TEXAS Department of State Health Services

Mental Health and Substance Abuse Division

Quality Management Bulletin

Inside —

No Payment for Free 12-Step Activities	2
Recovery Part II: Hope	3
Strategic Prevention Framework	4
Brief History of Quality Management	5
Continuous Quality Improvement	6
Conflicting Roles at Mental Health Centers	7

From the Publication Editor…

we suspended the QM Bulletin last year to work on other high priority quality management projects and activities.

We are resuming the quarterly QM Bulletin with Volume 2, Issue 1.

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Benefits of a Quality Management Plan

–by Henry Darrington

The concept of continuous quality improvement has become part of our common vocabulary. It is important to note that the concept of quality does not necessarily require perfection to measure success.

Quality is more about doing what was agreed to be done while exceeding expectations or striving for perfection. Quality is the never-ending pursuit of perfection for some organizations. We have all come to share an understanding of an industry idiom that says quality is "not a destination, but a journey."

Quality Management Plan (QMP) is a formal document that addresses key aspects of assessing quality standards. The QMP focuses on the processes used to plan, implement, document, and asses the level of quality. The plan identifies the review frequency, the QMP review team, the inputs and the outputs.

The review team should use a cross functional team approach. Senior management should take active involvement on the team. Quality management review reports are informative tools to share with an organization's board members.

Quality management plans provide your organization with a number of processes or procedures that are repeatable to provide a quality behavioral service. These processes are continuously reviewed and refined until you have a plan that is effective and produces high-quality results. Because of the repeatable processes, the staff carrying out these actions will have a clear definition of their roles and responsibilities, as well as what management requires of them. *9000Resource.com* states that staff members "are more satisfied and motivated once there are defined roles and responsibilities."

Quality management plan may demand time and resources when being created and implemented; nonetheless, the benefits will continue for as long as the procedures and processes are followed. And this will outweigh any inconveniences that a quality management plan brings.

DSHS and Medicaid Do Not Pay for Free Community-based 12-Step Activities

—by Valerie Shown, LCSW

Contractors are encouraged to use evidence-based curricula which can be found through SAMHSA.

Substance treatment providers have the responsibility of providing a curriculum for outpatient and residential treatment services. The curriculum is a set of topics covered during the course of treatment, and must include a list of topics identified in rule and contract.

Contractors are encouraged to use evidence-based curricula which can be found through SAMHSA. The Big Book of Alcoholics Anonymous and other 12-Step publications may be used only as a reference or an encyclopedia for DSHS-funded substance treatment providers. It must not be used as a textbook or workbook for treatment if those activities are being billed to the state or to Medicaid.

The participants may use the Big Book or workbooks used by AA sponsors during alternative activities or structured activities.

Treatment plans and clinical documentation that say things like "complete Step 4" or "completed Step 4" are not appropriate and would be non-compliant with the treatment requirements.

A treatment plan objective that states, "Identified at least four things that cause the client to abuse drugs and four ways to change the response to those things by DATE" would be an acceptable objective.

Corresponding progress notes that could be attached to that objective would state something like the following: "The client identified that when at the lake with friends who are drinking and smoking dope they make fun of him for not drinking or smoking. The client decided that for now, going to the lake with friends is not an option for him because his self-control is not strong enough to maintain sobriety while others are getting high or drunk. The client will work on changing beliefs about how friends think about him when he is with them and he doesn't drink by talking to the friends about that belief."

Evidence-based Programs and Practices

A Few Examples:

- ⇒ **A Woman's Path to Recovery** (twelve 90-minute sessions conducted by clinicians over 8 weeks)
- ⇒ **Matrix Model** (16-week intensive outpatient treatment)
- ⇒ **Motivational Interviewing** (goal-directed, client centered counseling for eliciting behavioral change)
- ⇒ **Relapse Prevention Therapy** (behavioral self-control program teaches relapse coping)

http://www.nrepp.samhsa.gov/

Using the Strategic Prevention Framework to Develop Quality Prevention Services

—by Vanessa Crawford, ACPS

The field of Substance Abuse Prevention depends on the Community Logic Model for meaningful outcomes. By focusing our efforts on the planning and mapping of local substance abuse problems, the prevention specialist is able to apply data to the development of meaningful prevention strategies that result in long-term outcomes at the community level.

Working with the community at large, it is easy to be sidetracked by the demands of coalition members, the delivery of curriculum chosen years ago, or the obtainment of assigned performance measures, etc. The organization and the prevention specialist can lose sight of the goal of their work - promote resilience and decrease risk factors in individuals, families, and communities. The Strategic Prevention Framework (SPF) offers guiding principles for community-based risk and protective factors approach to prevention.

SPF uses a five-step process: epidemiological prevention needs assessment, capacity building, strategic planning, implementation of effective prevention programs, policies and practices at the community level, and evaluation of outcomes. When the information is collected and never used, the SPF strategies are not implemented.

It is not enough to develop a quality management plan that sits on a shelf or includes only the review of performance measures. Prevention at the community level requires ongoing measurement, comparison, monitoring of processes, feedback, and outcomes, as well as, the appraisal of the quality to service delivered. When we provide prevention services using SPF, we serve the community's needs and deliver quality services.

Strategic Prevention Framework Components

1. The **assessment** phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data.
2. **Capacity** building involves mobilizing human, organizational, and financial resources to meet project goals.
3. **Planning** involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the needs identified.
4. The **implementation** phase is focused on carrying out the various components of the plan, as well as identifying and overcoming any potential barriers.
5. **Evaluation** helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change.

http://www.samhsa.gov/prevention/spfcomponents.aspx

Recovery Part II: Hope

—by Robyn Strickland, LPC

Recovery is about people and creating hope; it is the catalyst for healing.

The Substance Abuse and Mental Health Administration (SAMHSA) recently held several public forums where stakeholders and members of the behavioral health community could provide comments about the definition of Recovery. Recently, the definition was revised and recognizes that there are many different pathways to recovery.

Recovery is defined *as* ***a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*** Merriam-Webster defines hope as ***"to cherish a desire with anticipation,"*** ***"to desire with expectation of obtainment.".***

Recovery is about people and creating *hope*; it is the catalyst for healing. It is essential for organizations, clinicians and the individuals in treatment to believe that recovery is real. The belief that recovery is real helps motivate us to believe that a better future is possible.

People can and do overcome the issues, barriers and challenges that confront them. We must promote a world that believes that individuals with mental illness and/or substance use issues

are able to achieve fulfilling lives in social and working environments.

Recovery emerges from hope and gratitude.

Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them and they cultivate gratitude for the opportunities that each day of recovery offers. http://partnersforrecovery.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf

For more information regarding Recovery and the Recovery Support Strategic Initiative please visit the SAMHSA website at www.samhsa.gov

Conflicting Roles within Healthcare Systems

—by Kellye Mixson, RN

Fewer resources, and an increase in demand, often lead to Quality Management staff assuming multiple roles within centers. Many staff members perform duties in Quality Management, Clients Rights, and Corporate Compliance concurrently.

Roles of Quality Management staff include improving performance of services and outcomes for consumers, as well as, monitoring the quality of crisis services, access to services, service delivery, and continuity of services. Quality Management roles also include implementing mechanisms to measure, assess, and reduce incidents of abuse, neglect, and exploitation.

A Client's Rights Officer receives complaints and grievances from individual clients and staff, represents the desires of these individuals, advocates for the resolution of their grievances, reports the results of investigations to clients and complainants, and ensures center staff receive training regarding client's rights. A Client's Rights Officer must review all policies, procedures, programs, and rules, which affect the rights of persons receiving services.

Whether the Quality Management Specialist and Client's Rights Officer are two separate individuals, or the same, their individual roles are synergistic and, therefore, complement one another.

Although one aspect of the Quality Management Plan includes risk management, ***there is a conflict when the Client's Rights Officer is also the Quality Management specialist and involved in risk management for the Center.*** Centers' Quality Management Plans must include risk management processes such as competency determinations, and the management and reporting of incidents and deaths. A Risk Management Specialist must assess the risk to the corporation and consider the corporation's best interest.

If one is serving as the Client's Rights Officer and Risk Management Specialist, ***this is a conflict of interest.*** An example of this conflict is a complaint investigation resulting from a service recipient or center staff. A Client's Rights Officer is to conduct the investigation in the best interest of the service recipient and complainant. A Risk Management Specialist conducts the investigation in the best interest of the corporation or center.

There is no conflict of interest between Client's Rights and Quality Management when another employee assumes the role of Risk Management.

Texas Administrative Code

§ 404.153 (17) — Rights Protection Officer — An employee appointed by the head of a department facility or community center to protect and advocate for the rights of persons receiving mental health services.

§ 404.164 (a) — The head of each department facility and each community center shall appoint a rights protection officer for the facility or center. The rights protection officer must be able to perform the duties of this office without any conflicts of interest.

§ 412.317 (b) (12 & 13) — The LMHA must implement a quality management program that includes mechanisms to improve individuals' rights protection processes and risk management processes such as competency determinations, and the management and reporting of incidents and deaths.

Continuous Quality Improvement

—by Punita Patel, PMP

The basic rule for continuous quality is to have processes that produce predictable outcomes or results. In organizations, all work performed is the result of processes. These processes are the "building blocks" of the organization. When we think about quality improvements and then act on them, we are implementing process improvement. Process improvement is fundamental to achieving the quality results we desire.

It is important to select the "right" process for improvement. Improving the processes that most affect achievement of organization's mission, vision and goals provide the most benefit. The processes are mainly divided into two categories: Core Processes and Support Processes. Core processes are the backbone of the operations and support processes are support of the core processes. If we keep improving organization's critical processes, we increase our productivity and the quality of our work.

"If you can't describe what you are doing as a process, you don't know what you're doing."
– W. E. Deming

The key step of process improvement is to know your process. It is important to define and document that process. Here are benefits of defined and documented processes:

- A defined process establishes a consistent foundation upon which further process improvement can occur.
- An effectively documented process brings clarity among internal and external stakeholders
- The documented process:
  - ◊ helps represent the work visually and identifies problem areas and opportunities for process improvement;
  - ◊ provides common understanding of the entire process and specific roles and contributions of process participants; and
  - ◊ is a great training tool for new employees.

There are several ways we can document the processes, which include:

- process narratives with details using MS Word
- process summary using MS Word
- process checklist
- process flow diagrams depicted horizontally or vertically (MS Visio is a useful software):
  - ◊ high-level flow charts
  - ◊ deployment charts (swim lanes)
  - ◊ work flow diagrams
- SIPOC (Suppliers-Inputs-Process-Outputs-Customers) process mapping

My next article will discuss process documentation.
Until then, explore these websites for process mapping ideas and suggestions:

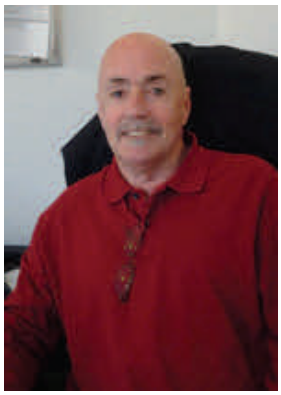
http://www.processchart.com/method/process%20mapping%20project%20method.htm
http://www.rff.com/flowchart_samples.htm
http://www.swimlaneflowcharts.com/

Meet New QM Team Members

Melissa Brown

Melissa brings extensive experience in mental health to our unit. Most recently, Melissa has been working in DSHS' Adult MH Services Unit as a program specialist. Prior to this, she worked with MHMR of Harris County for 19 years. Her roles and responsibilities beginning as a caseworker led to a clinical director prior to moving to the Austin area.

Charles Thibodeaux



Charles has a wealth of experience in the substance abuse and Medicaid services field. Prior to accepting this position, he worked in the Medicaid Services Unit providing quality management oversight of the NorthSTAR managed care system. The system provides mental health and substance abuse services. His work experience includes several service provider organizations including Austin Recovery Center and Austin Travis County Integral Care. Charles is also a Licensed Chemical Dependency Counselor.

MENTAL HEALTH & SUBSTANCE ABUSE

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We invite contractors to send us quality management stories and questions from the field for publication in this bulletin.
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