West Texas Centers employs a "quality management cycle" that establishes processes to ensure quality services, for quality life.

Relevant information is presented to the Chief Executive Officer (CEO), program directors, and any other employee as is appropriate. Information obtained through the measurement of organizational performance is analyzed and actions are taken to facilitate continuous quality improvement. These actions may include improvement plans, goals, or continuous monitoring and feedback until acceptable thresholds are met.
Directors are empowered to make changes to improve systems at the line level and the management teams at the organizational level.

The quality management plan outlines the principles of West Texas Centers quality management program. It provides West Texas Centers with a systematic and objective framework with which to measure, assess, and improve the quality and appropriateness of internal service delivery systems. The quality management plan ensures that standards of care are maintained and provides the mechanism for obtaining feedback from stakeholders on how the center conducts business.

West Texas Centers quality management program is a system of processes that involves the Board of Trustees, the CEO, all West Texas Centers staff, contractors, and appropriate stakeholders.

This plan is an overview of the quality and compliance processes that West Texas Centers uses to establish, monitor, and maintain the highest quality services possible for the individuals we serve.

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 Planning

West Texas Centers, planning for overall quality begins with local planning. Local planning sets the long-term direction for the organization. Planning takes place within the organization with input from all stakeholders in the direction of the Board of Trustees. Partnerships between the Local Mental Health (MH) authority, the local Intellectual Development Disabilities (IDD) authority, and the private sector result in a system that is innovative and meets or exceeds the expectations of the persons whom the Center serves. Factors that West Texas Centers considers during the planning process include, among others, resource allocation, value, service appeals, grievance processes, protection of rights, businesses functions and accounting, network development and management, and assuring quality of life for all individuals served. Planning occurs through the following:

- Local planning with input from all stakeholders
- Planning and Network Advisory Committee initiatives
- Advisory groups, and Management initiatives

Goals

Quality is represented as a set of standards and expectations in the form of targets, objectives, and outcomes. By performing quality management activities West Texas Centers ensures that:

- Clients receive the services they need
- Clients are satisfied
- Clients receive the full continuum of care
- Services are accessible, beneficial, and efficient
- The Mission of the Center is carried out
- Services comply with the requirements of regulatory authority, including Texas Health and Human Services or any other funding agency
- Data is reported accurately to the state.

Authority

West Texas Centers is structured into multiple different divisions, including local authority divisions for Mental Health and IDD services. As a local authority, West Texas Centers ensures that services needed by our clients are provided through a network of internal and external providers. West Texas Centers continues efforts to develop a comprehensive provider network to ensure that clients have a choice of service providers.

QUALITY MANAGEMENT PROGRAM

West Texas Centers quality management program is authorized by the center's Board of Trustees. The Board of Trustees provides leadership, oversight, strategic direction, and regular review of center performance. West Texas Centers Board of Trustees has designated the CEO as responsible for implementing the quality management program system-wide, which includes setting program priorities. The CEO is responsible for ensuring that the QM program has adequate resources for implementation and is staffed with individuals with appropriate experience in quality management.

The CEO provides leadership and support for management as they implement organizational goals and objectives. Performance expectations and results, utilization trends, and recommendations for change are also communicated to the Board of Trustees which guides the center through policy directives. The Board of Trustees holds each employee, contractor, or agent of West Texas Centers accountable for complying with all laws, rules, policies, and procedures for service implementation and billing. Accountability is a key factor within the quality management program. Compliance with agreed upon quality and improvement initiatives may be considered in staff's annual performance appraisals.

The quality management program of West Texas Centers provides the structure for the Local Authority to:

- Conduct planning activities
- Implement the QM program system-wide, including involving stakeholders
- Systematically measure, assess, and improve performance of provider services and outcomes for individuals
- Provide oversight to ensure compliance with required management practices, including the monitoring of fidelity to service models defined by HHSC (minimum once per year for CCBHC)
- Provide technical assistance to providers related to quality oversight as necessary to improve the quality and accountability of provider services
- Use reports and data from HHSC and other funding agencies to ensure performance improvement activities including assessment of unmet needs for individuals, service delivery problems, and effectiveness of authority functions for the local service area
- Ensure compliance with all laws, rules, policies, and procedures for service implementation and billing
- Conduct self-assessment activities
- Ensure periodic reporting of QM program activities to the Board of Trustees, providers, other staff members, and community stakeholders
- Measure, assess, and improve the local authority functions
- Measure, assess, and improve the accuracy of assessments, recovery planning, and implementation of evidence-based practices and research-based approaches to service delivery, including Texas Resilience and Recovery (TRR),

- Measure, assess, and improve quality management activities, administrative services, client services, and outcomes for individuals
- Measure, assess, and improve the client range of care
    - Using assessment methods to determine baseline conditions, expectations for improvement, timelines for action, and rational adjustment as outlined in this plan
- Measure, assess, and improve service delivery, service capacity, service continuity, and access to services and outcomes using baseline conditions to determine needed improvements, expectations for improvement, timelines for action, and rationale for adjustment as outlined in this plan
- Measure, assess, and reduce incidents of client Abuse, Neglect, and Exploitation
- Improve the Client Rights protection process, including review of rights restrictions
- Provide oversight of all services, contracts, and subcontractors regardless of the amount of funding
- measure, assess, and improve the accuracy of data reporting to all oversight entities
- Ensure training in accordance with all standards
- Measure, assess, and improve client satisfaction
- Review and analyze grievances, appeals, fair hearings, expedited hearings, mortality, and incident/accident data
- Participate in activities and information exchange within the utilization management (UM) program including-
    - Participation in UM oversight activities
    - Submitting data and supporting documentation
    - Performance and submission of self-audits
    - Participating in audits as directed by external funding entities
- Complete quality improvement studies
- Monitor new initiatives including crisis redesign, mental health service delivery re-design, local provider network development, jail diversion, and outpatient competency restoration
- Respond to mandates by HHSC or any other oversight entity, including self-monitoring activities

West Texas Centers quality management program also includes the center's compliance plan and utilization management plan. The purpose of the compliance plan is to ensure that services, including those funded through Medicaid or Medicare are medically necessary, authorized, appropriately documented, and of benefit to the client. The purpose of the utilization management plan is to review patterns of service and resource utilization, to prevent unnecessary utilization, and to recommend methods for improvement.

Quality Management Department

The quality management program of West Texas Centers is a comprehensive structure with different responsibilities carried out by different departments across the Centers' system. To carry out specific activities of the quality management program, as outlined by the CEO, West Texas Centers employs a dedicated quality management department led by the Quality Management Director. The members of the quality management department perform activities including internal program audits, data analysis, data reporting, review of other quality assurance functions, provision of technical assistance and utilization review to carry out this mission. The Quality Management Director is responsible for ensuring all audit activities are documented, reporting findings, and making recommendations to drive improvement to the CEO and the Program Directors.

Regular management meetings are conducted by the CEO with the Program Directors and Managers of each of the Centers' major programs, including Mental health, IDD, Substance Use Disorder (SUD), Special Programs, and Early Childhood Intervention (ECI). Other participants in these meetings include the Chief Financial Officer (CFO), Utilization Director (UM) and the Compliance Officer.

Quality Management Processes

The quality management process begins with quality assurance at the service provider level. Service providers in all West Texas Centers programs are monitored for contract compliance and productivity by Program Directors and/or Managers. These quality assurance activities are reported during regular management meetings to the CEO. *The CEO has mandated that program supervisors are to review all service documentation for all new employees for the first 90 days of employment.*

As a part of their duties, the QM department regularly reviews contract compliance for all center programs. As indicated in the preceding section the results of these reviews are documented and reported to the Centers' CEO for review. Any differences of opinion between the quality management reviewer and the program being audited are decided by the CEO.

When a program is selected for review, the QM department generates the audit tool to be used and then holds a pre-audit discussion with the Program Director for that program. During this discussion, the review tool is discussed and agreed upon. Any unique issues or additional factors that should be considered during the review process are disclosed during this meeting. When both parties agree, the QM staff members begin the audit.

After completion of the audit, the QM department presents the audit with the results. The QM department and the Program Directors will hold a post-audit conference, to review the audit findings. This meeting is the opportunity for the Program Director to address any inconsistencies in the review results of items by QM. At the end of this conference all participants will agree to the "preliminary results" After the post-audit conference, the program has 10 business days to submit corrections to the QM department. The QM department will re-evaluate the audit based on all corrections

received and "corrected review findings" will remain on record.

When the QM department identifies performance deficiencies, the CEO will determine appropriate corrective action. The choice of corrective action will be based on several factors including, but not limited to, the seriousness of the deficiency, the scope of the deficiency, the amount of risk posed, the extensiveness of the issue, the overall results of the audit, etc. Corrective actions may include:

- Plans of Improvement (POI)
- Increased monitoring
- Technical assistance
- Additional training
- Increased reporting requirements

Should a POI be required, it shall be formally requested by the QM department at the direction of the CEO. For any audit with substantial findings or if using % scoring tool, a score under 90%, a POI may be required as part of the corrective action. The POI shall be completed within 10 working days of receiving notice. POIs are submitted to the Quality Management department for review and approval. Any issues with POI approval shall be decided by the CEO. Upon approval of the POI, the QM department will monitor implementation of the plan with focused follow-up audits and activities when necessary. Any concerns /recommendations concerning this process are to be communicated to the CEO. If additional staff training is included as a part of a POI, the Training Department and/or Human Resources department shall maintain records that identify the training provided and dates of completion.

Training documentation is then submitted to the Quality Management department to ensure that training deadlines are met in accordance with the POI.

Committees

West Texas Centers Quality Management program is a system wide structure. Various components of the quality management program are implemented by different committees. While the Center's quality management department works primarily on quality management activities, various other committees exist that have a role within the broader quality management program. The committee structure of the Center is indicated below.

Quality Management Committee – This committee will ensure the systematic and objective measurement/assessment of quality improvement and outcome achievement among programs. The committee will monitor compliance activities and consumer complaints that reflect a lack of quality assurance in direct service delivery among providers. This committee will receive information from principal members and Ad. Hoc members depending upon the current activities occurring within the Center. Membership is assigned by the Chief Executive Officer. All activities within the QM department,

including identification of areas of concern and recommendations for improvement, are communicated to the CEO. The CEO then leads the appropriate management team to a resolution.

Responsibilities of the QM department include:

- Guide development of the QM Plan with input with input from local planning entities and direction of CEO
- Coordination of internal reviews/auditing process of programs, contractors, and client care and coordination of any required POIs.
- All issues related to the maintenance and improvement of client rights, including analysis of grievances, investigations, appeals, fair hearings, and expedited hearings
- Collection of and reporting of all critical incident data to the safety committee
- Participation with Family and Protective Services (DFPS) Liaison on alleged instances of abuse, neglect, or exploitation
- Review, and reporting of client feedback, including client complaints
- Collection of data regarding the use of fidelity instruments and compliance with the philosophy of Texas Resilience and Recovery (TRR)
- Collection of data regarding the implementation of evidence based-practices and research-based approaches to service delivery
- Participation in QM activities as directed by the State
- Organization of Center responses to audit activities as directed by funding entities
- Pursuit of activities that support performance and outcomes improvement
- Response to consultation recommendations by HHSC and other funding entities
- Coordination of activities and information management within the UM program, including participation in UM oversight activities
- Maintenance of a record of all internal and external audits
- Provides regular updates and reports to the Centers Board of Trustees and other stakeholder.

- **Utilization Management (UM) Committee** - The UM Committee assists in the promotion, maintenance, and availability of high-quality care in conjunction with effective and efficient utilization of resources through the evaluation of clinical practices, services, and supports delivered by West Texas Centers and its contracted providers using clinical data, encounter data, administrative data, and performance measures. The UM Committee coordinates, monitors, and implements various tasks and responsibilities of the UM process. Membership of this committee includes a Psychiatrist, Program management staff, CEO, Deputy CEO and QM, data analysis,

LPHA, Accounting, and Crisis. The UM Committee receives its authority from the Board of Trustees of West Texas Centers and reports to the physician that oversees the UM program.

Planning and Network Advisory Committee (PNAC)
The PNAC is comprised of community stakeholders including clients served by West Texas Centers, their families or any other interested members of our communities. A member of the PNAC serves as the chairperson of this committee and WTC Community Director serves as co-chair.
The purpose of the committee is to advise the Board of Trustees on planning, service needs, and priorities for the service area and for the Center. The PNAC provides objectives during the local planning process, and monitors, through the QM program, the implementation of goals and objectives.

The PNAC is charged with ensuring that local stakeholders have direct input and involvement in assessing and determining the service needs of the Center, including the needs of the Mental Health and IDD programs. The PNAC is tasked with identifying needs in the community, evaluation of cultural issues, providing recommendations, and providing feedback regarding West Texas Centers services and initiatives. All members of the PNAC are encouraged to identify priority areas they would like West Texas Centers to address. The PNAC is also charged with overseeing the objectivity in the procurement of services and the definition of best value in public Mental Health and IDD services. All recommendations by the PNAC are communicated to the Board of Trustees for review and approval.

Certified Community Behavioral Health Center (CCBHC)
The CCBHC Continuous Quality Improvement (CQI) committee provides ongoing operational leadership of all CCBHC quality activities. Membership is assigned by the Chief Executive Officer.
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.

- **Human Rights Committee (HRC)** – The HRC consists of West Texas Centers staff and individuals served. The LIDDA Deputy Director serves as the chairperson for the committee, the committee ensures that individual rights are protected. The HRC

reviews rights restrictions for persons receiving HCS, and general revenue services. The committee can and does review Center practices when those practices might affect the rights of individuals. The committee meets quarterly and can meet more often if the need arises. The meetings are held in Howard County.

- **Safety Committee** - The Safety Committee is responsible for identifying and addressing safety issues related to employee and consumer health, welfare and wellness. The Committee will assist in maintaining a system of reporting and evaluating the Safety Program in keeping with the organization's established safety rules and policies and applicable laws and regulations affecting operations. The committee will analyze and monitor trends associated with safety issues recommending corrective action as appropriate. This committee will receive information from principal members and Ad. Hoc members depending upon the current activities occurring within the Center. This committee provides information to the Risk Management Committee.

ORGANIZATIONAL EVALUATION

Rational

West Texas Centers is committed to the efficient and effective implementation of Continuous Quality Improvement program, the operation of which ensures-
(1) Improvement of clients' experience
(2) Improvement the of the overall health condition of clients
(3) Reduction in costs for the delivery of high-quality care
(4) Accountability to the needs of our local stakeholders
(5) Compliance with regulatory standards.

The pursuit of these five goals drives the operation of West Texas Centers Continuous Quality Improvement program and constitutes the foundational reasons behind each improvement project.
While the five goals mentioned above define the reasons for each project in a broad sense, each project undertaken by the program will have a more defined reason for being undertaken. These reasons may include, among others:

- Ensuring that services delivered by West Texas Centers are responsive to community needs as indicated in the community needs assessment
- Ensuring clients receive the services they need
- Ensuring clients are satisfied with services
- Ensuring client receive the full continuum of care
- Ensuring that client rights are protected
- Ensuring that the mission of the Center is carried out
- Ensuring that services comply with the requirements of regulatory authorities, including Texas Health and Human Services or any other funding agency
- Ensuring data is reported accurately to the state.
- systematically measuring, assessing, and improving our provider services and outcomes for individuals

- Ensuring compliance with required management practices, including the monitoring of fidelity to service models defined by HHSC (minimum once per year for CCBHC)
- Improving the quality and accountability of provider services
- Ensuring compliance with all laws, rules, policies, and procedures for service implementation and billing
- Ensuring access to services
- Measuring, assessing, and reducing incidents of client abuse, neglect, and exploitation
- Improving the client rights protection process, including review of rights restrictions
- Ensuring oversight of all services, contracts, and subcontractors regardless of the amount of funding
- Improving the accuracy of data reporting to all oversight entities
- Ensuring that staff training is conducted in accordance with all standards
- Ensuring review and action of grievances, appeals, fair hearings, expedited hearings, mortality, and incident/accident data

Outcomes

Little Lives Early Childhood Intervention (ECI) Services

Little Lives Early Childhood intervention (ECI) serves children birth up to 3 years old with disabilities and their families. For children, the 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 goal is to enable them 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.

The following contract indicators will be monitored for contract compliance:

- number of ECI clients enrolled each month
- percent of ECI clients that receive their first service within the first 28 days
- percent of ECI clients enrolled into services within 45 days
- percent of documentation compliant with HHS and Medicaid expectations
- average hours delivered per child
- percent of ECI clients receiving timely transition services
- percent of surveyed families who believe ECI services are beneficial to their child
- percent of referral sources who believe ECI services are beneficial to children in the community

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 ECI Health and Human Services (HHS) and created in-house to ensure services are meeting the expected standards.
ECI Eligibility will be compliant with HHS ECI TAC rules and procedures	ECI Director, ECI Program Supervisor	The Director or her assigned staff will utilize guides and tools provided by ECI Health and Human Services (HHS) and created in house 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.	▪ 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 When HHS ECI provides the results of the survey, it will be sent to WTC leadership to review.
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 WTC leadership at the completion of the survey period.
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 2.74 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

Intellectual and Developmental Disabilities Services

IDD CQI		
Element	**Person Responsible**	**Monitoring**
LIDDA		
Person/Family Directed Services		
• Discovery is conducted to develop outcomes desired by the person/LAR/Actively involved person • Discovery is clearly documented in progress note and PDP summary to show how outcomes were developed and that they are the preference of the person/LAR/AIP	Service Coordinator/Habilitation Coordinator	The Deputy Director of LIDDA Services, or designated person, will review 1 chart per SC/HC per program per quarter. A monitoring tool will be utilized during this review that will measure if the SC/HC is completing and documenting discovery in a progress note and in the summary section of the PDP and that the outcomes are developed with the person, or their LAR, if applicable.

Service Coordination Monitoring		
• Time frame met for monitoring of all services • All components of monitoring are met • Wording of satisfaction is correct	Service Coordinator/Habilitation Coordinator	The Deputy Director of LIDDA Services, or designated person, will review 1 chart per SC/HC per program per quarter. A monitoring tool will be utilized during this review that will measure if the SC/HC is completing all components of monitoring.
Minimum Face to Face Contact		
• Service Coordination Assessment is present that identifies frequency of F2F contact • Frequency on PDP matches frequency identified by Service Coordination Assessment • Service Coordinator is providing F2F contact per frequency listed on PDP and SC Assessment	Service Coordinator	The Deputy Director of LIDDA Services, or designated person, will review 1 chart per SC per program. A monitoring tool will be utilized during this review that will measure if the SC is following the PDP in regard to frequency of face-to-face contact with the person.
Provider		
Monitoring of Services		
• Time frame met for monitoring of all services • All Services Monitored • Progress/lack of Progress determined	Service Managers (Vo-tech, Residential, Support)	Area Supervisors will audit that all monitoring is completed by the managers.
Service Delivery		
• Time frames for service delivery are met • Services are being delivered according to the PDP/IP	Service Managers (Vo-tech, Residential, Support)	Area Supervisors will utilize an auditing tool to determine that all services are delivered and in a timely manner.
Satisfaction Survey		
• Satisfaction for real time completion of complaints	Service Managers/Area Supervisors	Director of IDD will monitor that all complaints are addressed and resolved immediately
• Annual Satisfaction Survey	Service Managers/Area Supervisors	Director of IDD and Leadership Group review results of all surveys and will develop strategies to address any areas of concern.

Mental Health Services

Behavioral Health CQI								
Element	**Person Responsible**	**Monitoring**	**Obtainable Expected Outcome**	**Base**	**Q1**	**Q2**	**Q3**	**Q4**
Mental Health Services								
Person Centered Recovery Planning								
Goals are unique to the individual and include what the person wants to move towards	Case Manager	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	10% improvement in the number of charts over baseline or latest quarter report.					
Objectives are SMART (Specific, Measurable, Attainable, Realistic, Time based).	Case Manager	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	10% improvement in the number of charts over baseline or latest quarter report.					
Interventions include the appropriate services, frequency, duration and appropriate person responsible	Case Manager	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	10% improvement in the number of charts over baseline or latest quarter report.					

Element	Person Responsible	Monitoring	Obtainable Expected Outcome	Base	Q1	Q2	Q3	Q4
Care Coordination								
Referral and follow ups are documented with internal and external providers	Case Manager Care Coordination Specialist	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	10% improvement in the number of charts over baseline or latest quarter report.					
Care Coordination notes are completed within 24 hours of service.	Case Manager Care Coordination Specialist	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	10% improvement in the number of charts over baseline or latest quarter report.					
Service Delivery/Progress Notes								
Progress note documentation completed appropriately, correct procedure code for LOCA, time spent, location, mode of delivery and objectives linked to recovery plan	Case Manager Peer Provider	The Performance Evaluation Team (PET) under the direction of the Deputy Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.						
Is there a future appointment scheduled	Case Manager	The Performance Evaluation Team (PET) under the direction of the Deputy	10% improvement in the number of charts					

with a specific date and time.	Peer Provider	Director of Behavioral Health, or designated person, will review 10 charts per region per quarter. The PET monitoring tool will be utilized during this review that will measure if the elements are completed and is appropriately documented.	over baseline or latest quarter report.					
Element	**Person Responsible**	**Monitoring**	**Obtainable Expected Outcome**	**Base**	**Q1**	**Q2**	**Q3**	**Q4**
Crisis Services								
MCOT Documentation								
MCOT was onsite within an hour of initial activation from AVAIL.	MCOT	Monitored by Crisis Care Coordinator utilizing AVAIL log activation and arrival times. Average response times and any arrivals over one hour will be reviewed biweekly.	It is expected that 80% of crisis calls are responded to within 1 hour with an overall goal of 100%					
The Safety Plan was completed, and consumer signed the safety plan.	MCOT On Call Worker	Monitored by the Regional Program Manager. 10% of the Safety Plans per region will be randomly sampled per quarter.	Overall goal is 100%					
Follow up completed within 24	MCOT On Call Worker	Monitored by the Regional Program Managers through the Crisis Spreadsheet. The percentage of compliance will be reported to the CQI committee quarterly per region.	It is expected that 80% of follow ups are completed within 24 hours with an overall goal of 100%					
Aftercares completed within 7 days of discharge from a hospital	MCOT On Call Worker.	Monitored by the Regional Program Managers through the Crisis Spreadsheet. The percentage of compliance will be reported to the CQI committee quarterly per region.	It is expected that 90% of follow ups are completed within 24 hours with an overall goal of 100%					

Nursing Services								
AIMS is completed every 90 days for any consumer on psychotropic medication.	MH Nursing Staff	Monitored by the Medical Services Coordinator through a random sampling of 15 clients per nurse, per quarter.	Overall goal is 100%					
Medication Consents are signed by the client upon initiation of new medications	MH Nursing Staff	Monitored by the Medical Services Coordinator through a random sampling of 30% of new patient meds, per nurse, per quarter.	Overall goal is 100%					

Youth Empowerment Services (YES) Waiver

West Texas Centers will comply with all rules and mandates identified by HHSC.
As part of the waiver, WTC will ensure that:

- HHSC is informed about concerns or known issues with waiver providers and the implementation of services identified in any waiver participant's Individual Plan of Care (IPC)
- Implementation of services identified on IPCs is monitored
- Monitoring of required contacts occurs
- IPCs are modified as necessary
- Documentation by LMHA staff provides evidence of compliance with requirements
- Required plans of correction are submitted and followed up within applicable timeframes
- Submission of any documentation requested by HHSC occurs as indicated

Internal quality management reviews of WTC YES Waiver program will be included as part of WTC quality management audit processes. WTC will collect data, measure, assess, and work to improve dimensions of performance through focus on the following aspects of care:

Periodic reviews will be conducted to ensure:

- Timely access to waiver services
- Timely enrollment of participants
- Providing at least one billable service per month (or monthly monitoring if the need for service(s) is less than monthly)
- Basing plans of care and services on underlying needs and outcome statements
- Providing services according to the participant's valid individual plan of care (IPC)
- Participating in child and family team meetings
- Assuring development and revision of the IPC
- identifying and updating health and safety risk factors
- Collecting and analyzing critical incident data
- Credentialing and training providers
- Adhering to established policies and procedures
- Maintaining continuity of care

Organizational Practices

West Texas Centers uses reviews and reporting methods to identify performance gaps and best practices. West Texas Centers participates in various consortia meetings including Early Childhood Intervention, Financial Management, Information Management, Human Resource Management, Intellectual and Developmental Disabilities, Executive Director, Behavioral Health, and Quality Management/Utilization Management through the Texas Council of Community Centers. These consortia meetings provide a rich environment for discussion, information sharing, benchmarking, and identification of best practices with centers from across the state.

West Texas Centers also uses the "**Plan, Do, Study, Act**" (PDSA) method to drive improvement. This method allows WTC to implement innovative ideas on a small scale to improve organizational performance. When an idea or concept proves effective during small scale implementation, West Texas Centers will evaluate the feasibility of implementation on a larger scale or even organization wide.

In addition to these methods, West Texas Centers will continue to maintain a commitment to the implementation of promising, best, and evidence-based practices as identified by proper entities including the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.

Data Collection Data is gathered from various service data systems.

Internal Audits

Internal QM audits are prioritized based on numerous criteria including previous performance and other risk indicators (high rate of staff turnover, anomalous spikes or drops in performance, new initiatives, etc.). When a chart review is appropriate, a sample size commensurate with the number of clients served will be used. The following are internal and external audits that are ongoing.

- Mental Health and IDD community standards compliance audits
- Substance use disorder compliance audits
- ECI program compliance audits
- Review of data concerning client rights, client incidents and injuries, client health, and client deaths
- IDD authority and provider audit
- Substance use disorder facility licensure reviews
- UM program self-assessment review
- Standards compliance reviews
- Credentialing/Staff training
- Client continuum of care
- Service capacity and access to services

Critical Incidents

Critical incident data is reviewed daily by program directors and quarterly by the Safety Committee. Recommendations and/or concerns from the Safety Committee are communicated to the CEO. The CEO is responsible for communicating these recommendations to the entity/employee responsible for implementation. Data reviewed includes:

- Abuse and Neglect
- Client Incidents and Injuries
- Employee Workers Compensation /Vehicle usage and accidents
- Rights violations / Complaints
- Deaths
- infection control/infectious disease incidents
- results of on-site safety/environmental inspections which include a review of evacuation drills, fire marshal inspections, fire extinguishers, alarm and sprinkler inspection compliance, exit signs, health inspections, and evacuation/disaster route postings

Client Death

All deaths, including suicides are reviewed by the CEO and adhere to the procedure outlined in AD004 Client Death.

CLIENT CARE

Ensuring a quality health care experience for our clients is among the top priorities of West Texas Centers.

Client Feedback & Satisfaction

- Client feedback provides valuable information on how West Texas Centers can improve the overall treatment experience for people in services. West Texas Centers solicits feedback primarily using direct surveys. West Texas Centers surveys are focused on obtaining feedback regarding satisfaction, outcomes, access, and quality across our entire care delivery system. This includes all clients who receive services in our IDD, Mental health for adults and children services. For Early Childhood Intervention program, the State HHS ECI office sends survey letters every year to the program families.

Client survey as our primary means for clients to provide feedback, all clients are encouraged to provide feedback using electronic devices at all WTC MH clinics and all IDD programs. All matters regarding client satisfaction are reviewed regularly by the Community Relations Director, and Quality Management Director. Results of the surveys are presented to the CEO, Deputy CEO, PNAC, Program Directors and Board of Trustees. The CEO is then responsible for conveying these to the appropriate internal committees for corrective action as well as utilizing the information for opportunities for improvement.

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

Client Rights Protection Process

All new employees 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 provided to Planning Network and Advisory Committee members and Intellectual and Developmental Disabilities (IDD/WTC consumers.
Copies of Rights handbooks shall be always displayed prominently in all areas frequented by clients in their preferred language.
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.

STAKEHOLDER INPUT

West Texas Centers recognizes the role that we play in our local communities and respects our obligations to the residents of these communities. As such, we seek to provide adequate means for our stakeholders, including clients, their families, members of the community (including businesses), law enforcement agencies, school districts, other Health and Human Services Commission agencies, State Supported Living Centers and Stat hospitals, private providers, and others to provide their input. Approaches that West Texas Centers uses to gather this input include community meetings, public forums, surveys, focus groups, participation in community resource coordination groups, and opportunities for participation on West Texas Centers Planning and Network Advisory Committee (PNAC). The PNAC ensures that our stakeholders have an opportunity to participate and provide input in West Texas Centers Quality Management program. It also provides West Texas Centers Board of Trustees with valuable information that is used in local planning and service delivery design.

CONCLUSION

The Board of Trustees, the Chief Executive Officer and Deputy Chief Executive Officer, along with the Planning and Network 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.

This plan will be reviewed and modified annually or as deemed necessary by the Quality Management Director, Chief Executive Officer, Deputy Chief Executive Officer and 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 30, 2024. 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

Aug 30, 2024
Date

Rodney Jones
Chief Executive Officer

8/30/24
Date

Minnie Gonzalez
Quality Management Director

Aug 30, 2024
Date