



Coastal Plains

Community Center

Providing Behavioral Health Services in Rural South Texas

Quality Management Plan

Fiscal Years 2013-2015

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Quality Management Plan – FY 2013- 2015
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INTRODUCTION

Coastal Plains Community Center (CPCC) defines quality as an ongoing collaborative effort with internal customers, external customers and other stakeholders utilizing various forums that afford each group an opportunity to describe and define quality. The concept of quality involves a dynamic attitude that permeates all areas of the organization and has a direct impact on all stakeholders. The ultimate achievement of quality lies in meeting the highest expectations of the individuals served. Quality management integrates fundamental management techniques, existing improvement efforts and technical tools in a planned, disciplined approach which is focused on continuous process and outcome improvement.

Purpose of the Quality Management Plan:

To provide a mechanism to encompass and define the improvement plans of the Center.

These plans include:

- **Quality Improvement Plan (QIP)** – defines the Center’s annual goals, objective and outcome measures to include performance measures per state contracts. This plan has observable, measurable outcomes, strategies to achieve these outcomes, assigned responsible staff and due dates. This plan includes the **Abuse Neglect Reduction Plan** which is a contract required plan.
- **Utilization Management Plan (UM Plan)** – defines the requirements of the committee, goals to be met, UM activities to meet standards, the program’s oversight process and control mechanisms.
- **Crisis Redesign Plan** – defines the Center’s process in redesigning crisis services, to include how the Center responds to crisis, the development of the Mobile Crisis Outreach Team, how crisis funds are being utilized and oversight.
- **Local Planning and Network Development Plan** – describes how the Center will attempt to procure mental health services over the next five (5) years.
- **Jail Diversion Plan** – describes the collaboration efforts with law enforcement agencies to work towards providing services to mentally ill offender in the community, when appropriate, rather than incarcerating them.
- **Americans with Disabilities Act (ADA) Plan** – process in which our agency reviews accessibility and equality in each service area and plan to improve any deficient service areas.
- **Consumer Benefits Plan** – process in which we will assess all individuals served and assist them in accessing benefits, based upon eligibility and need.

The **Local Service Area Plan** is a plan which was revised by the State Authority to a standardized template format. This plan is updated biannually and is statistical in nature. It provides an overview of services and service sites; 1115 Waiver participation; Jail Diversion Strategies; State Hospital Utilization; System-wide Strategic Priorities; Unmet Needs of the Community; Local Priorities and Block-Grant Services. This plan is not part of the Quality Management Plan. Priorities from this plan are incorporated into the Quality Improvement Plan.

PLANNING

Planning Process

The Quality Management Program has implemented a formal agency-wide planning process and has established goals, objectives, performance indicators, responsible staff and time frames for which the improvements need to be accomplished. The agency-wide goals are identified as the Quality Improvement Plan (QIP). The Quality Management (QM) Committee met bi-annually with quarterly reviews by the QM Director with the Service Directors to monitor progress on the quality improvement initiatives for the Center. From progress reports, objectives are evaluated, modified as needed, and additional objectives are added.

Beginning in May 2013, with the addition of a Quality Assurance (QA) Specialist added to the team, the Quality Management (QM) Director has additional support to provide oversight to Center services. This is essential as the Center is also integrating behavioral health services with primary health care and substance abuse service providers. The QA Specialists primary focus will be monitoring the measures and metrics associated with this project, which will be funded through the 1115 Waiver Delivery System Reform Incentive Payments (DSRIP).

With the approval of Senior Management, the structure of the Quality Management Program has changed to a Plan, Do, Study, Act model which is required by DSRIP. The QM/QA team is working together with the various service departments to revise the Quality Improvement Plan throughout the month of May 2013. The goal is to develop a continuous quality improvement system with provider and support services commitment towards improvement utilizing this system. The previous quality improvement system was similar, utilizing goal, actions to be taken, responsible person(s), timeline for completion and status reports. The other purpose of these changes is to integrate whole health services into service provision and the Quality Improvement Plan. Quality Management initiatives direct accountability, assessment of agency systems, and evaluation of data that is generated through performance improvement activities.

QM Department Goals

Goal 1: Support CPCC in meeting or exceeding all applicable requirements and standards.

Objectives:

1. Consistently review all new applicable Texas Administrative Codes (TAC's).
2. Distribute TAC's to appropriate personnel to ensure staff receive up-to-date information on standards
3. Request, as appropriate, revision of CPCC's policies and/or procedures based upon new TACs.

Measurable Results:

1. Revised Texas Administrative Codes are reviewed within 30 days of receipt.
2. New TACs are distributed to appropriate management.
3. Policies and/or procedures are revised, as appropriate, per new TACs and submitted to appropriate committee/board for approval
4. Management train all applicable staffs on any new policies and/or procedures and this is documented in the training record.

Goal 2: CPCC will provide continuous quality improvement activities to ensure quality services are provided to the people we serve through treating the whole person, as behavioral and physical health are intrinsically interconnected.

Objectives:

1. Monitor outcomes from State surveys
2. Conduct internal surveys and reviews
3. Incorporate Utilization Management into the Quality Management Process to identify and review risk indicators, outliers and trends, thus identifying benchmarks for services.
4. Revise the Quality Improvement Plan utilizing the FOCUS PDCA model of continuous quality improvement.
5. Compliance Reviews will be completed based upon the compliance plan.
6. Plans of Improvement will be developed, implemented and monitored.

Measurable Results:

1. State and internal survey outcomes are reported to management and PNAC
2. The Quality Improvement Plan has measurable outcomes and revisions made, based upon the PDCA model when reviews, risk indicators, benchmarks and outliers are identified, or there is lack of progress towards goals/metrics/measures.
3. Plans of Improvement monitored by Executive Director/Executive Management Team as needed.
4. If metrics/measures are not met, evaluation of process/efforts to improve will be made. Action plans will be developed or revised based upon need. Action plans will be monitored, and progress will be noted.
5. Survey results indicate consumer satisfaction with services.

RESPONSIBILITIES OF QM DEPARTMENT

The Center's Quality Management Director determined several years ago that if there were too many plans of improvement, the Center staff will get overwhelmed. When this happens goals are not achieved as managers and direct care staffs are bombarded with too many changes at once. The Center has many demands from State Authorities with various performance indicators, outcome measures, and contract requirements. One single Quality Improvement Plan is utilized to monitor these requirements when outliers are identified, targets are not being met, or new initiatives are required by State Authorities. The QIP is also utilized to implement and monitor any Center initiatives which are identified as priorities.

This plan has become a living document and has become an effective, streamlined process to monitor requirements, service indicators and to develop quality improvement activities. Though there are many occasions which criteria is met, targets will be raised to improve performance. When performance does not meet criteria an additional strategy for improvement of services will be added to the Quality Improvement Plan.

Instead of individualized Plans of Improvement, unless required by the State Authority, the Center will add objectives with measurable strategies/outcome measures to the Quality Improvement Plan. This process utilizes a retrospective examination to assess the effectiveness.

These objectives are a direct result of the monitoring of quality indicators and are a pivotal point towards change. Analysis and evaluation of the data alerts the QM Department of the need for new objectives in the QIP. A new objective is developed when data or a review results in a less than the desired performance threshold. Each objective will have the following: clear statement of the problem or concern; strategy(s) for how improvements will be made; responsible staff by name or title; and expected completion date/time line will all be specified. As noted previously, the Center Quality Management Director is converting this to the Plan, Do, Study, Act model.

- Coordination, development, and monitoring of CPCC Plans:
 - Local Planning and Network Development plan
 - Quality Improvement Plan (QIP)
 - Diversion Action Plan (formerly the Jail Diversion Plan)
 - ADA Transition Plan
 - Abuse Neglect Reduction Plan (in the QIP)
 - Consumer Benefits Assistance Plan
 - Consolidated Local Service Area Plan (CLSAP)
- Assist in Compliance Program Monitoring
- Additional Reviews as necessary or assigned
- Complete reports required by State Authorities (DADS and DSHS)
- Complete reports requested by CPCC staff
- Rights Officer/Ombudsman for Consumers of CPCC Services
- Privacy Officer (HIPAA issues – not related to Information Technology)

QUALITY-RELATED RESPONSIBILITIES OF MANAGEMENT AND COMMITTEES

BOARD OF TRUSTEES

The Board of Trustees of Coastal Plains Community Center has ultimate responsibility for the quality of services, practices, and outcomes of the organization. The Board delegates responsibility for the development, implementation, oversight, and evaluation of the Quality Management Plan to the Executive Director and his leadership team. The Board maintains the following responsibilities:

- To maintain the viability of CPCC through Board actions in the allocation of resources;
- To hold ultimate responsibility for the quality of the CPCC care/outcomes and the services, practices and outcomes of the contracted providers;
- To review, to provide input for, and to approve the Center's planning activities, as outlined within this plan;
- To ensure the involvement of stakeholders including consumers, families, advocates and interested citizens in the planning process through appointment of the Planning and Network Advisory Committee;
- To ensure community stakeholder feedback is heard and considered through PNAC reports at Board meetings; and
- Ensures that CPCC and its contract providers deliver quality services to consumers and families in our communities.

LEADERSHIP/SENIOR MANAGEMENT

The leadership (Senior Management) of Coastal Plains Community Center is comprised of the Executive Director and the Directors of Authority Functions, Essential Services, Integrated Health Services, Intellectual and Developmental Disability Services, Chief Financial Officer and Quality Management.

This Team meets monthly and is responsible for:

- Review of any new legislative action that may impact the Center
- Review of financial reports
- Review of data management reports
- Monitoring of individual program status, to include upcoming reviews, state audits, etc.
- Review of Medicaid and other reimbursement reports
- Implement, oversee and review Quality Management activities
- Monitoring for Compliance of Contract and Standards.
- Monitor indicators of service provision.
- Monitor Cost Accounting Methodology (CAM) and Data Warehouse.
- Monitor CPCC Risk Assessment
- Reviewing management reports to ensure that issues related to both staff and consumer needs are properly handled.

QUALITY MANAGEMENT COMMITTEE

To provide for its quality program, Coastal Plains Community Center utilizes a Quality Management Committee (QMC). Recently, in order to meet the needs of the individual service areas, subcommittees have been developed. The main QMC is comprised of the QM Director as chairperson, QA Specialist as vice-chair and senior management team. The subcommittees are comprised of the following with the QM Director and QA Specialist coordinating the process:

Behavioral/Integrated Health:

- Director of Integrated Health Services
- Clinic Directors
- Director of Essential Services
- TCOOMMI Director
- Executive Director

Intellectual & Developmental Disability Services:

- Director of Intellectual and Developmental Disability Services
- Service Coordinator Supervisor
- Coordinators of Day Habilitation Services (CODS)
- Data Entry Supervisor
- Executive Director

Administrative Services and Supports:

- Director of Authority Functions (includes IT Services)
- Chief Financial Officer (includes Human Resources and Safety)
- Executive Director

The **Quality Management Committee and subcommittees** are authorized by the Executive Director. These committees are responsible for the overall oversight and implementation of quality management activities. Such activities include, but are not limited to, the following:

- Identification of programmatic strengths, needs and outliers
- Identification of improvement activities;
- Implementation, evaluation and monitoring of ongoing improvement activities;
- Review of data collected and identification of trends;
- Coordination and integration of agency quality efforts;
- Identification of best practices within its network of providers; and
- Development of the agency's Plan of Improvement.

OTHER AGENCY COMMITTEES

Safety Committee

The **Safety Committee** is chaired by the Risk Manager and includes representatives of each Regional Safety Committee. This committee is responsible for reviewing the following:

- Plan for disasters
- Preventive maintenance issues
- Analysis of risk indicators to identify trends
- Compliance with Safety Plan

UTILIZATION MANAGEMENT COMMITTEE

The **Behavioral Health Utilization Management Committee**, chaired by the Director of Essential Services meets at least quarterly (monthly meetings are scheduled). Core membership includes the following:

- Contract Psychiatrist – Medical Director
- Director of Essential Services – Utilization Manager
- Director of Authority Functions
- Quality Management Director
- Executive Director – Multiple Perspectives including Fiscal/Financial Services
- Integrated Health Director – Provider Services Representative

Ad hoc committee members attend as dictated by the meeting agenda.

This committee is responsible for the following:

- Monitoring data, analyzing trends and identifying outliers related to both internal and external providers;
- Reviewing practice guidelines regarding the delivery of treatment in the most effective and efficient manner; and
- Providing oversight of the processes for making utilization/resource allocation determinations (including the formal determination of medical necessity) based on clinical data, practice guidelines, and information regarding the client's needs with consideration of the client's and the LAR's treatment preferences and objectives.
- To ensure UM process provides for appropriate authorization of services, based upon levels of care per DSHS UM Guidelines

- Review any appeals or adverse determinations made
- Identify any gaps in services, no show rates for services, billing issues, and other outliers
- Review service utilization through MBOW reports and identify any service utilization issues, educational opportunities, or improvement activities for the provider services or authority departments.

The **Intellectual & Developmental Disability Services Utilization Management Committee**, chaired by the Director of IDD Services. This committee was recently formed with meetings beginning in May 2013. These meetings will occur at least quarterly. Core membership includes the following:

- Director of Intellectual and Developmental Disability Services
- Service Coordinator Supervisor
- Coordinators of Day Habilitation Services (CODS)
- Data Entry Supervisor
- Quality Management Director
- Executive Director

Ad hoc committee members will attend as dictated by the meeting agenda.

This committee is responsible for the following:

- Monitoring data, analyzing trends and identifying outliers related to both internal and external providers;
- Reviewing practice guidelines regarding the delivery of treatment in the most effective and efficient manner; and
- Providing oversight of the processes for making utilization/resource allocation determinations based on clinical data, practice guidelines, and information regarding the client's needs with consideration of individual person directed plans.
- Identify any gaps in services, no show rates for services, billing issues, and other outliers
- Review service utilization through MBOW, CARE and Anasazi reports. Identify any service utilization issues, educational opportunities, or improvement activities for the provider services or authority departments.

PLANNING AND NETWORK ADVISORY COMMITTEE

The **Planning and Network Advisory Committee (PNAC)** includes consumers, family members, community members and advocates. (Note: the consumers/family members will represent both Intellectual and Developmental Disability and adult/child Mental Health services equally.) The role of the Planning & Network Advisory Committee is to advise CPCC on strategic planning, the development and evaluation of the provider network and to respond to special assignments given by the Board of Trustees. The function of the Planning & Network Advisory Committee is to develop a Network Plan. The plan includes the designation of services to be open for providers. The Planning & Network Advisory Committee meets at least quarterly.

The Planning and Network Advisory Committee are responsible for providing stakeholder input and involvement in assessing and determining the service needs of CPCC. The PNAC is responsible for

- Identifying the most important service needs in the community,
- Providing input regarding the community's feedback for the purpose of Local Planning and Network Development;
- Providing input and feedback regarding the Center's budget on an annual basis;
- Reviewing consumer feedback regarding services, via satisfaction survey results, and making recommendations on improvement activities (e.g. objectives for the Quality Improvement Plan); and
- Advising the Board of Trustees on the Committees recommendations regarding network development and other planning initiatives.

Quality-Related Initiatives

Co-Occurring Psychiatric and Substance-abuse Disorders

One of the continuing mandates in mental health services is the need to ensure identification, treatment and/or referral of individuals with Co-Occurring Psychiatric and Substance-abuse Disorders (COPSD). All staffs that are employed in mental health services are trained on this topic. CPCC utilizes the DSHS e-training for all new mental health employees, to ensure that they are aware of the signs and symptoms of substance abuse, but also of intervention techniques and local resources.

Through the Delivery System Reform Incentive Program (DSRIP) 1115 Waiver project Coastal Plains will be working with DSHS approved/licensed providers of Substance Abuse Services to provide Intensive Outpatient Services (IOP) to adults with dual diagnosis within the behavioral health clinics. Currently, people in need of these services have to drive to Corpus Christi or Alice to receive IOP services. This program will to provide these services within the behavioral health clinics for both dual diagnosed individuals and others who may not qualify for CPCC services, but have a single diagnosis of substance abuse. The goal is to make these services accessible to people in their own community thus decreasing substance abuse, incarceration due to substance abuse, decreasing emergency room visits due to limited access to care and increasing overall recovery as services will be more accessible.

Integrated Health and Behavioral Health Care

The Center recognizes that physical health has a direct effect on mental health and visa versa. In order to provide quality services to people served, we must help them care for their whole health. National studies have proven that a person mental health is dependent on their physical wellbeing and to provide quality mental healthcare, the person needs to work towards being healthy. Through the DSRIP 1115 Waiver, Coastal Plains Community Center is working with the local Federally Qualified Health Clinics (FQHC's) to integrate health clinics into the behavioral health clinics. Navigation services and supports will be available to coordinate care for people who have behavioral health diagnosis and co-morbid health conditions to assist them in obtaining the medical care needed to decrease their health risks. The care will be coordinated amongst the teams to assist individuals to address whole health goals, thus increasing the likelihood of recovery.

Abuse, Neglect and Exploitation Reduction

During fiscal years '11 and '12 Coastal Plains Community Center had an influx of confirmed cases of Abuse, Neglect or Exploitation of persons served by staff members and/or contractors. Statistically, compared to the state, the Center's confirmed cases are exceptionally low. However, the Center believes that one confirmation is one too many. In each case, there was evidence that the staff member/contractor was recently trained in what abuse/neglect was. The staff/contractor's in each case apparently disregarded the training. They were able to identify what abuse was on the competency exams and expressed understanding that abuse/neglect of a disabled person was wrong. Though this is the case, additional training was continued to ensure complete understanding of what abuse/neglect is, boundary issues, how to prevent abuse/neglect and how to report it.

Our Center has no tolerance for abuse and staffs who have confirmed cases are either terminated or asked to leave employment. All allegations continue to be reviewed to assess possible risk factors. Findings will continue to be shared with appropriate management staff with the intention of reducing future allegations and possible situations of abuse. CPCC is committed to improving client care and protecting the people we serve.

Cost Accounting Methodology

Cost Accounting Methodology (CAM) provides CPCC with a consistent, standardized, industry normed method to determine the cost of service provision. This information is used to analyze the cost effectiveness of providing services by employed staff. It can also be used to evaluate collective staffs' performance. The CAM provides objective management reports.

Risk Assessment

The State Authority provides CPCC with a quarterly risk assessment report which assists in the contract management process. This report illustrates CPCC's performance on a variety of indicators. The Management Team uses this information to identify potentially adverse trends in performance data of Mental Health, Child & Adolescent, and Intellectual and Developmental Disability Services.

Random reviews for both MH and IDD Services are conducted throughout the year through an internal review process. This procedure is outlined in the center's compliance plan and the encounters submitted for each consumer will be reviewed to ensure the accuracy of data and compliance with billing standards.

Quality Management Process

Collection of Quantifiable Data

Data is collected through surveys, Data Warehousing, Encounter Data, Risk Assessment, Critical Issues Data, Care Data and reports. The QM Department has determined several methods of data collection to be preferable in achieving results efficiently. Hand-delivering surveys, utilizing the sample size methodology, and utilizing streamlined audit tools are such preferable methods.

A high rate of return is paramount when conducting surveys in order to increase the weight of responses and to increase input overall. Consumer surveys are hand delivered, when possible, in an effort to improve the return rate. Some community surveys are mailed due to the challenging logistics of hand delivery, however, some are hand-delivered at meetings, focus groups or other gatherings.

As noted previously, the Center reviews data monthly in the Utilization Management Committee. Also, management staff in all service areas pull individual reports from state wide data system (MBOW) and from the Center's internal information system (Anasazi) to ensure their individual programs are meeting state requirements. Several years ago, the system was so complicated that only "Authority" staff would be able to access these reports. Now the mid-level and upper management staff are able to monitor their progress towards goals as often as they like as the systems are user friendly and accessible. This has assisted both the utilization management and quality management departments in becoming more efficient and allows the Center to utilize funds on services for consumer and keep the administrative costs down.

Analysis and Evaluation of Data

Though provider services are able to self-monitor, authority services continue to review outcome measures. Over the years, Utilization Management and Quality Management have become enmeshed. The UM Committees review data in regard to outcome measures and qualitative analysis is completed by measuring actual results against quality indicators. Statistical analysis and evaluation are performed depending on the type of data involved. While analysis generally involves a review of detailed service and assessment data, our evaluations also include a review of systems, processes, and outcomes.

As noted previously, to provide the best value, the QM Department now consists of two people. The QM Director and the Quality Assurance Specialist. There is additional support through the agency to ensure quality services are provided through monitoring of services and compliance with outcome measures. The Director of Authority Functions specifically provides extensive support through quality assurance and compliance oversight to ensure compliance with state and federal guidelines in documentation and billing. The Intellectual and Developmental Disability Services Case Management Supervisor also provides oversight through internal reviews of services and supports. The QM Director continues to complete reviews required by the state authorities and those requested by CPCC management staffs.

REVIEW/REVISION OF THE PLAN

The Quality Management Plan for Coastal Plains Community Center is intended to be a functional and dynamic document that evolves over time. Thus, the QMP will be reviewed, at least on a bi-annual basis, and will be revised as directed by identified needs. At a minimum, it is expected that the plan will be revised to reflect changes in quality indicators and performance expectations.

Attachment 1

CONSUMER SERVICES

The QM Director will be responsible for the continuous monitoring of the following Consumer Services.

These summaries do not reflect the whole of services or their limitations. They are a brief overview of the basic services provided. , however, they do provide basic information about the services. Consumers of services must meet the eligibility criteria, based upon the service area. There must be medical necessity and based upon the service requested, recovery plans, service packages approved, assessment completed, etc...

Mental Health Services

Case Management is provided to people who are eligible to receive services. The Case Manager assists individuals in accessing resources and services necessary to reach and maintain an optimal level of functioning in their community. This is done through linking, referring, and monitoring of services. There are various **service packages** in which case management services can be provided to people; based upon the service package, the case manager may also provide skills training to the individual.

Medication Services encompasses contracted psychiatric, contracted laboratory services and in-house nursing services. These services include prescribing of medications and periodic monitoring of the effectiveness of medications. Staff work to ensure that undesirable side effects are minimized and that medication is being taken as prescribed.

Psycho-Social Rehabilitation Programs (PSR) and/or Skills Training provide rehabilitative skills training and interventions designed to assist people with severe psychiatric disorders in learning how to identify and build upon strengths and abilities. Services also help people develop coping skills to better deal with factors which may contribute to mental illness. These skills can be taught on an individual basis and occasionally in groups, based upon the person's individual needs and service package.

Supported Employment provides customized training, placement, and on-going employment consultation services for people who are motivated and able to perform in a working environment. This service is provided to eligible people, based upon their service package or as an add-on service, based upon medical necessity.

Supported Housing provides assistance to enable individuals to succeed in chosen housing situations. These supports are based on the specific needs of each person, including assistance in locating affordable housing, negotiating leases, acquiring household items, obtaining subsidies, moving into residences and training on how to successfully maintain their homes. This service is provided to eligible people, based upon their service package or as an add-on service, based upon medical necessity. This service is typically a short-term service.

Assertive Community Treatment (ACT) Alternative Program is an intensive, rehabilitative case management program that provides services for people who have a history of intensive needs as reflected in their use of the system. These services are used to reduce crisis and hospitalizations. Services are provided in the person's natural environment. A person would need to be in a specific service package, based upon risk factors and high needs to qualify for this intensive service. There are a minimum number of skills training service hours that are required to be provided to people in this service package, and many people do not wish to have this intense of contact with MHIDD staff as much of the training is in the home and community.

Peer Support is provided through contract peer providers. Each provider is asked to attend training through Via Hope to learn specific skills needed to provide recovery oriented support. The peers provide group and individual support, with supervision from a licensed staff person.

Youth & Family Program (Y&F)

Case Management is provided to children who are eligible to receive services. The Case Manager assists the child and his/her Legally Authorized Representative in accessing community resources and services needed to reach and maintain an optimal level of functioning in their community. This is done through linking, referring and monitoring of services and supports. Many of the case managers, based upon the child's service package, also provide skills training to the child and family. This training occurs in the home, school, office and community and is based upon a structured curriculum specified by the State Authority.

Medication Services encompasses contracted psychiatric, contracted laboratory services and in-house nursing services. These services include prescribing of medications and periodic monitoring of the effectiveness of medications. Staff work to ensure that undesirable side effects are minimized and that medication is being taken as prescribed.

Skills Training provides training and interventions designed to assist children, adolescents and their parents in learning how to identify and build upon strengths and abilities. Services also help them develop coping skills. With the service package requirements, skills training is curriculum based per diagnosis and is required for both the child and the Legally Authorized Representative.

Family Partner Services are provided through a contracted person who is a family member of a child who has or does receive services. This provider is specially trained to assist family members navigate the systems of care, provide advocacy for the care givers and in the community. The Family Partner provides individual and group services with supervision from a licensed and/or trained children's services provider.

Intellectual and Developmental Disability Services

Service Coordination is provided to all people who receive services. The Service Coordinator assists individuals in accessing resources and services necessary to reach and maintain an optimal level of functioning in their community. This is done through referrals, monitoring of services and advocacy.

Provider Monitor Services ensure oversight of the internal and external providers of the people receiving services. They assist individuals in ensuring that the Person Directed Plan is carried out and advocate for the person, when services are not provided.

Psychological Services includes psychological assessments and consultation to facilitate adaptive behaviors, as well as consultations with the psychiatrist and other providers as needed.

Nursing Services include medical assessments, physician referrals, health and safety education and consultation with specialists as needed. Services include both LVN and RN intervention.

Respite Care Services provide short-term, temporary relief from and/or for the individual's primary care giver(s). Individuals who stay at the agency's respite house or receive respite in their home are provided with assistance and supervision with their activities of daily living and medications. The length of respite can vary from a few hours to a month.

Site-based Habilitation Program offers a more structured setting for individuals to learn independent living skills. The program's emphasis is to provide meaningful activities for people, teaching skills such as money management, kitchen management, computer skills, socialization skills, etc.

Home and Community-based Services (HCS) program is a Medicaid-waiver program that enables people to live in the community by providing needed supports and services. The program can provide assistance with residential care, supportive employment, nursing, day habilitation and therapeutic services, such as speech or occupational therapy services.

Texas Home Living (TxHmL) is a Medicaid-waiver program that provides less intense support services than HCS services to people with Intellectual and Developmental Disability residing in the community. This program can provide limited assistance with supported employment, nursing, day habilitation, dental and a variety of other services, not to exceed a limit defined by the State.

Integrated Healthcare and Integrated Substance Abuse Services

Based upon individual needs, people will be linked to the appropriate integrated service provider within the clinic, as the Delivery System Reform Incentive Payment (DSRIP) 1115 Waiver roll-out of these services. For details, refer to the Quality Improvement Plan.