

Developing a Quality Management Plan that Complies with WAC 388-877

Program effectiveness:

The program is responsible for defining program effectiveness, and determining what criteria it will use to quantify it. Following are examples of some possible measures. It is not a definitive list; agencies are encouraged to use program effectiveness criteria that are most relevant for that particular setting.

- TARGET data (CD publicly-funded chemical dependency agencies).
- Relapse rates
- Retention rates
- Percentage of those who get another legal charge while in treatment
- Post-tests on knowledge and/or attitude change among individual participants
- Rates of hospitalization
- Number of crisis episodes
- Timeliness of services

Individual participant satisfaction:

Describe how you will gather participant satisfaction information, through post-services questionnaires, satisfaction surveys, or other methods of feedback. Describe how the resulting data will be used to increase participant satisfaction.

Cultural competency: Note how often (at least annually) training on locally-represented cultures will occur; list other activities and frequency that contribute to increased understanding of cultures. See the definition of Cultural Competency in WAC 388-877-0200, and staff training required by WAC 388-877-0500(6)(b) for guidance. Cultural competency comprises more than different ethnic groups.

Monitor compliance with other state and federal rules and laws that govern agency licensing and certification requirements: Describe what improvement in this area would consist of. Some possible options are DBHR survey results, clinical and personnel chart reviews, and/or internal audits in preparation for reviews by monitoring agencies. Compliance with laws and codes addressing facility safety, accessibility for disabled individuals, confidentiality, etc. could also be addressed.

Clinical Supervision and staff training: See the definition of Clinical Supervision in WAC 388-877-0200, and additional guidance in WAC 388-877-0500(5), 388-877-0410(2)(d-f), and the relevant service-specific sections of WAC 388-877A-877B, and -877C. Describe how Clinical Supervision supports and enhances services and adheres to clinical policies and procedures. Also describe how supervision of clinical staff is structured, including frequency and documentation methods.

Describe clinical staff training procedures. Identify who is required to attend, how often, and who is responsible for paying for trainings. Describe how the agency ensures that clinical staff maintain their credentials, and the prohibition against providing clinical activities if the credential is expired. Following are examples of some possible training options. It is not a definitive list; agencies are encouraged to use whatever is most relevant for that particular setting.

- Agency participation in local training consortiums.

- Contracting with outside experts to provide trainings.
- Promoting attendance at professional conferences.
- In-service training based on current trends in treatment, as reported by NFATTC, NAADAC, SAMHSA, etc., and/or on required topics such as Cultural Competence and De-escalation Training along with CEU requirements for licensed personnel.
- An annual review of each clinical staff member's Counselor Enhancement Plan as part of the performance evaluation.

Use of evidence-based and promising practices: A definition of these terms can be found in RCW 71.24.025(13) and (14). Describe how the agency fosters and implements evidence-based and promising practices, and how the agency supports clinical staff accruing and maintaining knowledge of evidence-based and promising practices.

Some suggested areas to address include, but are not limited to:

- Describe the treatment models in which staff are trained, and what efforts are made to maintain competence in using those models.
- Describe any agency expectations that staff members train others in areas in which they have particular proficiency.
- Describe how the agency ensures fidelity to the model(s) being used.
- If staff members use clinical models that are proprietary, describe efforts to ensure that personnel files contain documentation of certification by the credentialing institute.

Agency responses to Critical Incidents, Complaints, and Grievances: Describe how the agency processes incidents, complaints, and grievances with the goal of program improvement. Describe an area that could better serve all involved. Critical Incidents must be reported to DBHR or the RSN, as required, within one day, in accordance with WAC 388-877-0420(14).

The QM Plan must be approved by the governing body.