



Quality Management Plan
FY2021-2022

Executive Director

11/12/2020
Date

Director, Business Operations

11/12/2020
Date

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I. OVERVIEW

The Comprehensive Quality Management plan for Community Healthcore (the Center) is designed to adhere to the mission, vision, values, and principles of the center. The Plan is approved by our leadership and communicated throughout the Center.

Mission Statement

"Helping people achieve dignity, independence and their dreams."

Vision Statements

- We envision a world in which all people have the opportunity to make choices for themselves that will lead to the highest quality of life possible.
- We envision a world in which all people are independent and free from poverty, pain, and despair.
- We envision a world in which there is no stigma associated with seeking treatment or assistance for mental illness, intellectual and developmental disabilities and substance abuse.
- We envision a world in which all people receive supportive, nurturing care appropriate to their needs in the least restrictive environment possible.
- Through the efforts of our hearts and hands, Community Healthcore dedicates itself to the achievement of this vision.

Values

It is the position of Community Healthcore, that every effort is made to ensure that the following core values are preserved at Community Healthcore:

- We value recovery and the ability of people we serve to live beyond illness.
- We value creativity, innovation, and empowerment of individuals receiving services and employees.
- We value the success of individuals receiving services and employees.
- We value providing a safe, healthy, and therapeutic environment for individuals receiving services and employees.
- We value the abilities of individuals receiving services and employees.

- We value continuous quality and performance improvement.
- We value the pursuit of excellence by every employee.
- We value cooperation and teamwork within the Center and between agencies.
- We value community concerns, ideas, and opinions.
- We value respect, dignity, space, and confidentiality for individuals receiving services and employees.
- We value the judicious and effective use of and access to, available resources.
- We value diversity of thought, opinion, and approach born of different backgrounds.
- We respect the value of change.

Guiding Principles

The guiding principles that support our vision of services describe a system that:

- Respect for individuals receiving services and families, their personal needs, rights, and responsibilities. Community Healthcore has the utmost sensitivity to the special needs of individuals receiving services, and families and recognizes the invaluable experience and knowledge they offer to the overall quality of Community Healthcore.
- The partnership between individuals receiving services, families, stakeholders, providers, advocates, community resources and government and Community Healthcore provide the highest quality services.
- Excellence/quality in services offered; Community Healthcore strives for excellence in how we do business and to enhance the quality of the lives of individuals receiving services through the services provided. Our services will meet measurable standards of safety, quality and clinical effectiveness at every level of mental health and substance abuse service delivery.
- Empowerment/choice of each individual or family member to achieve the fullest possible control over their own lives, in their own communities.
- Trust is built through honest and open collaboration among individuals receiving services, families, providers, and advocates. A strong

organization requires that every individual component cooperate and collaborate fully within the structure.

- Belief in Recovery where our goal is to light the path for individuals with mental illness on their recovery journey to lead bigger, richer, fuller lives. Our expectation is to empower people to live beyond this illness.

II. QUALITY MANAGEMENT PROGRAM STRUCTURE

The Community Healthcore Board of Trustees has delegated authority to the Executive Director to establish necessary procedures to effectively achieve the mission and values of the Center. The Executive Director has assigned the responsibility to the Director, Business Operations to implement and monitor all components of the quality management system.

The Executive Management Team (EMT) oversees continuous quality management activities by prioritizing opportunities for improvement and reviewing activities of quality management.

The EMT sets expectations and priorities for center-wide systemic improvement activities designed to improve organizational and clinical outcomes and processes.

The leadership allocates adequate resources for improvement and assures that all staff members are trained and educated about assessing and improving processes that contribute to improved organizational outcomes. Leadership fosters communication among individuals and components of the organization to improve the coordination of activities.

As deemed appropriate and needed Community Healthcore leadership appoints cross-functional workgroups to achieve identifiable goals. It is expected that both internal and external providers assess the delivery of services in their areas and to implement changes to improve service delivery.

III. DETERMINING QUALITY IMPROVEMENT PRIORITIES

In determining the priorities for our improvement efforts, we start with issues most closely related to our people receiving services. Those issues related to their safety and standard of care are our first priority as well as those concerns identified by them as being paramount to their treatment success. This is the foundation of our determination to become a High Reliability Organization. Our next goal is to meet and excel in areas deemed important by our state, federal and third party regulators to insure our continued availability to individuals receiving or needing services. We also solicit feedback from our stakeholders, without whose support it would not be possible to make our services effective to the individuals we serve.

IV. KEY PERFORMANCE INDICATORS

Community Healthcore continually seeks to assess itself through behavioral outcomes and methods that are appropriate, timely, efficient, and reliable. Key performance areas that are monitored are:

- Timely and appropriate level of care
- Care coordination for follow-up of referrals to external providers and for individuals waiting for services.
- Appropriate utilization of staff hours
- Approved and accurate documentation
- Equitable termination, reduction and denial of services
- Steadfast adherence to training targets
- Evaluation of individuals awaiting services
- Risk assessments and safety for people receiving services and staff.

The Quality Coordinator reviews service records monthly to gauge observance of Texas Health and Human Services (HHS) requirements for case notes. The Information Technology department collects information to illustrate the timeliness of documentation and the suitable investment of staff hours in the delivery of services. Case records are evaluated for their compliance with Texas Administrative Code (TAC) and with The Joint Commission standards.

The Quality Coordinator assesses each discharge for correct accompanying documentation as well as checking each case with a reduction or denial of services for accurate supporting documentation. Letters offering the individual or their legally authorized representative (LAR) an opportunity to appeal termination, reduction or denial of services are sent to each of the individuals in these categories to afford them the option to question or request a reconsideration of the determination.

Staff members comply with a firm obligation to complete training modules every year. The modules include all aspects of workplace dynamics (safety, environmental management, ethics, and effective communication) and elements that substantially impact care (abuse, trauma, suicide screening, cultural diversity, rights, HIPAA, person-centered care and recovery). All are required to score at least 80% in all areas or be relieved from duties until they are able to comply with the expected outcome.

Individuals are assessed for services and at times a small number may be placed on a Waiting List. While all individuals in need are offered an assessment, some are found to have less acute symptoms and not in need of immediate services. Those individuals are placed on a Waiting List and monitored and evaluated regularly to assess them for changes in their situation related to symptom changes, living and demographic changes and access to other resources.

V. AUTHORITY ADMINISTRATION

Local Planning

Local planning through a planning and network advisory committee is facilitated by the Community Healthcore Director of Contracts Management.

The Comprehensive Planning Advisory Committee (CPAC) meets at least quarterly, with defined workgroups meeting more frequently as necessary. The CPAC is made up of individuals receiving services, family members, providers, members of local agencies and advocates. Community Healthcore staff participates in these meetings to assist in information gathering/sharing and workgroup activity. The purpose of the advisory committee is to inform Community Healthcore in the development of local and network plans. The CPAC reports to the Board of Trustees quarterly on issues of needs and priorities and the implementation of plans.

The Center is also a member of the East Texas Behavioral Health Network (ETBHN) and participates in ETBHN's Regional Planning and Network Advisory Committee (RPNAC) with other local Community Mental Health Centers. The RPNAC contributes to the development and content of the Network Plan, which assures appropriate procurement of goods and services and reviews and makes recommendations that consider public input, best value and care issues to ensure choice and best use of public money is assembling a network of providers. The RPNAC also evaluates programs and services offered by the Community Healthcore, and compares services to that of other network centers. Outcomes of these activities form the basis for improvement activities. The RPNAC meets quarterly and through its Community Healthcore liaison reports to the Executive Management Team, the Comprehensive Planning Advisory Committee and to the Board of Trustees through Board reports to take action as necessary regarding recommendations from the RPNAC.

Utilization Management

The Center participates in ETBHN's Regional Utilization Management (UM) Committee with other local Community Mental Health Centers to review utilization patterns, efficiencies and areas for improvement. The Regional UM Committee developed an UM Plan and follows that plan in its activities.

Policy Development

Policy development is established through the governing body of the Center with associated procedure development to ensure needs of the local service area is in accordance with state and federal laws. Policies include:

- Board Governance
- Service Delivery
- General Administration
- Fiscal Management
- Human Resources
- Quality Management

Coordination of Care

The Center provides for coordination of treatment, care, and services among health professionals and settings. Processes for assessing, (performed in accordance with Texas Administrative Code Title 25 Part 1 Chapter 412 relating to Assessing the Need for Case Management/Service Coordination), planning for, and meeting individuals' behavioral health care needs are designed to promote smooth transitions from one level of care to the next. Throughout treatment, care, and services, individuals are matched with appropriate resources within the continuum (for example, crisis stabilization units, residential care, supervised housing) and are reviewed. Services are coordinated to ensure appropriate continuity of treatment, care, and services from the time of entry through assessment, planning, treatment, and discharge. Coordination of services is the responsibility of the provider and monitored by Program Supervisors.

Resource Development

The Center continues resource development by:

- Optimizing resources for new generation medications
- Referring Medicaid-eligible individuals receiving services to Medicaid provider pharmacies
- Pursuing other sources of new generation medications
- Developing additional resources through grants and other contracts
- Ensuring individuals eligible for Medicaid are assisted in obtaining Medicaid benefits

Quality Coordination Committee

The Quality Coordination Committee (QCC) meets once a quarter and is made up of the Director Business Operations, Operations staff, Quality Management staff, Clinical staff and Business staff. This committee identifies and analyzes current service, provider and safety patterns, and develops and implements a method to educate clinical decision makers regarding service over/under utilization and practice improvement. The committee will assess and improve rights restrictions by evaluating each incident and determine appropriate and immediate response to each incident.

This committee reports quarterly to the Executive Management Team via published committee minutes.

VI. OTHER QUALITY MANAGEMENT ACTIVITIES

The Center has several standing committees:

- Executive Management Team
- Comprehensive Planning and Advisory Committee (CPAC)
- Safety and Environment of Care
- Medical Services
- Quality Coordination

These committees concentrate on examining the work in each area to assure compliance and productively assess future opportunities for improvement.

VII. FUTURE PLANNING



CHC Goals/Initiatives 2020 – 2022

1. ACCOUNTABILITY - Hold ourselves accountable to the people we serve.

- Build Quality Culture
 - Joint Commission
 - National Committee for Quality Assurance
 - Quality Improvement System
 - Plan Do Study Act (PDSA) Documentation
 - Individual or Unit Risk Management Activities
 - Specialized Training on Developing a Quality Culture
 - Establish Key Performance Indicators (KPIs) for each unit
- Integrate Needs Assessment into Strategic Planning
 - Complete Needs Assessment
 - Prioritize the Needs / Opportunities
 - Utilize in the Budget Process
- Assess Facilities for Future Growth
 - Integrate with Needs Assessment Results
 - Prioritize actions
 - Consideration of the Bond Program

2. WORKFORCE - Create an environment that builds a strong and engaged workforce.

- Flexible Staffing Plan to Meet Emerging Needs
 - Develop Career Paths
 - Staff Training
 - Advancement opportunities
 - Educational Tuition Discounts
 - Internships expansion
 - Recruitment
 - Telling the Story of why we are here
 - Website Redesign encourage prospective applicants

- Compensation
 - Value-based Reimbursement Models beyond base pay
 - Research Performance Evaluation Models that support Value-based Reimbursement Models
 - Engagement Strategies
 - Formalize processes of integrating new & transfer employees into all units
 - Develop Internal Communication Strategies
 - Solicit periodic employee feedback
 - Team Culture
 - Build support among teams
 - Understanding minimum standards to stay on the team
 - Understanding the minimum metrics for each unit
 - Behavioral metrics development
3. TECHNOLOGY - Lead with technology that supports business intelligence, clinical operations, and communication priorities.
- Electronic Health Record
 - Better use of technology for field staff
 - Data Systems that help us handle our business (Utilization of Data)
 - Website Redesign
 - Business software identification/purchase
 - Data collection software for alternate payment models to include value-based projects and costing
4. INNOVATION - Bring innovation to methods and models of care that expand the organization's breadth and depth.
- Managing new grants
 - Assessment Center
 - First Episode Psychosis
 - Educational Service Center
 - Expansion Children Services – (kitchen sink)
 - Juvenile Justice
 - Substance Use Disorder
 - Anti-Bullying Campaign
 - Mental Health First Aid (MHFA) Expansion

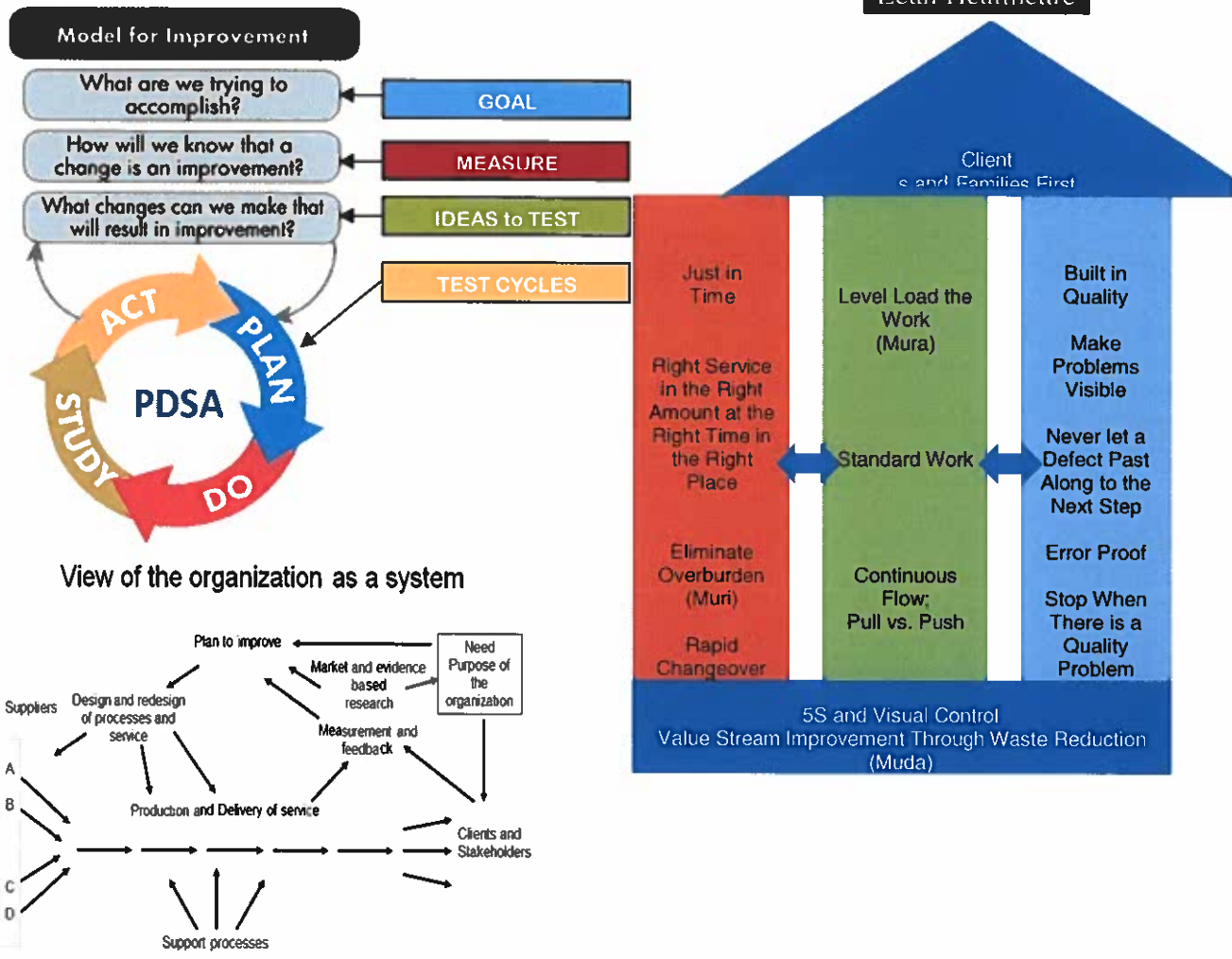
- *National Association for Clinical Pathways Grant*
- Transition from DSRIP to 2021 model service
 - Care Coordination
 - Same day Access
 - Single Plan of Care (Integrated Service Plan)
- FQHC Lookalike
 - Governance
 - Structure
- Plan Design/Adapt National Model for Assertive Community Treatment (ACT)
 - Integration of National Suicide Prevention Hotline into the Center's crisis line
 - Social Determinants of health integration into service plans
 - Peer services transition from grant to integration into clinical services.

VIII. PERFORMANCE IMPROVEMENT

The Center's efforts toward improvement pursue the Triple Aim Framework: Apply integrated approaches to simultaneously improve the health of the population, enhance the experience and outcomes of the patient, and reduce per capita cost of care for the benefit of communities.

Each project is required to align directly with and support one or more of our strategic initiatives.

The center improvement teams shall utilize a structured blend of three quality improvement methodologies: The Model for Improvement and using Plan Do Study Act cycles (PDSAs), Lean, and Dr. W. Edwards Deming's System of Profound Knowledge otherwise known as Systems Thinking.



When a problem is identified or a process/procedure is chosen based on a perceived need for improvement, an Improvement Plan will be required. This plan must:

- Contain the problem statement and how the project will impact the problem.
- Identify objectives, performance measures and future measurement goals.
- Identify initial change ideas (PDSAs), and the expected return on investment or enhanced response in meeting our goals, vision and values.
- Incorporate how data collection will be performed with the goal of determining that the change is indeed an improvement and to enable comparing the results of our standard practices with established benchmarks of performance.

The QCC considers improvement projects based on a review of each plan, the identified need and the projected outcome using a project assessment tool that identifies the criteria needed for a good improvement project. For projects approved by the QCC, the staff involved shall submit a status report to the QCC quarterly and to the Executive Management when required to describe the activities of the project along with progress toward their goal until completion.

Community Healthcore's improvement projects help to grow the scope and quality of our services in ways that will enhance performance, provide better customer experience and health outcomes while responding to the changes within the communities we serve.