

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT PLAN Fiscal Years 2026 - 2027



Revised March 2026

**Texas Health and Human Services Commission
Behavioral Health Services**

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I. Mission, Vision, and Values

The mission of Texas Panhandle Centers (TPC) is to *respond to the diverse needs of all people who require behavioral and developmental health services by creating an accessible system of care which supports choices and results in lives of dignity and independence.*

The vision of Texas Panhandle Centers is **“Making Lives Better”**.

Values

- **Individual Worth** - We affirm that the individuals we serve share with us common human needs, rights, desires and strengths. We appreciate our cultural diversity and individual uniqueness and commit ourselves to support and enable each person’s choices and preferences.
- **Quality** - We commit ourselves to the pursuit of excellence in everything we do.
- **Integrity** - We believe that our personal and professional integrity is the basis for public trust.
- **Dedication** - We take pride in our commitment to public service and to the care of the people we are privileged to serve.
- **Innovation** - We are committed to developing an environment which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among our staff, volunteers, and the people we serve.
- **Teamwork** - We believe that teamwork is essential for providing comprehensive and professional services. Teamwork relates to our individuals and staff, as well as collaboration with other service agencies, family members, etc.
- **Accountability** - We believe in being accountable to the public, our payers, and those we are responsible to serve. This accountability encompasses fiscal, contractual and system of care performance.

II. QM-UM Authority and Overview

The Executive Director of TPC acts on behalf of the Texas Health and Human Services Commission (HHSC) as its representative and as such, has the authority and responsibility to establish an integrated Quality Management (QM) and Utilization Management (UM) Program within the Center. The Executive Director has designated the responsibility for coordinating Quality Management activities within the Center to the Director of Quality Management. The Rights Protection Officer, Utilization Manager, QM Coordinator, and Coordinator of Compliance and Planning are key participants in the Quality Management Program and work closely with the QM Director. Quality Management activities are prioritized and planned to ensure compliance with regulatory requirements and to promote continual improvement processes for TPC. To allow for a more objective analysis of processes and program improvements, the Quality Management and Utilization Management Programs are organizationally independent from other TPC programs.

QM - UM Organizational Chart:



III. QM–UM Program Functions

The primary purpose of the Quality Management and Utilization Management Programs is to ensure the highest quality services are provided to eligible individuals in the most cost-effective manner. Integral to this cause is the concept of continuous quality improvement and focus on progressively improving administrative and clinical

efficiencies as well as outcomes of care and services. Since performance of important organizational functions significantly affects service outcomes of care and customer satisfaction, the QM-UM Programs primary focus is to achieve these goals by monitoring, analyzing, evaluating, reporting and recommending improvements in organizational functions. Specific Quality Management-Utilization Management Program processes are detailed in this bi-annual plan.

Stakeholder Involvement

The QM-UM Program provides input from various stakeholders including individuals, family members, community members, staff, contractors, committees, and the Board of Trustees. The following bulleted items are ways in which the QM-UM Program involves stakeholders in the improvement processes.

- On a regular basis, QM and/or UM provide written reports of departmental activities to the Board of Trustees. As requested, "live" program presentations are also provided. Feedback is given directly to the Executive Director and the Director of Quality Management. The Board also approves the QM-UM Plan.
- As needed, public forums are held for community input. Such forums play a key role in local planning and network development. Information and recommendations are gathered from forums and disseminated to the appropriate programs including Quality Management. Planning and process improvements are developed using this information.
- Surveys are conducted on a regular basis to obtain input from providers (internal and external) as well as from individuals and their families.
- The Compliance Program is closely integrated with both the QM and UM programs. Any person, including citizens, external providers, staff, and individuals can report compliance issues, which are investigated and trended within the Quality Management Program. Process improvements can be implemented from the trending and analysis of this compliance data.
- Individuals, family members, and external providers are encouraged and do participate in various committees. Those committees can suggest ideas for improvement through QIC recommendations which are reviewed by the Director of Quality Management and presented to the Executive Management Team (EMT).
- Coordination with various primary care facilities to improve continuity of care for persons with behavioral health and medical needs. Cross-training in available services improves access as well as crisis response times. Communication among providers ensures effective prescription management and a more holistic treatment approach.
- BH Program Managers coordinate with PATH (Projects for Assistance in Transition from Homelessness) providers to offer joint outreach activities. Community outreach aids in identifying those in the homeless population who might benefit from outpatient mental health treatment.
- In order to provide status reports and gain input on crisis redesign (including diversion from jails and hospitals) and provider network expansion, TPC management staff meet periodically with law enforcement, judges, and hospital administrators.
- MCOT (Mobile Crisis Outreach Team) staff work closely with police – CIT (Crisis Intervention Team) to solicit feedback on the effectiveness of crisis redesign services. Recommendations are addressed during regularly scheduled staff meetings, and process improvements are implemented in a timely manner.
- MCOT and the TPC Continuity of Care Case Manager work closely with the local and state psychiatric hospitals to identify high needs and/or difficult to engage individuals. Frequent communication and thorough discharge planning facilitate timely intake to determine the appropriateness for TPC services, including transitional services if needed.

- Extensive collaboration with local cities and counties (e.g. judges, district attorneys, Veterans Administration Health Care Center, substance use providers, area churches, etc.) to improve continuity of care and other services. Communication with the judicial departments and various community service providers aids in successful jail diversion, hospital diversion and engagement in outpatient services following incarceration.

Committees receive their authority from the Board of Trustees and are appointed by the Executive Director. Committee members demonstrate leadership in their designated areas, provide data analysis and information as needed, conduct reviews as requested, and effectively communicate information and committee findings to stakeholders. As applicable, the committees operate according to the guidelines outlined in the current HHSC Contract. Committee minutes are submitted to the Quality Management Director. The minutes are reviewed for any quality improvement recommendations, which are then forwarded to the Executive Management Team. All recommendations are considered with the outcome communicated to the originating committee.

Quality Management and Utilization Management have representation on most standing committees, and quality management functions are inherent within each committee. If an area has been identified as needing a process of improvement, the Executive Director assigns committees and/or the Leadership Team to specific tasks or projects to carry out the warranted improvement(s). The following list of TPC internal committees describes each committee and the function of that committee.

Behavioral Health Committee

This committee's purpose is to support successful implementation of mental health programs and services to include Texas Resiliency and Recovery (TRR). A primary focus is consistent review of data to identify strengths as well as need areas. In turn, process improvements are developed and implemented in a timely manner. Committee membership includes program managers and quality management. Emphasis is placed on effective management strategies necessary to ensure accountability and to foster programs using best practices.

Compliance/HIPAA Committee

This committee is responsible for implementing and monitoring the compliance program. Activities include reviewing existing policies and procedures and updating when necessary to meet regulatory obligations. This committee reviews compliance with trending data and assists in the development of preventive and corrective action plans. This committee meets at least quarterly.

Credentialing Committee

This committee reviews internal and external provider credentialing application packets to ensure that minimal credentialing standards are met. External stakeholders participate in this committee's activities. Since voting can be conducted via email, the committee meets on an as needed basis.

Death Review Committee

This committee (claiming peer review privilege) appointed by the Executive Director in consultation with the Chief Medical Director, reviews individual deaths to identify and address any administrative and clinical issues. An external provider participates in this committee's activities.

Human Resources Committee

This committee guides the efforts of the Human Resources Department to increase employee's job performance and capabilities through educational offerings. This committee meets on an ad hoc basis, pending feedback during evaluation period.

Infection Control Committee

This committee establishes and reviews methods for investigating, reporting, preventing and controlling infection in the service delivery environment. The committee makes recommendations regarding procedures for management and follow-up of infectious diseases within Center programs. This committee also reviews and updates the Infection Control Plan as necessary but at least annually.

Medication Error Committee

This committee reviews medication errors for corrections, actions, and trends. The committee usually meets monthly unless there are (4) four or less errors or any significant error(s).

Nursing Peer Review Committee

This committee evaluates the merits of complaints concerning RN's and LVN's (among others). This committee meets on an ad hoc basis, pending feedback during evaluation period.

Risk Management/Safety Committee

This committee reviews trends of incidents and injuries. The committee also makes recommendations for addressing identified needs and correction of problems and monitors the implementation of such recommendations. The committee also provides monitoring and evaluation of risk events, investigation of the circumstances of risk events, and evaluation of the effectiveness of corrective actions to prevent similar occurrences with other individuals or staff. Meetings are held at least quarterly.

Executive Management Team

This team receives, evaluates, and when indicated, requests reports from all service/programs responsible for quality improvement activities. Through its activities, the committee will ensure the program is comprehensive in scope; client care is of optimal quality, and services are delivered in a safe, cost-effective manner. The committee is responsible for implementation of program improvements on a center-wide basis.

Trauma Informed Care Committee

This Committee strives to foster a trauma informed organization to include an environment that is culturally competent, safe and secure based on understanding, recognizing and responding to all types of traumas by implementing trauma informed, resilience-oriented approaches.

Utilization Management Committee

The Utilization Management Committee reviews the Center's resource utilization data and designs practice protocols for all client populations. The committee's goal is to establish the most cost-effective treatment interventions for persons receiving direct services. Utilization of review data is reported to the committee, which studies outlier practices and makes recommendations for improvement. This committee meets at least quarterly or more often as needed.

Wellness Team

This committee promotes and implements healthy initiatives for TPC to reduce absenteeism, increase productivity, and encourage the health and wellness of TPC employees. Specific initiatives also impact the health and wellness of those receiving center services. The team meets on an as needed basis.

IV. UM Specific Program Functions

* For additional information, reference TPC Policy and Procedure.

Purpose of Utilization Management Committee:

The primary function of the UM Committee is to monitor utilization of the Center's clinical resources to ensure they are being expended effectively and efficiently. The UM Committee assists the promotion, maintenance and availability of high-quality care through the evaluation of clinical practices, services and supports delivered by TPC and its contracted providers using clinical, encounter and administrative data and performance measures. Based on review of utilization data, the committee makes recommendations for improvements in provider practices and agency processes. The Committee consults with physicians, providers and others from appropriate specialty areas to ensure processes and decisions are accurate and consistent. The committee meets at least quarterly or on an ad hoc basis and reviews:

- Appropriateness of eligibility determinations;
- Use of exceptions and overrides to service authorization ensuring rationale is clinically appropriate and documented in the administrative and clinical record;
- Over- and under-utilization;
- Appeals and denials;
- Fairness and equity; and

- Cost-effectiveness of all services provided

Composition of the Utilization Management Committee:

Required membership includes:

- Utilization Management Physician
- Utilization Management Representative
- Quality Management Representative
- Financial Services Representative
- Rights Protection Officer (RPO)

Participation by others as needed may include:

- Executive Managers
- Contracts Management
- Network Development
- Information Systems
- Medical Records
- Intake/Eligibility Staff
- Continuity of Care Staff
- Clinical/Professional staff or Providers

Committee Membership Credentials:

UM staff functions are outlined in TPC Policy and Procedure. Job functions are also outlined in staff's job descriptions, and documentation of licenses, training, and supervision are maintained in staff's personnel record.

UM Physician: A fully trained (board eligible or certified psychiatrist) who possesses a license to practice medicine in Texas and provides clinical oversight of the UM Program.

UM Director-Manager: An RN, RN-APN, PA, LMSW-ACP, PhD Psy, LPC, or LMFT licensed in the State of Texas who has at least five years' experience in direct care of persons with a serious mental illness and/or children and adolescents with serious emotional disturbance, which may include experience in an acute care or crisis setting; has demonstrated understanding of psychopharmacology and medical/psychiatric comorbidity through training and/or experience; has one year experience in program oversight of mental health care services; and has demonstrated competence in performing UM and review activities.

Utilization Reviewer: Minimum qualifications of a Qualified Mental Health Professional – Community Services (QMHP-CS) as defined in the most current version of the Texas Administrative Code (TAC)-Mental Health Community Services Standards requires that the individual have at least three (3) years' experience in the treatment of persons with serious mental illness and/or children and adolescents with serious emotional disturbance and must also be directly supervised by a qualified utilization manager.

Training Members of the Utilization Management Committee:

TPC will ensure that all UM Committee members receive appropriate training to fulfill the responsibilities of the committee. Training will be conducted at least annually, when needed, or when a new member is added. The UM Director will provide each member of the committee information and materials (e.g. UM P&P, HHSC Utilization Management Guidelines) necessary to perform their function. The Utilization Management Physician, or his/her designee, will discuss with each new member of the committee: the role of the UM Committee, type of cases, data and information reviewed by the committee, and clarify the UM program and processes. All participants in the Utilization Management process are subject to strict confidentiality practices, as defined by the state and other applicable rules. All committee members will sign a confidentiality statement prior to participation on the committee.

Conflicts of Interest:

No UM committee member may participate in the review of a case in which he/she has a conflict of interest or has been professionally involved. If a conflict occurred, the center would arrange for a non-involved medical provider to review the case. The UM Director will identify other potential conflicts of interest situations and include such situations in training for UM staff and UM committee members.

V. Measuring, Assessing and Improving Services and Outcomes

An Authority is defined as a publicly accountable entity that holds the single point of responsibility for planning, policy development, resource development and allocation, oversight, network development and individual empowerment within a specified geographic area. Local authority functions include the business operations/processes by which a local authority will manage system operations; ensure the clinically and economically efficient use of resources; address individual concerns and ensure satisfaction; ensure the competency and capacity of the provider network and to ensure accountability. Authority functions identified by the Authority Attachment of the HHSC Performance Contract are:

- Local Planning
- Policy Development and Management
- Coordination of Service System with Community and HHSC
- Resource Development and Management
- Resource Allocation and Management
- Oversight of Authority and Provider Functions

Principal oversight components of authority functions include reviews and planning, management assessments, training, systematic planning of projects, data assessments, and follow up. Data review is of utmost importance throughout quality improvement processes. Data based decision making provides the basis for recommending improvements in organizational functions and in analyzing the strengths and/or weaknesses of such improvements. As such, QM and UM focus on managing agency resources through the review of utilization of data needed for identification of best provider and business practices.

Local Planning

The QM Program is responsible for providing a systematic method of reviewing, maintaining, and monitoring all TPC plans. The QM Program ensures the timely submission of plans as appropriate. The QM Director supervises the Coordinator of Compliance and Planning and provides oversight on planning activities. The Coordinator of Compliance and Planning take the lead role in planning for the center and serves as the agency facilitator for the Planning Network Advisory Committee (PNAC). Per the HHSC Performance Contract, PNAC requirements are followed, and the PNAC's recommendations are provided to the Center's Board of Trustees at least quarterly.

Texas Panhandle Centers, as the designated Local Mental Health Authority (LMHA), is responsible for developing, updating, and maintaining the Local Provider Network Development Plan (LPND) and the Consolidated Local Service Plan (CLSP) in compliance with the Performance Contract. The LPND is designed to develop a network of mental health service providers that will meet local needs and priorities, allow for more individual choice, improve access to services, and make the best use of available funds, and promote individual, provider, and stakeholder partnerships. The CLSP incorporates local service planning, crisis planning, and jail diversion strategies. PNAC participates in the development of LPND and CLSP. In addition to required plans, the Leadership Team and other management staff participate in strategic planning to develop specific Center-based goals and objectives.

Community input regarding services, access to services, and quality improvement recommendations is also sought through the Certified Community Behavioral Health Clinic (CCBHC) Community Needs Assessment process. The Community Needs Assessment is updated at least every three (3) years and addresses cultural, linguistic, treatment and staffing needs within the community, transportation, income, culture, and any other barriers which may exist to treatment. The Community Needs Assessment also addresses workforce shortages. Strategies to address identified need areas are also documented in the TPC CCBHC Staffing Plan.

Planning activities have successfully guided Texas Panhandle Centers in achieving its goals of providing the Center, its Board of Trustees, and its staff focus and direction. The Center educates staff, individuals, family members, committees, government officials, advocacy groups, and other interested individuals and agencies on the planning process. Updates to additional resources are also posted on the center's website as needed. Through the development of local plans, the Center's mission, vision, and values were developed, all of which remain the focus of Texas Panhandle Center's operations today.

Policy Development and Management

The QM Department maintains Policies and Procedures and provides technical assistance to program managers as requested in developing Operation Manuals. Notice of revisions to Policies and/or Procedure is provided to and/or made available to staff through TPC's Human Resource Information System (HRIS). The responsibility rests with each director to ensure policies and procedures are implemented in the respective programs. The QM Program monitors implementation via training documentation sheets, staffing meetings, and committee meeting minutes. All Administrative Policies and Procedures are available online to provide ease of access. Hard copies are also available upon request. Each Policy and Procedure is reviewed, and the content checked for compliance with applicable standards by the Director of Quality Management. Policies and Procedures are coded by subject matter by the QM Department for ready reference. The QM Program coordinates an annual review of policies in coordination with the Board of Trustees. The QM Program also coordinates and ensures all Policies and Procedures are reviewed by the appropriate managers at least annually.

Coordination of Service System with Community and HHSC

The QM Program collaborates with directors from crisis services, screening/intake, and service coordination/case management to ensure that persons have access to 24-hour crisis support services, referral information, Preadmission Screening and Resident Review (PASRR), and disaster assistance when needed. QM, along with program managers, monitor the 1915(i) Long Stay report to identify individuals who may be eligible for services within the Home and Community Based Services-Adult Mental Health services array. Collaborative efforts also ensure that eligible individuals have a choice of providers and receive timely service based on individual needs and preferences. Cooperation with network providers and other human service agencies facilitates a team approach and quality continuity of care. TPC collaborates with many external providers to include (but not limited to): Community Resource Coordination Groups (CRCG/CRCGA), Outreach Screening Assessment and Referral (OSAR), Northwest Texas Behavioral Hospital, Region 16 Early Childhood Intervention (ECI), Community Services Supervision and Corrections (CSDS), Texas Juvenile Justice Dept (TJJD), Texas Dept of Family and Protective Services (TDFPS), Care Today Urgent Health Clinics, Randall County Detention Center, Texas System of Care, Networking 4 Kids, Baptist St. Anthony's Hospital (BSA), West Texas A&M University (WTAMU), Regence Health Network (Federally Qualified Health Care Center), Family Support Services, the Military Veteran Peer Network, Oceans Behavioral Health. Minutes, training logs, contracts and/or MOUs serve to evidence of collaborative efforts. Program reviews, focused reviews, individual/family surveys and/or data are utilized to measure and assess the following:

- An easily accessible, continuously available, and well publicized crisis hotline to provide screening, information, support, referrals, and crisis intervention
- Participation of the Suicide Prevention Coordinator in required activities to include regular dissemination of prevention information and resources
- Access to Mobile Crisis Outreach Team for assistance with crises
- Use of Open Access to facilitate timely intake assessments and service initiation
- As warranted, consistent monitoring of waiting lists to maintain contact with individuals and provide appropriate support and referrals
- Persons eligible to receive services are provided with information, to include service options for referrals and are encouraged to choose from a variety of providers. Efforts are made to have an individual's providers located within 75 miles of the individual's residence
- Persons not eligible to receive services are informed of community resources
- Individualized and person/family-centered recovery planning that reflects the individual's needs and builds on strengths
- Effective coordination of services (including participation in the development of transition and/or discharge plans) and Care Coordination for individuals being transferred to/discharged from other Center programs, schools, hospitals, jails and other facilities
- Appropriate notification of adverse determinations, education of individuals in filing appeals and use of objective criteria when making timely appeal determinations
- Effective collaboration with other human service agencies necessary to ensure that individuals receive needed services in the least restrictive setting

QM reviews the individuals' Benefits Plan to ensure compliance with Performance Contract requirements. This plan outlines necessary services for eligible individuals to include applying for Medicaid and Supplemental Security Income, navigating appeals/denials, and providing information on employment options.

To ensure statewide quality improvements, QM and UM staff also participate with other centers through consortium meetings, comnets, e-groups, and workgroups.

Resource Development and Management

The QM Director works closely with the Chief Financial Officer, Data Management Department, and the Coordinator of Compliance and Planning to ensure that strategies are developed to optimize earned revenues and maximize funds to provide services. Collaboration with other Centers is also used to assist with efficiency. Regular program reports and data reviews occur during committee meetings and managers' meetings to assess administrative/overhead costs and plan strategies for cost-containment.

The Contracts Management and Planning Programs via the Planning and Network Advisory Committee facilitates network development. The Executive Director and Chief Clinical Officer collaborate with the Director of Quality Management when developing a new contract within the network or when revising current contracts. In general, the Planning and Network Advisory Committee then makes contract recommendations to the Board of Trustees. The QM Program reviews the contracts when necessary to ensure compliance with appropriate contract, state and federal requirements. The QM Program provides coordination and oversight of all reviews and audits that may occur with these contracts.

TPC provides, encourages, and supports opportunities for growth and development for all employees, both individually and collectively. Resources from within the Center, educational institutions, consultants, the community at large, and state and national resources are utilized to enhance staff development and growth. Human Resource Development (HRD) provides training programs to employees that meet training requirements for all applicable standards. The QM Program works closely with HRD and the Contracts and Credentialing Department to provide training to staff to ensure compliance with all statutory, regulatory, and professional requirements. The following types of training are provided by the QM Program either because of an audit, review, or as requested from Program Managers or other interested parties:

- Documentation Training
- HHSC-approved Assessment (UA) and Utilization Management
- Policy and Procedure
- Ethics
- HIPAA
- Compliance
- Risk/Liability
- Other topics, as requested

Resource Allocation and Management

The Utilization Management Program and Quality Management Program work closely to ensure that individuals receive the services they need while maintaining equitable distribution of agency resources. UM relies on reports (e.g. EHR reports, MBOW) to monitor utilization patterns such as level of care assignment/service capacity, over-utilization, under-utilization, practice variation, appeals determinations, and hospitalizations. UM also discusses trends and patterns as well as procedural revisions in the UM Committee. In turn, QM, UM, and other administrative programs collaborate to develop and implement the processes necessary to modify inefficient utilization practices. Examples of such are as follows:

- Focused review of individual cases to ensure appropriate authorization and consistent application of UM Guidelines
- UM procedural revisions and consultation among UM staff to address authorization for challenging cases.
- Review of clinical practices and consultation with program managers regarding provider best practices
- Incorporation of new technologies
- Staff training on the rationale for UM and its role in facilitating access and ensuring efficient resource allocation.
- Staff training on the importance of data-based decision making and implementation of sound business practices within a social service agency.

Oversight of Authority and Provider Functions

**This section not only describes Service Oversight as an authority function but also addresses measuring, assessing, and improving services provided by TPC.*

Quality Management is responsible for oversight of service delivery and designs and facilitates improvement of activities. All TPC programs and personnel are subject to QM reviews, satisfaction surveys, and other audits. TPC contracts with several licensed external providers in various disciplines who are also subject to reviews, surveys and other audits as outlined in each provider contract. The QM Program coordinates all external reviews, audits, and surveys that may be conducted by state or federal entities. The following chart/work plan outlines key reviews and audits that are conducted or overseen by the QM Program for both internal and external providers.

Mechanism	Person/Entity Responsible	Time Frame
External Contractors Review	Contracts Management/QM	Annually
Data Accuracy Review	Information Services	Monthly
Compliance Investigations	Director of Quality Management & Compliance	As Reported
Compliance Reviews	Compliance Team	Monthly
COPSD Review / Substance Use Disorders Program Review	Quality Management	Annually
Compliance Plan Review	QM/Compliance Committee	Annually
Outcome Measures – MBOW Reports	Program Managers	Bi-monthly
Facility Infrastructure Review – Safety Review	Director of Maintenance Safety Director	Annually
Infection Control Monitoring	Infection Control Designee and Committee	Quarterly
Infection Control Surveys for High-Risk Areas	Infection Control Committee	Annually
ADA Plan Review	ADA Coordinator	Annually
Mechanism	Person/Entity Responsible	Time Frame
Quantitative Records Review	Medical Records Staff	Annually
Complaints/Appeals	Rights Protection Officer and Director of Utilization Management	Quarterly
Individual Satisfaction Surveys (adult and child)	Quality Management	On-Going
Provider Profiling – iSERV Reports, MBOW Reports, Unit Progress Reports,	Data Management/Contracts Quality Management	Continuous process
Utilization Management – MBOW Reports, Hospitalization Data, Appeals, CAM/MAC, Crisis	Medical Director Director of UM Quality Management	Continuous process
Safety/Risk Monitoring	Quality Management Safety/Risk Committee	Quarterly
Death Reporting	Rights Protection Officer	As Occurs
Productivity Monitoring – EHR Reports	Information Services Program Managers Quality Management	Monthly
Access to Services/Mystery Caller	Quality Management	Bi-Annually
TCOOMMI	Program Director	Annually

Survey of Contract Services	Director of Contracts and Credentialing	Annually
Crisis Services - MBOW Reports, Progress Note Review	Quality Management Program Manager	Annually
ANSA/CANS Quality Assurance Training	Program Managers/ QM	Bi-Annually
Waiting List – MBOW Reports, Progress Note Review	Director of Utilization Management Intake – Crisis Director Executive Manager	Weekly (if Waiting List implemented)
New Gen Medication Review	Director of Utilization Management	Annually
Mechanism	Person/Entity Responsible	Time Frame
Prescribing Practices Review	Quality Management Nursing Staff Medical Director	Annually
Review of Financial Status and Budget	Executive Director Chief Financial Officer Board of Trustees Program Managers	Monthly
DPP Outcome Measures	Quality Management Special Projects Coordinator Program Directors Financial Services	Bi-Monthly
Recovery Plan Review and Progress Note Review	Quality Management Program Managers Compliance Team	Monthly
CCBHC Reported Measures Review	Quality Management, Financial Services Data Management	Bi-Monthly
PASRR Review	Program Manager/QM Compliance Team	Quarterly

Once reviews/surveys/audits are completed, they are presented to the Leadership Team, Board of Trustees, and/or the Planning Network Advisory Committee for further input. Feedback loops are established, and communication with the QM Program occurs via meetings, emails, and phone calls. The QM Program will require plans for correction for reviews that are substandard or score below 90%. The plans for correction will address training needs, technical assistance, and necessary follow-up interventions to correct any problem or deficit areas. If an external audit requires a plan of correction, the QM Program will review the plan for content so that all deficit areas are addressed adequately. The QM Program also monitors timely submission of all plans for correction.

VI. Evidence Based Practices and Utilization Data in Provider Profiling

As a move towards improved services and efficient stewardship of taxpayer money, HHSC requires contractors/providers to implement approved Evidence-based Practices (EBP) in treating persons with behavioral health needs. EBPs help bridge the gap between research and practice and promote quality mental health services and are approaches to treatment that are based in theory and have undergone scientific evaluation. Research indicates that such treatments produce substantial gains in the form of improved symptoms and functioning. EBPs have a number of advantages including specific training programs to facilitate consistency in treatment provision, proven treatments which facilitate faster recovery, and evaluation of outcomes through data.

Fidelity reviews are conducted and include provider participation. Such reviews ensure treatment/documentation consistency and allow continuous quality improvement through peer review. Reviews are scheduled as noted in the following table.

Evidence-Based Fidelity Reviews:

Adult Services	Person/Entity Responsible	Time Frame
Assertive Community Treatment	Program Manager/QM	Annually
Supported Employment	Program Manager/QM	Annually
Supported Housing	Program Manager/QM	Annually
Illness Management & Recovery	Program Manager/QM	Annually
Cognitive Behavioral Therapy	Program Manager/QM	Annually
Children & Adolescent Services	Person/Entity Responsible	Time Frame
Required Monitoring		
Trauma Focused-CBT	Program Manager/QM	Annually
Seeking Safety	Program Manager/QM	Annually
Aggression Replacement Techniques	Program Manager/QM	Annually
YES Waiver	Program Manager/QM	Annually
Recommended Monitoring		
Wraparound Planning	Provider/Program Manager/QM	Annually
Nurturing Parenting	Program Manager/QM	Annually

Data Accuracy

Reviews occur bi-monthly to ensure compliance and to measure and assess accuracy in billing and data submission. The Data Management Department reviews all non-covered/non-billable service claims for errors and all covered service claims that were rejected. Business Objects reports are utilized for these reviews. Data Management and QM/UM staff assess the error reports for trends and provide follow-up with the programs/staff where errors are occurring. Corrections to data are made when appropriate, and Quality Improvement processes are developed to increase data accuracy and improve outcomes.

Quality improvement activities are indicated when deficit areas are identified. Program Directors can address the deficit areas through training, closer supervision, and monitoring. Additional training, technical support, and consultation are available through the Quality Management program to correct identified deficit areas.

Compliance Team

In response to the initiation of the Recovery Audit Program-Audits (through Centers for Medicare/Medicaid), the Executive Management Team recommended implementation of a Compliance Review Team which works under the supervision of the Director of QM & Compliance. The purpose of the team is to ensure documentation practices adhere to applicable laws, rules, and regulations including compliance with CCBHC and TRR services. The team conducts proactive (pre-billing) audits in an effort to confirm that documentation supports medically necessary services as evidenced by the connection of clinical assessment, recovery/treatment planning & service provision. A proactive approach minimizes problematic claims submission through early needs identification. Timing is central for communication of findings, submission of correction action, and follow-up to ensure corrections are implemented.

Scope & Responsibilities

- Discuss sample to be reviewed. Completed reviews will be submitted to the team lead.
- The Team Lead will compile data from all reviews to be submitted to the Director of Quality Management in addition to a quarterly summary report of compliance findings to the respective Program Managers.
- For general issues related to documentation practices, the team will develop and implement a Corrective Action Plan which may include technical assistance by the Quality Management Department or retraining by the Program Manager.
- For more provider specific errors, the provider, and the manager of the department where the documentation error was identified will complete retraining in that area with the provider, and provide evidence of that retraining within two weeks of notification back to QM.
- The number of cases reviewed will be determined by the compliance team lead who will then review a sample of the submitted records to measure inter-rater reliability and to ensure improvements have been achieved.

- If the follow-up review is determined to be unsatisfactory, the Program Manager/Supervisor and team lead will discuss possible disciplinary action which the Team Lead will discuss with Director of Quality Management and Compliance.
- If, during a routine audit, serious needs are identified, team members will report their findings to the team lead immediately via phone or email. Serious needs are identified as suspected fraud, waste, or abuse. The compliance team lead will then report the findings to the Director of Quality Management for further investigation to include notification of the Executive Director.
- The Compliance Team Lead will provide quarterly reports to the Compliance Committee and/or Leadership Team.

Utilization Data

A primary focus of UM is to influence provider practice to meet specific management and clinical goals and to minimize unwanted practice variation while maintaining quality service. This includes analysis of utilization data and a mechanism to influence provider practice patterns. The ability to understand utilization data and use it to impact provider practice is the best way to manage the utilization of resources. Although data plays a vital role in process improvements, a team approach and communication among providers is central to successful implementation and quality individual care.

Methods used to influence provider practice include:

- Implementation of TRR and consistent application of the UM Guidelines
- Utilization review with consistent feedback to managers and providers
- Thorough communication with Continuity of Care worker for transition from inpatient to outpatient treatment
- Provider profiling to include review of data with providers
- Consistent review of utilization data by unit managers including review with providers
- Regular review of utilization data by management and feedback loops for reporting back on results of process changes
- Provider incentives as determined by management

Outcome Monitoring

Service targets, performance measures and outcomes for both Adult Services and Child and Adolescent Services are monitored by several different layers of management. Redundancies of data review are built into staff meetings and committee meetings to ensure accurate data analysis. At the program level supervisors are monitoring caseload data for accuracy in service provision, amounts of service provided and appropriate authorization for those services. The UM program monitors accuracy in assessment administration and provides training as necessary. The Chief Clinical Officer meets with management staff bi-monthly, to monitor performance levels.

The Leadership Team monitors TRR processes and practices. Targets and outcomes are reviewed regularly to ensure compliance. Resources are made available to program managers so that TRR may be successfully implemented as prescribed in the HHSC Performance Contract.

VII. Monitoring of External Providers and Contracts

The Quality Management Program, Contracts Management and Program Directors are all responsible for monitoring and providing oversight to external providers. Programs as well as individual contractors are reviewed by the Contracts and Credentialing Department and Quality Management. These reviews are forwarded to Quality Management for oversight. On the Program level, contractors and formal partners who provide CCBHC and TRR services receive training on the required evidenced practices and fidelity models. Program Managers review individual services to ensure adherence to the model. Contractors who need additional training are referred to Quality Management.

VIII. Reduction of Incidents of Individual Abuse, Neglect and Exploitation

The Rights Protection Officer is the liaison between TPC and the Texas Department of Family and Protective Services. The Rights Protection Officer coordinates any investigations involving the care and treatment of those the agency serves, including TDFPS investigations.

The RPO is responsible for the development of an annual Abuse/Neglect Reduction Plan. This plan is based on data gathered during the year in quarterly reports. These reports contain the following elements:

- Number of allegations by class, location, funding source and individual
- Number of confirmations by class, location, and disciplinary action
- Comparison data with previous months and years
- Findings
- Analysis
- Recommendations

These reports are distributed to the Leadership Team and appropriate department heads, including the Director of QM. These reports are compiled in an annual report. The annual report is compared to the reports from previous years and those comparisons are also used in the development of the Abuse/Neglect Reduction Plan. After review of all information and results of the work plan from the previous year, a goal for the next year is developed.

In 2025, there were zero (0) allegations of abuse, neglect, or neglect involving individuals receiving Behavioral Health Services with no confirmations.

The goal for 2026-2027 is to work towards keeping the number of confirmations low. TPC plans to maintain a low confirmation rate via additional training on topics such as professional and interpersonal boundaries, stress management, additional retraining on the duty to report and the reporting process, and professional communication.

The following strategies were developed to assist in achieving this goal:

- Continue the collection and distribution of quarterly data
- Continue to offer supplemental training such as Stress Management, Ethical Behavior, Time Management, etc.
- Continuation of 95% training compliance of Re-orientation (REO) Abuse/Neglect/Exploitation prevention Training
- Track employee information for trends

The Abuse/Neglect Reduction plan is reviewed annually by the Leadership Team and more often as appropriate. The plan is maintained in the RPO office and the Quality Management office.

IX. Quality Improvement Processes for Behavioral Health Initiatives

CCBHC Continuous Quality Improvement (CQI) Plan

PURPOSE: The CCBHC develops, implements, and maintains an effective, CCBHC-wide Continuous Quality Improvement (CQI) plan for the services provided to maintain a continuous focus on quality improvement. There are established processes to review CQI outcomes and implement changes that will improve the quality and timeliness of services. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes, particularly for populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities). The Plan includes the use of both quantitative and qualitative data and addresses how the CCBHC will review known significant events including:

- Deaths by suicide or suicide attempts of people receiving services
 - Reviewed by the UM Committee and Death Review Committee
- Fatal and non-fatal overdoses
 - Reviewed by the UM Committee
- All-cause mortality
 - Reviewed by the Death Review Committee
- 30-day hospital readmissions for psychiatric or substance use reasons.
 - Reviewed by Daily Admission Census Tracking (Data Driven), and UM Committee

Continuous Quality Improvement (CQI)

To continuously improve services and TPC's Quality Management operations, QM will employ the PDSA cycles (which we are currently using to identify and implement quality improvements within the CCBHC Program. CQI is based on the basic scientific model of discovery. As we continue to learn and employ the concepts and strategies behind the PDSA Cycle, we will be able to instill our healthcare services backgrounds and experiences into our programs and operations. By conducting PDSA Cycles, innovation and positive results will follow. The results may include improved quality and efficiency of service delivery and increased rates of the individual's satisfaction. In addition, QM monitors the satisfaction of individuals receiving services via Patient Satisfaction Surveys which are completed by individuals who present for services. The surveys are reviewed during quarterly staff meetings. QM then communicates the results to management to encourage quality improvements and recognition of staff who demonstrate exemplary customer service skills.

CQI Projects: CQI Project initiatives should include a reason/need for the project and a critical review process by responsible staff who monitor CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services addressed in the most recent Needs Assessment. Responsible staff also monitor indicators related to improved behavioral and physical health outcomes and initiates needed actions.

LPND

Contracting with private providers is not a novel process for Texas Panhandle Centers. The Center has a history of outsourcing some services. Texas Panhandle Centers has contracts in place with many other providers, including providers of:

- Peer support, advocacy, and employment programs
- Crisis Hotline services
- Interpretation services
- Pharmacy services
- Nursing services
- Lab Services
- Primary medical care services (including urgent care)
- Behavioral Health Crisis Respite Services
- Dietician Services
- Cognitive Behavioral Therapy
- Music Therapy
- Equine Therapy
- Inpatient Psychiatric Services
- Out of Home Respite Services (child and adolescent)
- Medical Director
- Psychiatric Prescriber services

To ensure that contracted providers meet requirements, the Quality Management program will perform reviews of documentation to further ensure fidelity to TRR models and documentation standards. Over and under utilization patterns and clinical outcomes will also be monitored to further assess fidelity and success of providers' clinical interventions. Additional assessments of provider competence and fidelity to TRR models will include surveys and profiling, credentialing, and compliance with federal and state laws.

Should Texas Panhandle Centers incur a sanction by HHSC for failure to meet a contract requirement and it is determined the provider's action or lack of action caused Texas Panhandle Centers to receive the sanction, the external provider will be responsible for the amount of the sanction. In addition, the external provider will be responsible for completing a Corrective Action Plans (CAP) to comply with any findings by Texas Panhandle Centers or HHSC for lack of adherence to any rules, regulations, and requirements.

X. Current Programs

Adult Behavioral Health

ACT (Assertive Community Treatment)- The ACT Team is a self-contained program that provides treatment, rehabilitation, and support services. Persons with a serious mental illness, who have a history of multiple hospitalizations, and have difficulty living in the community without additional support are eligible.

Case Management- Services are designed to help link a person to resources within their community to assist them in their recovery. Each person at TPC has an assigned case manager. In addition to linking a person to additional resources, the case manager can advocate, educate, support, and monitor the person's recovery efforts.

CBT (Cognitive Behavioral Therapy)- Cognitive behavioral therapy is a psycho-social intervention that focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. This service is offered to people experiencing depressive symptoms severe enough to negatively impact daily functioning.

Continuity of Care- Care coordination is provided to TPC clients to ensure effective coordination of behavioral health services are combined with various health care settings, that attempts to minimize any interruption in ongoing care. TPC staff coordinates continued behavioral health care when individuals are being discharged from local, and state hospitals, detention centers and rehabilitation settings to reduce the risk of any gaps in services. TPC staff collaborates with staff in these settings and TPC staff to ensure that follow-up care is provided to those individuals moving from one health care setting to another.

Disaster Services-TPC is responsible for providing disaster behavioral health relief services to people in the upper 21 counties of the Texas Panhandle who have experienced a natural or manmade disaster which has impacted the behavioral health of an individual or entire community. TPC works with local, state and national first responder teams to be a part of the response and on-going support.

Integrated Care - TPC partners with physical health clinics for people in behavioral health services at TPC when they are unable to pay for physical health treatment out of pocket. This arrangement increases access to primary care treatment. This approach improves early intervention, sharing of resources and comprehensive treatment with the person seeking a better quality of life for themselves.

Jail Services-TPC offers a wide range of services to people with legal issues. Services include assessment, screening, coordination with the legal system, and treatment with case management upon release from institutions. Services are provided to help reduce the risk of recidivism and improve overall protective factors that promote re-integration into the community. Special focus is placed on securing affordable housing, employment and ongoing recovery services. Various grants and community partnerships allow this vital service to expand.

MCOT (Mobile Crisis Outreach Team)-A behavioral health crisis team provides crisis intervention to community members experiencing a behavioral health crisis. This team provides crisis intervention and prevention services 24/7 to all 21 counties within the Texas Panhandle area. The services include assessment, referral, follow up, inpatient and outpatient coordination and support. The service begins with a call to our hotline at 806-359-6699 or 988.

Mental Health Docket (Specialty Courts and participating municipal Courts)-A team of behavioral health care professionals work with the court to provide case management, assessment and referrals to behavioral health treatment services designed to help a person reach their Recovery goals and reduce the factors that increase recidivism.

OSAR (Outreach Screening and Referral) -This service is designed to assist people seeking substance use treatment to get assessed for available treatment resources. It is funded through HHSC and offers a service for people with no financial means to pay for treatment. The service starts by calling 806-349-5644.

PASRR (Preadmission Screening and Resident Review)-The PASRR process is used to determine if nursing facility placement is the most appropriate setting for individuals seeking admission into or currently residing in a Medicaid-Certified Nursing Facility. Everyone is screened and evaluated for mental illness and assessed for the need of mental health services. These assessments are completed by TPC staff to determine if the individuals

qualify for specialized services through the agency. The TPC PASRR Coordinator works in collaboration with the Nursing Facility staff, and TPC case managers, to address these needs and ensure that these individuals receive mental health services while residing in the Nursing Facilities.

Peer Support - These services are designed and delivered by adult individuals who have experienced a mental or substance use disorder and are in recovery. This service is vital in providing engagement, support, education and hope for all people in their recovery journey. Family Partners work alongside families with youth in TPC services to achieve the same goals.

PADRE (Parenting Awareness and Drug Risk Education)-The program provides outreach, education and case management to people in the upper 21 counties of the Panhandle of Texas who have substance use related issues. Activities in this program are directed toward finding parents in high-risk situations or who might not use services due to lack of awareness or active avoidance. An eligible person for the program could be a parent who is a Texas resident, whose youngest child is at least six years or younger; or expectant parents who have one or more risk factors for a substance use disorder. The goals of the program are to help people reduce arrests, improve abstinence from substances, gain stable housing, employment or education.

State Hospital Diversion and Rapid Stabilization-Individuals who have been assessed by TPC staff, who need inpatient hospitalization (voluntary or involuntarily), and have no other payer source (insurance or medical benefits) shall be eligible to participate in Local Inpatient Rapid Stabilization. To qualify, the person must:
Need inpatient psychiatric treatment as determined by TPC assessments.
Have services authorized by either TPC Mobile Crisis Outreach Team (MCOT) or other designated TPC staff.

Supported Employment- Supported employment helps people 18 and older with a behavioral health condition find jobs that pay competitive wages. These jobs are all in integrated settings in the community, working with other people who don't necessarily have disabilities. This program individualizes its services to align with individuals' interests and preferences. These services can also help connect people to volunteer opportunities.

PATH (Projects for Assistance in Transition from Homelessness)- The goal of PATH is to bring treatment to persons who are literally or marginally homeless, who have behavioral health disorders, and who do not access traditional services. PATH utilizes strategies aimed at engaging persons into the needed array of services, including identification of persons in need, rapport-building, screening, offering support while assisting with immediate and basic needs, and referral to appropriate resources. PATH interventions shall result in increased access to and utilization of behavioral health services by people who are homeless and have mental illnesses or any co-occurring substance use disorders.

Substance Use Services -Texas Panhandle Centers provides professional services to adults and youth who struggle with substance use addiction and wish to receive those services on an outpatient basis. TPC provides individualized person-centered services to enhance the quality of life of those we serve. Services include individual, group counseling, education, case management, and recovery services addressing problems and feelings directly related to addiction. Services can be delivered in English and Spanish. Co-Occurring substance use services are provided to adults and youth in the mental health programs.

Supportive Housing- Supportive housing is a highly effective strategy that combines affordable housing with intensive coordinated services to help people diagnosed with chronic behavioral health conditions maintain stable housing and receive appropriate health care. Supportive housing features: Permanence and affordability.

TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments)- TCOOMMI provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings. TCOOMMI contracts with Local Mental Health Authorities across the state to provide continuity of care services for persons on probation or parole by linking them with community-based interventions and support services.

Texas Resiliency and Recovery- TRR is a person-centered approach that moves away from the disease-focused model of the past. Resiliency and recovery are basic principles of the mental health system. The selection of available services includes these principles. Evidence-based and promising practices are an important part of Texas Resilience and Recovery. Using these practices, the services and supports provided

within the mental health system result in measurable outcomes and the resilience, recovery and mental health achievement of adults, children and youth.

JBCR (Jail Based Competency Restoration) Program – The JBCR Program provides competency restoration services to adults who are deemed incompetent to stand trial pursuant to Texas Code of Criminal procedure 46B. The primary aim of services is to ensure the provision of intervention and evidence-based practices with empirical support to introduce treatment and promote recovery from psychiatric disorders and resilience from emotional disturbances to individuals incarcerated at Potter County Detention Center who are on the State Hospital waitlist in attempts to eliminate the need for state hospitalization.

Children's Behavioral Health

Care Coordination- Organizing consumer care activities and sharing information among all the participants concerned with the consumer's care to achieve safer and more effective care. Consumer's needs and preferences are known ahead of time and communicated at the right time to the right people.

Wraparound Services- Wraparound is a team-based planning process and encompasses those close to the youth and their family in building a team of support. Using each individual's strengths and unique skill sets, they become the leaders and voice for their own treatment, with the aid of a wraparound facilitator.

Case Management- Assisting an individual in gaining and coordinating access to necessary care and services, which is appropriate to the individual and identified by gathering information by using a strengths and needs based assessment.

Counseling- Individual and family Cognitive Behavioral Therapy focused on the reduction of a youth's behavioral health symptoms and increasing the youth's ability to perform activities of daily living.

Family Partner- Formal member of treatment team, with lived experience, that primarily serves the family and can act as a mediator, facilitator, or bridge between families and agencies. Family Partner helps the primary caregiver engage and actively participate in treatment.

Respite- Services provided for temporary, short-term, periodic relief for primary caregivers where youth is temporarily placed outside the youth's usual living situation.

Skills Training- Skills Training expands an individual's independent living and community skills. This training is designed and adapted to the individual's needs for skill acquisition and is accomplished through face-to-face contact with the individual.

Family and Youth Services (FAYS) -Is a family-based program providing free, short-term services to those experiencing truancy, running away, delinquency or family conflict related issues. Youth must be between 0-17 and screened to be deemed eligible for services.

TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments) Wraparound- Care Coordination that seeks to overcome barriers to quality and outcomes for youth with complex behavioral health needs and in the criminal justice system. Works as a team approach by taking a holistic & engaging approach when implementing the key principals of the wraparound process.

YES Waiver (Youth Empowerment Services)- Is a Medicaid Home and Community-Based Services Waiver that allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with severe emotional disturbances to live in the community with their families. TPC staff work with families to provide supports for youth, such as adaptive aids, minor home modifications, family support, specialized therapies, respite and transitional support.

Youth and Family Diversion Program (CCBHC Improvement & Advancement Grant)- - Is a crisis diversion program for children, youth, and families with serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), or co-occurring disorders (COD) in our 21-county service area. IA staff teach and model crisis coping skills while coordinating access to behavioral health care and supports.

XI. Quality Improvement Processes for Utilization Management

Clinic Efficiencies

TPC has expanded its contract with the East Texas Behavioral Healthcare Network (ETBHN) to include authorization as well as psychiatric services including access to the Medical Director's services. ETBHN is a network comprised of 11 Community Behavioral Health and Developmental Disability Centers which cover 70 Counties in Texas. The network allows for the consolidation of services which results in cost-savings and improves collaboration among centers.

QM and UM work closely with the Behavioral Health Managers and Supervisors to regularly access clinic processes and where needed, recommend and initiate best/better practice Continuous Quality Improvements (CQI). Given the uniqueness of each clinic (especially within the rural areas), travel throughout the catchment area is often part of this practice. Regular updates are being provided to the Executive Management Team for implementation of procedural changes, as appropriate.

UM Measures

The Medical Practice Coordinator-UM Director will work closely with the Medical Director in identifying the most reliable data for assessing the required utilization measures:

- Appropriateness of eligibility determinations;
- Use of exceptions and overrides to service authorization ensuring rationale is clinically appropriate and documented in the administrative and clinical record;
- Over- and under-utilization;
- Appeals and denials;
- Fairness and equity; and
- Cost-effectiveness of all services provided.

The ETBHN contract allows for collaboration with other UM Directors and Committees which aids in assessing available data sources (e.g. MBOW, CARE, CMBHS). In turn, this will facilitate improved consistency for UM outcomes measures across centers.

ANSA/CANS Super Users

TPC has Super Users for the Adult Needs and Strengths Assessment (ANSA) and the Children's Needs and Strengths Assessment (CANS). The Quality Management Super User is a Super User for both the ANSA and CANS. The other Super Users are providers within the Adult and Child and Adolescent behavioral health units. The CANS/ANSA Super Users are credentialed as QMHP-CS and keep current the training requirements indicated in Information Item A. The Super Users perform quality assurance training activities at least two times annually with a minimum of 40% of the practitioners who are certified to administer the CANS/ANSA as part of their primary functions. The purpose is to ensure accurate use of both the ANSA and CANS, identify need areas, and to support inter-rater reliability between individuals using the assessment tools, as well as appropriate Level of Care (LOC) assignments and service provision.

COPSD (Co-Occurring Psychiatric and Substance Use Disorders)

The QM Program provides oversight of COPSD services. Initial training is provided via the HHSC approved training site, www.centralizedtraining.com. Following completion of the modules, staff complete an on-line test and receive a certificate of completion. Continued competency is supported yearly through Centralized Training and in-person training by Licensed Chemical Dependency Counselors. QM provides technical assistance as requested to address appropriate documentation related to COPSD. Program Managers ensure that training includes the importance of access and referrals for individuals not eligible under state target and/or priority population criteria as well as key components of the Texas Administrative Code regarding individual rights. These components are noted below:

In determining an individual's initial and ongoing eligibility for any service, a provider may not exclude an individual based on the following factors:

- (1) the individual's past or present mental illness or substance use diagnosis or services;
- (2) the individual's past or present involvement in the criminal or juvenile justice system;

- (3) medications prescribed to the individual in the past or present;
- (4) the presumption of the individual's inability to benefit from treatment;
- (5) the individual's use or continued use of alcohol, tobacco, or other drugs; or
- (6) the individual's level of success in prior treatment episodes.

Further, a provider must ensure that an individual's refusal of a particular mental health community service (e.g., psychoactive medication) does not preclude the individual from accessing other medically necessary mental health community services.

The Quality Management Program will perform a review of COPSD services to ensure that staff have been trained adequately and are documenting COPSD services accurately and appropriately. To complete the review, a sample will be used to verify that COPSD needs are being identified and included in the recovery planning process for those individuals who have substance use issues. Findings will be reviewed, analyzed and reported to the Director of Behavioral Health Services and the Executive Director to ensure further process refinements and training needs.

Review of East Texas Behavioral Health Network (ETBHN) Authorizations:

ETBHN authorizes TPC assessments. TPC UM reviews those for whom discharge is requested and conducts periodic random reviews of authorizations completed by ETBHN. TPC UM staff coordinates with ETBHN staff regarding implementation of consistent UM practices. Concerns are reviewed with the ETBHN UM Director.

Training and Provider Relations:

A UM education program is implemented for UM staff, providers, and center staff. HHSC training materials are included within the agency UM curriculum, and UM materials and UM Guidelines are posted on the intranet page. Through regular training on TRR guidelines, UM guidelines, TPC's UM plan, and ANSA and CANS assessments, the agency ensures that providers and clinical staff have the information they need to provide care within the UM Guidelines. It aids staff in understanding the role of UM in improving access to service and quality service outcomes. In turn, this leads to improved communication and working relationships. Training will be conducted on an as needed basis.

Training for the UM Committee

The UM Director will ensure all UM Committee members receive appropriate training to fulfill their committee responsibilities and will provide each UM Committee member with a copy of the UM Program Plan, the current HHSC TRR UM Guidelines, and other necessary information, to include applicable confidentiality practices, each year when annual training is completed.

When a person is new to the UM committee, The UM Director will discuss the following with each new committee member:

- The role of the UM Committee;
- Types of cases;
- Data and information reviewed by the committee; and
- Clarification of the LMHA or LBHA UM Program and processes.

All participants in the UM process must adhere to strict confidentiality practices as defined by HHSC and other applicable rules.

XII. Monitoring the Effectiveness of QM – UM Plans

The Director of Quality Management and the Executive Director review the QM-UM Plan annually. The Executive Director ensures that personnel implementing the Quality Management Plan have sufficient authority as well as access to programs, managers, documents and records AND the organizational freedom to:

- Identify deficit areas
- Identify best practices
- Independently facilitate necessary corrective actions

The Quality Management Program will improve its own quality system by ensuring that situations and processes which are identified as averse to quality are:

- Prevented
- Identified promptly- including a determination of the nature and extent of the problem
- Corrected as soon as practical- including implementing appropriate corrective actions and actions to prevent reoccurrence
- Documented- to include all corrective actions
- Tracked- to ensure proper corrective action was implemented

It is the role and responsibility of the QM Program to serve as a quality and compliance umbrella for all of TPC's programs. The QM Program encourages staff at all levels to establish, maintain and continually improve communications with individuals, family, staff and other community stakeholders. A clear line of communication leads to better services and supports by identifying problems and implementing effective solutions.