

Quality Management Plan

Lackawanna-Susquehanna Behavioral Health /
Intellectual Disabilities / Early Intervention Program

Fiscal Year 2015-2017

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Council / Plan Development

- ▶ The Program's Quality Management Plan is a reflection of the entity's overall commitment to quality in all its organizational activities and high priority to personalized care.
- ▶ The Quality Management Plan contains goals and objectives that address quality outcomes for Behavioral Health, Intellectual Disabilities, and Early Intervention Services.
- ▶ The Quality Management Plan is developed through the efforts of the Program's Quality Council which meets five to six times per year.

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Council / Plan Development

- ▶ Membership of the Quality Council Committee includes:
 - ▶ Persons and Families receiving Supports and Services (2)
 - ▶ Advocacy Group Representation
 - ▶ Interested Community Members
 - ▶ IM4Q Program Representative
 - ▶ Direct Service Provider
 - ▶ Northeast Regional HCQU Director
 - ▶ Advisory Board Members (2)
 - ▶ Northeast Regional ODP Representative
 - ▶ Northeast Behavioral Healthcare Consortium (NBHCC) representative
 - ▶ Community Care Behavioral Health Organization (CCBHO) representative
 - ▶ Educational System Representative
 - ▶ Office of Youth and Families Representative (2)
 - ▶ Drug and Alcohol Program Representative
 - ▶ Administrator
 - ▶ Quality Management Coordinator
 - ▶ Director of ID Services
 - ▶ Waiver Coordinator
 - ▶ Children's Program Coordinator

Human Services Partnerships

- A partnership with other Human Services departments is an integral component of the provision of comprehensive quality services for individuals receiving human services.
- The following human services departments are partners in the coordination of Services and the development of the Quality Management Plan:
 - Children, Youth and Family Services
 - Drug and Alcohol Services

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Council Functions

- ❑ Determine the strategic direction and vision for Quality Management.
- ❑ Oversee and monitor all activities related to Quality Management within the Program.
- ❑ Establish organizational performance indicators, review trends and recommend actions as necessary.
- ❑ Evaluate the effectiveness of Program-wide quality improvement initiatives at least annually.
- ❑ Review Program-wide trends and actions related to the evaluation of the quality of services.
- ❑ Recommend Program performance improvement activities.
- ❑ Develop, revise and implement Program-wide processes and corrective actions necessary for meeting requirements of regulatory surveys.
- ❑ Work closely with the Northeast Behavioral Health Care Consortium (NBHCC), Health Choices Program , and other county categorical agencies to coordinate Quality Management programs and initiatives.
- ❑ Work with Providers to develop Quality Management Plans that support their agency's objectives and the objectives of the County Joinder Program and the Commonwealth.
- ❑ Report to The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Advisory Board.

Quality Management Plan

Intellectual Disabilities Services

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access ID I. Communication Facilitation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services and who do not communicate verbally have access to a communication support process to obtain alternative formal communication systems	People are able to communicate their needs and wants	<p>Of those individuals receiving an IM4Q survey and who do not communicate using words, increase the number who use a formal communication system to 35%.</p> <p>Baseline: FY 2013-2014= 32% of individuals surveyed who did not communicate with words had a formal communication system.</p> <p>Target Objective to be achieved by June 30, 2017= 35%.</p>	<p>Performance Indicator: % of persons from the 2015-2016 and 2016-2017 IM4Q survey who do not communicate verbally and have a formal communication system.</p> <p>Data Source: 2015-2016 IM4Q Survey, 2016-2017 IM4Q Survey, Communication System Review form, HCSIS (Annual Individual Service Plans)</p> <p>Responsible Party: HCQU Coordinator, Quality Management Coordinator, Support Coordinator Organization (SCO) Directors ;Waiver Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2015-2017				
Desired Outcome: Persons are able to communicate their needs and wants.				
Target Objective: Of those individuals receiving an IM4Q survey and who do not communicate using words, increase the number who use a formal communication system to 35%.				
Performance Measure(s): % of persons from the 2015-2016 and 2016-2017 IM4Q survey who do not communicate verbally and have a formal communication system.				
Data Source(s): 2015-2016 IM4Q Survey, 2016-2017 IM4Q Survey, HCSIS Annual Individual Service Plans				
Responsible Person: HCQU Coordinator, Quality Management Coordinator, Support Coordinator Organization (SCO) Directors , Waiver Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue HCQU reviews of communication needs and communication resource access assistance. The communication profile, review form and resource list will be used to assist with identification and assessment.	HCQU Coordinator	7-30-15 ongoing		
2. Individuals in the 18-24 year age range who have graduated and may benefit from a communication assessment will be identified during ISP reviews by waiver coordinator and sent to HCQU coordinator on a monthly basis. The communication profile will be used to assess the need for additional assistance in obtaining a communication system.	Waiver Coordinator, HCQU Coordinator	7-30-15 Ongoing monthly		
3. The completed communication profiles will be forwarded to the Administrative Entity ID department to ensure that the communication profile results are documented and tracked in the ISP.	HCQU Coordinator. Waiver Coordinator	7-30-15 ongoing monthly		
4. Provide training to educate Provider staff on available communication supports.	HCQU Coordinator	9-30-15 ongoing		
5. Hold a Communication Fair.	HCQU Coordinator	10-30-15		
6. Provide follow-up visits to offer technical assistance to the individual and team to assure that the communication system is meeting the individual's and teams needs	HCQU Coordinator	7-30-15 ongoing		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Safeguards ID 2. Positive Approaches

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services are safe and secure in their home and community	Staff work with people to help them obtain their needs. Staff are adequately trained to assist people safely with dignity and respect.	<p>Incidents of physical restraints will be decreased by 20% by June 30, 2017.</p> <p>The number of persons who are restrained will be decreased by 10% by June 30, 2017.</p> <p>Baseline : FY 2013-2015= 91 restraints , 26 persons</p> <p>Target Objective to be achieved by June 30, 2017 = 73 Restraints , 23 persons</p>	<p>Performance Indicator: # of restraint incidents , # of persons restrained.</p> <p>Data Source: Home and Community Services Information System (HCSIS)-Restraint Detail Report</p> <p>Responsible Party - County Incident Manager, NHS (Program Specialist for Staff Development and Training Program).</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Safeguards		
Fiscal year 2015-2017				
Desired Outcome: Staff work with people to help them attain their needs. They are adequately trained to assist people safely and with dignity and respect.				
Target Objective: Decrease by 20% the number of physical restraints to no more than 73 restraints in fiscal year 2015-2017. Decrease by 10% the number of individuals who are restrained to no more than 23 in fiscal year 2015-2017.				
Performance Measure(s): Number of restraint incidents during fiscal year 2015-2017. Number of individuals restrained during fiscal year 2015-2017.				
Data Source(s): HCSIS-Restraint Detail Report				
Responsible Person: Quality Management Coordinator, Program Specialist for Staff Development and Training Program (NHS), Risk Management Committee				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Provide monthly trainings to new staff regarding the use of positive approaches.	NHS (Program Specialist for Staff Development and Training Program)	7-30-2015 Ongoing Monthly		
2. Collect monthly training data to track the number of staff trained.	QM Coordinator, Program Specialist for Staff Development and Training Program	7-30-2015 Ongoing Monthly		
3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues.	Restrictive Procedures Committee, QM Coordinator	9-30-2015 Ongoing Quarterly		
4. Collect restraint data to track number of restraint incidents.	QM Coordinator	7-30-2015 Ongoing Monthly		
5. Collect and review debriefing forms as incidents occur to identify trends and training needs.	QM Coordinator, Risk Management Committee	7-30-2015 Ongoing Monthly		
6. Report restraint and training data quarterly to Quality Council.	QM Coordinator	9-30-2015 Ongoing Monthly		
7. Use the Risk Management committee to review incidents of multiple restraints and communicate with Providers regarding trends to determine opportunities for additional training/ technical assistance.	QM Coordinator , Risk Management Committee	9-30-2015 Ongoing Monthly		
8. Develop and host a Risk Management Provider Training to encourage a culture that emphasizes identification and reduction of risk.	Risk Management Committee	6-30-2016		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Safeguards ID 3. Individual-to-individual abuse

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services are safe in their homes and communities	People do not experience abuse	<p>Incidents of individual-to-individual abuse will be reduced by 10% by June 30, 2017</p> <p>Baseline: FY 2013-2015 N = 379</p> <p>Target Objective to be achieved by June 30, 2017 = Incidents will be not greater than 341 .</p>	<p>Performance Indicator: # of incidents of individual-to-individual abuse</p> <p>Data Source : Home and Community Services Information System (HCSIS) incident count report, HCSIS target identifier report</p> <p>Responsible Party: County Incident Manager, Human Rights Committee, Risk Management Committee, Provider Representatives</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** Participant Safeguards
 Fiscal Year 2015-2017

Desired Outcome: People do not experience abuse.

Target Objective: Decrease the number of individual-to-individual abuse incidents by 10% from the previous two fiscal year's total (N=379) to 341 incidents.

Performance Measure(s): Percentage reduction of individual-to-individual abuse for fiscal year 2015-2017. $N=379 \times .10 = 37.9$
 $379 - 38 = 341$

Data Source(s): HCSIS incident count report, HCSIS target identifier report

Responsible Person: County Incident Manager , Human Rights Committee , Risk Management Committee, Provider representatives

Action Item	Responsible Person	Target Date	Status	Completion Date
1. The Joinder program will analyze and report data and trends for individual-to-individual abuse incidents to Quality Council and Human Rights Committee on quarterly basis. (E.g. targets, victims, provider, provider sites, dates, antecedents, interventions [corrective action plans]).	County Incident Manager, Human Rights Committee	9-30-2015 and Quarterly		
2. Identify the targets with the highest rates of incidents of individual-to- individual abuse.	County Incident Manager ,Human Rights Committee	9-30-2015 and ongoing Quarterly		
3. Use the Risk Management Committee to review trends in data, identify multiple incidents, and communicate with Provider agencies regarding reducing repeat occurrences.	Quality Management Coordinator	9-30-2015 and ongoing monthly		
4. When 4 or more incidents of individual to individual abuse are identified within a six month period, Providers will be required to complete a risk reduction plan form.	Quality Management Coordinator, Provider representatives, Risk Management Committee	9-30-2015 and ongoing monthly		
5. Provide technical assistance to individuals and/ or Providers with the highest rates of individual-to-individual abuse.	Risk Management Committee	9-30-2015 and ongoing as necessary		
6. Develop and host a Risk Management Provider Training to encourage a culture that emphasizes identification and reduction of risk.	Risk Management Committee	6-30-2016		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant –Centered Service Planning and Delivery ID 4. Lifesharing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services live with who they want to , in a mutually supportive manner as part of their community	Persons are provided with Lifesharing options and given the opportunity to discuss these options with agency representatives and or Lifesharers prior to making a decision on their residential service.	<p>The number of individuals in Lifesharing will increase by 5%</p> <p>Baseline: In FY 2013-2014 = 32 individuals participated in a Lifesharing option.</p> <p>Target Objective to be achieved by June 30, 2017 = 34 individuals will participate in Lifesharing.</p>	<p>Performance Indicator: Percentage increase in persons participating in a Lifesharing option for Fiscal Year 2015-2017</p> <p>Data Source : Home and Community Services Information System (HCSIS)- Service Authorization Notice</p> <p>Responsible Party : ID Director, Waiver Coordinator, Lifesharing Workgroup</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Participant-Centered Service Planning and Delivery				
FY 2015-2017				
Desired Outcome: Persons are provided with Lifesharing options and given the opportunity to discuss these options with agency representatives and or Lifesharers prior to making a decision on their residential service.				
Target Objective: Increase the number of individuals in a Lifesharing option by 5% from the previous year's total (N= 32) to 34 persons.				
Performance Measure(s): Percentage increase in persons participating in a Lifesharing option for Fiscal Year 2012-2013. $N= 32 \times .05 = 1.6$ $32+1.6= 33.6$ (34)				
Data Source(s): HCSIS Service Authorization Notice				
Responsible Person : ID Director, Waiver Coordinator , SCO, Lifesharing Workgroup				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Utilize the mandatory Lifesharing ISP screen in HCSIS.	SCO	7-1-2015 Ongoing		
2. Develop and implement a shared referral form that encourages Lifesharing Providers to share information, thereby expanding options for individuals in choosing a Provider.	ID Director, Waiver Coordinator , SCO, Lifesharing Workgroup	7-1-2015 ongoing		
3. Assemble Lifesharing packets including information from contracted Lifesharing Providers. Distribute Lifesharing packets to individuals and families when the lifesharing referral is sent.	Waiver Coordinator , SCO, Lifesharing Workgroup	7-30-2015 ongoing		
4. Track the number of Lifesharing referral forms that are sent on a monthly basis to establish a referral baseline.	Waiver Coordinator , Lifesharing Workgroup	7-30-2015 Ongoing Monthly		
5. Utilize Lifesharing Workgroup, which includes Lifesharing Provider Agencies, to discuss service delivery, identify barriers, and build local capacity.	Lifesharing Workgroup	7-30-2015 ongoing Quarterly		
6. Plan and host a Lifesharing fair to distribute information about Lifesharing options with individuals and families.	Lifesharing Workgroup	10-30-2015		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: System Performance ID 5. AE Oversight Monitoring

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Individuals receiving Intellectual Disability Waiver Services have routine monitoring to ensure their well being in home and community settings.</p>	<p>Participants receive the appropriate quality, type, duration and frequency of services and benefits as described in the ISP.</p>	<p>By June 30, 2017, 90% of a sample of individuals will have monitoring that occurs in compliance with Home and Community Based Service Waivers.</p> <p>Baseline: 81% (FY 13-14, Administrative Entity Oversight Monitoring).</p> <p>Target Objective to be achieved by June 30, 2017 = 90% of a random sample receive monitoring at the required frequency and location.</p>	<p>Performance Indicator: % of a sample of individuals that receive routine monitoring at the required frequency and location.</p> <p>Data Source : HCSIS Database Individual Monitoring Report, Lack-Susq ISP compliance Checklist</p> <p>Responsible Party: Director of Intellectual Disability Services, Waiver Coordinator , Statistician</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: System Performance		
FY 2015-2017				
Desired Outcome: Participants receive the appropriate quality, type, duration and frequency of services and benefits as described in the ISP.				
Target Objective: By June 30, 2017, 90% of a sample of individuals will have monitoring that occurs in compliance with Home and Community Based Service Waivers.				
Performance Measure(s): % of a sample of individuals who receive routine monitoring at the required frequency and location.				
Data Source(s): HCSIS Database Individual Monitoring report, Lack-Susq ISP Compliance Checklist				
Responsible Person: Director of Intellectual Disability Services, Waiver Coordinator, Statistician				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. On a monthly basis the Waiver Coordinator will identify a random sample of individuals enrolled in Home and Community Based Service waivers for review.	Waiver Coordinator	9-30-15		
2. The Statistician will review and confirm that routine monitoring occurs at the required frequency and location and document compliance using the Lack-Susq ISP compliance checklist.	Statistician	9-30-15		
3. Collect data on compliance and provide performance feedback to the SCOs.	Director of ID Services, Waiver Coordinator	9-30-15 and ongoing		
4. Provide technical assistance for compliance less than 85%.	Director of ID Services, Waiver Coordinator	6-30-16 (if needed)		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Safeguards

ID 6. AE Administrative Reviews –Incident Management

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Timely finalization of incident reports will ensure that responses and corrective actions are timely and appropriate in order to protect the health, safety and rights of individuals receiving Intellectual Disability Services	The health, safety and rights of Persons receiving Intellectual Disability Services are ensured.	<p>90% percent of submitted incident reports are finalized within 30 days of the incident being recognized or submitted.</p> <p>Baseline: July 2013- December 2014 = 84.7%</p> <p>Target Objective to be achieved by June 30, 2015= 90%</p>	<p>Performance Indicator: Percentage of incident Reports finalized within 30 days. Numerator: Number of incidents finalized within 30 days Denominator: Number of initial reports filed.</p> <p>Data Source: Home and Community Services Information System (HCSIS Management Review Report)</p> <p>Responsible Party: County Incident Point Person, Provider Incident Management Point Persons</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program FY 2015-2017		Focus Area: Safeguards		
Desired Outcome: The health, safety and rights of Persons receiving Intellectual Disability Services are ensured.				
Target Objective: 90% percent of submitted incident reports are finalized within 30 days of the incident being recognized or submitted.				
Performance Measure(s): Percentage of incident Reports finalized within 30 days. Numerator: Number of incidents finalized within 30 days. Denominator: Number of initial reports filed.				
Data Source: HCSIS Management Review Report				
Responsible Person : Advocacy Alliance IM Point Person , County IM Point Person, Provider IM Point Persons				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. The Management Review report is extracted from HCSIS on a quarterly basis. The report is edited to reveal Provider incident response timelines and forwarded to the county for review.	Advocacy Alliance point person	11-15-2015		
2. The AE analyzes IM data for each Provider to determine percentage of incident reports that are completed on time. Providers are sent quarterly graphic reports that provide feedback on percentage of their Incident Reports completed on time, the Joinder's average percentage completed on time and the objective percentage.	Advocacy Alliance point person, AE IM Point Person	11-15-2015 And quarterly		
2. The AE sends Providers a quarterly letter to emphasize our dedication to the Incident Management process, including the policy for completing incident reports within the required timeframe and our decision to focus on timeliness of reports as a Quality objective. Any Provider who is unable to obtain the Joinder objective for three consecutive quarters is directed to complete a plan of correction.	AE IM Point Person, Provider IM Point persons	11-15-2015 and quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: System Performance ID 7. Customer Support

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process that ensures that they are supported in obtaining and navigating services.	Individuals and family members experience satisfaction in having their support needs addressed.	<p>A structured process that tracks customer support and the outcomes will be developed and documented</p> <p>Baseline: Customer support calls are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2017 = A fully functioning customer support process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Administrator, ID Director, Quality Management Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Customer Support		
FY 2015-2017				
Desired Outcome: Individuals and family members experience satisfaction in having their support needs addressed.				
Target Objective: A structured process that tracks customer support and outcomes will be developed and documented.				
Performance Measure(s): Developed Policy, Developed and functioning tracking system				
Data Source(s): Policy, Tracking system				
Responsible Person : Administrator ,ID Director, Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that identifies staff responsibilities and actions to be taken to provide customer support and documents the support provided and outcome.	Administrator , ID Director, Quality Management Coordinator	11-30-15		
2. Identify a software tracking system to collect data on the customer support calls and outcomes.	Administrator , ID Director, Quality Management Coordinator	11-30-15		
3. Provide staff training on the policy, structured responses, and documentation process.	Administrator , ID Director, Quality Management Coordinator	12-30-15		
4. Establish baseline data on the number of calls and satisfied outcomes.	Administrator , ID Director, Quality Management Coordinator	1-30-16 and quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant-centered Service planning and delivery ID 8. Employment-Shared ID and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services and Behavioral Health services have access to employment options.	Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.	<p>Training needs necessary for building Joinder capacity will be identified.</p> <p>Baseline: No current Baseline. A training curriculum is not currently identified.</p> <p>Target Objective to be achieved by June 30, 2017 = A fully functioning Employment Workgroup identifies a training curriculum necessary for building employment capacity in the Joinder.</p>	<p>Performance Indicator: Training curriculum</p> <p>Data Source : Employment Workgroup Minutes Employment Coalition attendance</p> <p>Responsible Party : Administrator, ID Director, Quality Management Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Participant-Centered Service Planning and Delivery

FY 2015 -2017

Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.

Target Objective: A fully functioning Employment Workgroup identifies a training curriculum necessary for building employment capacity in the Joinder by June 30, 2017.

Performance Measure(s): Training curriculum identified.

Data Source(s): Meeting Minutes, Meeting attendance

Responsible Person Administrator, ID Director, Quality Management Coordinator, Employment Workgroup.

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Engage the Employment Workgroup, which includes Employment system stakeholders, to discuss service delivery, identify barriers, and build local capacity.	Administrator , ID Director, Quality Management Coordinator	9/30/2015 and ongoing quarterly		
2. Use findings from the BHRI Employment Report to develop strategies to increase the opportunities available to help individuals experience employment and job satisfaction.	Administrator , ID Director, Quality Management Coordinator	10/30/2015		
3. Develop training curriculum and marketing strategy.	Employment Workgroup members	3/30/2016		
4. Identify training dates, locations, audience, trainers.	Employment Workgroup members	9/30/2016		
5. Initiate and Implement training	Administrator , ID Director, Quality Management Coordinator	11/30/2017		

Quality Management Plan

Early Intervention Services

Lackawanna-Susquehanna Behavioral Health/ Intellectual Disabilities/Early Intervention Program Quality Management Plan

Focus Area: Early Intervention Service Delivery- EI I. 90 Day Contact

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Families of children receiving Early Intervention Birth to Age 3 services, will receive contact by their Service Coordinator every 90 days to review the SC Support Plan with the families.	Families will have contact with their Service Coordinator every 90 days to discuss and support their child's development.	<p>95 % of children receiving Early Intervention Birth to Age 3 , receive 90 day contact with their service coordinator to review the SC Support Plan.</p> <p>Baseline: In FY 2013-14 = 82% of children received 90 day contact with their Service Coordinator.</p> <p>Target Objective to be achieved by June 30, 2017= 95% of children receiving Early Intervention Birth to Age 3 services will receive 90 day contact with their Service Coordinator within the required timeframe.</p>	<p>Performance Indicator: % of children receiving Early Intervention Birth to Age 3 services, that receive 90 days contact with their service coordinator to review the SC Support Plan.</p> <p>Data Source : Quarterly Chart Reviews, Pelican Database</p> <p>Responsible Party: Early Intervention Coordinator, SC Entities</p>

Action Plan

Administrative Entity Name:

Lackawanna/Susquehanna BH/ID/EI Program

Focus Area: 90 Day Contact

Desired Outcome: Families will be contacted by their Service Coordinator every 90 days to review the SC Support Plan.

Target Objective: 95 % of children receiving Early Intervention Birth to Age 3 services will have 90 contact with the Service Coordinator within the required timeframe.

Performance Measure(s): Percentage of 90 day contacts that occur within the required timeframe and review the SC Support Plans with families.

Data Source(s): Chart Reviews, Pelican Database

Responsible Person: SC Entities, EI Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the Service Coordination Entities to review the 90 days contact requirements for children in Early Intervention.	EI Coordinator	9-30-2015		
2. Review charts and Pelican database to determine the percentage of meetings held within the required timeframe.	EI Coordinator	9-30-2015 Quarterly		
3. Provide feedback to SC Entities at quarterly meetings related to the chart reviews to monitor the 90 day contacts in the required timeframe.	EI Coordinator	9-30-2015 Quarterly		
4. SC Supervisors will monitor 90 day reviews /contacts by creating a spreadsheet to track which children on the SC's caseload is due to 90 days contacts for each month.	SC Supervisors	9-30-2015 Quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: System Performance EI 2. Customer Support

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process that ensures that they are supported in obtaining and navigating services.	Individuals and family members experience satisfaction in having their support needs addressed.	<p>A structured process that tracks customer support and the outcomes will be developed and documented</p> <p>Baseline: Customer support calls are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2017 = A fully functioning customer support process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Administrator, ID Director, Quality Management Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Customer Support

FY 2015-2017

Desired Outcome: Individuals and family members experience satisfaction in having their support needs addressed.

Target Objective: A structured process that tracks customer support and outcomes will be developed and documented.

Performance Measure(s): Developed Policy, Developed and functioning tracking system

Data Source(s): Policy, Tracking system

Responsible Person : Administrator ,El Coordinator, Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that identifies staff responsibilities and actions to be taken to provide customer support and document the support provided.	Administrator , El Coordinator, Quality Management Coordinator	11-30-2015		
2. Identify a software tracking system to collect data on the customer support calls and outcomes.	Administrator , El Coordinator, Quality Management Coordinator	11-30-2015		
3. Provide staff training on the policy, structured responses, and documentation process.	Administrator , El Coordinator, Quality Management Coordinator	12-30-2015		
4. Establish baseline data on the number of calls and satisfied outcomes.	Administrator , El Coordinator, Quality Management Coordinator	1-30-2016 and quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant-Centered Planning and Delivery OYFS Collaborative I. Inter-departmental Case Reviews

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children and Families have access to Early Intervention, Behavioral Health and Intellectual Disability Services that best fit their needs and help them develop healthy interactions within the family and community.	Youth and Families will develop healthy relationships that encourage self growth and resiliency.	<p>Objective: Develop a process for the review of complex cases that are identified as in need of inter-departmental services. Develop a database of the number of cases reviewed, considerations that are addressed.</p> <p>Baseline: No current data. Baseline to be developed by June 2016.</p> <p>Target Objective to be achieved by June 30, 2017 =Develop a database and establish baseline data</p>	<p>Performance Indicator: Increase in the number of complex case reviews and considerations that are reviewed through the inter-departmental process.</p> <p>Data Source : Inter-departmental Case review Tracking Form</p> <p>Responsible Party: : Multi-departmental team (OCYF, QM Coordinator, EI Coordinator, ID Director)</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant-centered Planning and Delivery

FY 2015-2017

Desired Outcome: Youth and Families will develop healthy relationships that encourage self growth and resiliency.

Target Objective: Objective: Increase the number of cases that are reviewed through a inter-departmental process and increase the number of considerations that are addressed.

Performance Measure(s): Number of Case Considerations addressed, Number of diversions from out of home placement.

Data Source(s): Diversionary tracking tool, Case Review list

Responsible Person Multi-departmental team (OYFS, QM Coordinator, EI Coordinator, ID Director)

Action Item	Responsible Person	Target Date	Status	Completion Date
1. At Lackawanna County OYFS call intake, obtain the necessary information to determine whether Behavioral Health, Intellectual Disability or Early Intervention Services are warranted (in addition to OYFS services).	OYFS	July 2015 and ongoing		
2. Identify a list of children/youth/families that would benefit from an inter-departmental case review meeting.	OYFS	July 2015 and ongoing monthly		
3. Establish a regular meeting schedule to review inter-departmental complex cases.	Multi-departmental team (OYFS, QM Coordinator, EI Coordinator, ID Director)	July 2015 and ongoing monthly		
4. Develop a tracking tool to identify the number of case considerations that are addressed through the interdepartmental process.	Multi-departmental team (OYFS, QM Coordinator, EI Coordinator, ID Director)	December 2015		
5. Develop a tracking tool to determine diversions from out of home placement.	Multi-departmental team (OYFS, QM Coordinator, EI Coordinator, ID Director)	December 2015		
6. Track and develop baseline data on number of cases reviewed, considerations addressed for each Fiscal Year.	Multi-departmental team (OYFS, QM Coordinator, EI Coordinator, ID Director)	June 2016 June 2017		

Quality Management Plan Behavioral Health Services

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant-centered Service planning and delivery BHI. Employment-Shared ID and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services and Behavioral Health services have access to employment options.	Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.	<p>Training needs necessary for building Joinder capacity will be identified.</p> <p>Baseline: No current Baseline. A training curriculum is not currently identified.</p> <p>Target Objective to be achieved by June 30, 2017 = A fully functioning Employment Workgroup identifies a training curriculum necessary for building employment capacity in the Joinder.</p>	<p>Performance Indicator: Training curriculum</p> <p>Data Source : Employment Workgroup Minutes Employment Coalition attendance</p> <p>Responsible Party : Administrator, ID Director, Quality Management Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Participant-Centered Service Planning and Delivery

FY 2015 -2017

Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.

Target Objective: A fully functioning Employment Workgroup identifies a training curriculum necessary for building employment capacity in the Joinder by June 30, 2017.

Performance Measure(s): Training curriculum identified.

Data Source(s): Meeting Minutes, Meeting attendance

Responsible Person Administrator, ID Director, Quality Management Coordinator, Employment Workgroup.

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Engage the Employment Workgroup, which includes Employment system stakeholders, to discuss service delivery, identify barriers, and build local capacity.	Administrator , ID Director, Quality Management Coordinator	9/30/2015 and ongoing quarterly		
2. Use findings from the BHRI Employment Report to develop strategies to increase the opportunities available to help individuals experience employment and job satisfaction.	Administrator , ID Director, Quality Management Coordinator	10/30/2015		
3. Develop training curriculum and marketing strategy.	Employment Workgroup members	3/30/2016		
4. Identify training dates, locations, audience, trainers.	Employment Workgroup members	9/30/2016		
5. Initiate and Implement training	Administrator , ID Director, Quality Management Coordinator	11/30/2017		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access BH 2. Diversion

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Persons will receive the Behavioral Health Support that they need in the community	<p>Percentage of persons who are referred for State Hospital admission during Fiscal Year 2015-2017 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 – December 2014= 38.7% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by June 30, 2017 = 44% of persons referred for State Hospital admission will be diverted.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties who are diverted from a state hospital</p> <p>Data Source : OMHSAS quarterly reporting form, BSU report on community hospitalizations</p> <p>Responsible Party : County QM Coordinator, BSU Point Persons</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2015-2017				
Desired Outcome: Persons will receive the Behavioral Health Support that they need in the community.				
Target Objective: For persons, who are referred for state hospital admission during FY 2015-2017 increase the percentage that will be diverted to community supports and services by 5%.				
Performance Measure(s): Percentage of individuals referred for state hospital admission and diverted to community supports will increase to 44% by June 30, 2017.				
Data Source(s): OMHSAS Quarterly Reporting Form, BSU Report on Community Hospitalizations				
Responsible Person: County QM Manager, BSU Point Persons				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Track the number of individuals who were diverted from a state hospital to community services.	BSU, County QM Manager	Quarterly 6-30-2017		
2. Analyze and report diversion data to the Quality Council.	County QM Manager	Quarterly 6-30-2017		
3. Identify barriers to diversion for individuals who were not diverted.	County QM coordinator, BSU point persons	Quarterly, 6-30-2017		
4. Track the number of individuals who are placed voluntarily and involuntarily in a community hospital on a monthly basis to identify any trends in community hospitalizations.	County QM Manager	Monthly 6-30-2017		
5. Track the names of individuals who are re-admitted to a community inpatient hospital to identify those individuals who are at risk for a state hospital placement.	County QM Manager	Semi-annually 6-30-2017		
6. Provide a listing of individuals with 2 or more readmissions in a 6 month period to Scranton Counseling Center and NHS for follow-up readmission survey completion.	County QM Manager	Annual 6-30-2017		
7. Review, analyze, and report readmission survey information to Quality Council.	County Quality Manager	Annual 6-30-2017		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access BH 3.State Hospital -Lengths of Stay

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services will have access to community supports that focus on reintegrating people who are being discharged from a state hospital and are at risk for relapse	Persons who have been in a State Mental Hospital longer than two consecutive years and are discharged will experience a successful transition into the community	<p>The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 5% by June 30 , 2017.</p> <p>Baseline: July 1, 2013 -June 30, 2014 - 64% of the total patient population at Clarks Summit State Hospital from the Lackawanna-Susquehanna County Joinder Program had been at the hospital longer than two years.</p> <p>Target Objective to be achieved by June 30,2017= The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59%.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties at CSSH longer than two years.</p> <p>Data Source : Clarks Summit State Hospital Report</p> <p>Responsible Party : Administrator, County QM Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

FY 2015-2017

Desired Outcome: Persons who have been in a state mental hospital longer than two consecutive years and are discharged will experience a successful transition into the community.

Target Objective: The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced by 5% by June 30, 2017 from 64% to 59%.

Performance Measure(s): Percentage of individuals at CSSH longer than two years.

Numerator: Total persons in state hospital longer than two years. **Denominator:** Total persons from L-S Joinder in CSSH.

Data Source(s): Clarks Summit State Hospital Report for FY 2015-2016, FY 2016-2017.

Responsible Person: Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue to facilitate a consistently used consumer-to-consumer connection program via the WARM line, prior to discharge from the state hospital.	Advocacy Alliance WARM line supervisor	7-1-2015 and ongoing		
2. For the WARM line, collect utilization data, analyze trends, and report to Quality Council	Advocacy Alliance WARM line supervisor	Annually 9-30-2015, 9-30-2016		
3. Identify individuals in a subpopulation at CSSH who have been there for the time period of 12 months to 2 years.	Administrator, County Quality Management Coordinator	7-30-2015 and ongoing		
4. Establish a policy and procedure to gather information on the length of stay of individual residing at CSSH and the status of their CSP planning process.	CSP facilitator	7-30-2015 and ongoing		
5. For individuals in the subpopulation (12 mos. To 2 years length of stay), identify any individuals who do not have a complete Consumer Support Plan (CSP).	CSP facilitator	2/28/2016		
6. For individuals in the subpopulation, work with casemanagement to ensure that 100% have a CSP.	Administrator, CSP facilitator	9/1/2015 and ongoing		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant-Centered Service and Delivery BH 4. Behavioral Health/ Substance Abuse- Community Re-entry

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Behavioral Health services and Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process</p>	<p>Through the recovery process persons become more community oriented and productive.</p>	<p>The number of individuals who are linked to Behavioral Health and Drug and Alcohol Services prior to prison discharge will increase by 15%.</p> <p>Baseline – No current Baseline</p> <p>Target Objective to be achieved by June 30, 2016 = Establish a baseline ; by June 30 2017= 15% increase in community service linkage.</p>	<p>Performance Indicator: Number of individuals linked to community Behavioral Health and Drug and Alcohol services.</p> <p>Data Source : Service linkage tracking system</p> <p>Responsible Party : Administrator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2015-2017

Focus Area: Participant Access

Desired Outcome: Through the recovery process persons become more community oriented and productive

Target Objective: The number of individuals who are linked to Behavioral Health and Drug and Alcohol Services prior to prison discharge will increase by 15%.

Performance Measure(s): Number of individuals linked to community Behavioral Health and Drug and Alcohol services.

Data Source(s): Service Linkage Tracking System

Responsible Person: Administrator, Re-Entry Task Force

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Assess the current clinical support needs of the Lackawanna County prison.	Administrator	10-30-2015		
2. Implement a peer support system within the Lackawanna County Prison.	Re-Entry Task Force, Administrator	12-30-2015		
3. Engage the task force to identify a specific referral process that ensures Behavioral Health service linkage prior to community discharge.	Re-Entry Task Force, Administrator	12-30-2015		
4. Engage the task force to develop a tracking system that collects data on discharge service linkage and individual community engagement outcomes.	Re-Entry Task Force, Administrator	12-30-2015		
5. Review data for trends and further program development.	Re-Entry Task Force, Administrator	3-30-2016 and ongoing quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access BH 5. Garrett Lee Smith Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons between the age of 12-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare	People between the ages of 12-24 years who are at risk for suicide will benefit from available services and supports and focus on recovery	<p>Increase of the # of screenings to 22 per week /per site . Increase the number of sites to 3.</p> <p>Baseline: 1002 screens in 52 weeks (January –December 2014)= 19.3 per week</p> <p>Target Objective to be achieved by June 30, 2017=22/week.</p> <hr/>	<p>Performance Indicator: # of screenings, Positive screens, and referrals.</p> <p>Data Sources : GLS Data collection</p> <p>Responsible Party : Administrator, Quality Management Coordinator, Site Coordinator (Advocacy Alliance)</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2015-2017				
Desired Outcome: People between the ages of 12-24 years who are at risk for suicide will benefit from increased identification and follow-up mental health and drug and alcohol treatments/support for children/adolescents and young adults and their families in Lackawanna County				
Target Objective: Increase of the # of screenings to 22 per week /per site for fiscal years 2015-2016, 2016-2017. Increase the number of sites to 3.				
Performance Measure(s): The number of screens completed at all screening sites (Scranton Primary and The Wright Center-Dr. Thomas + new site).				
Data Source(s): Data from: the GLS project from Scranton Primary, The Wright Center / Dr. Thomas, and new site on number of individuals screened, number of Positive screens, and number of referrals for follow-up support.				
Responsible Person: Administrator, Site Coordinator (Advocacy Alliance), QM Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Collect data on number of screens, referrals and follow-up treatment of individuals 12-24 years of age from the GLS Project at Scranton Primary Health Care and the Wright Center site.	Site Coordinator (Advocacy Alliance)	9-30-2015 ongoing Quarterly		
2. Increase screening capacity by identifying a new practice in a medical clinic to participate in the project.	Administrator, Site Coordinator (Advocacy Alliance)	4-30-2016		
3. Collaborate with OMHSAS and The Wright Center to implement Behavioral Health screening in a school district.	Administrator, Site Coordinator(Advocacy Alliance)	12-30-2015		
4. Conduct a school wide student Behavioral Health needs assessment that focuses on suicide prevention.	Administrator, Site Coordinator(Advocacy Alliance)	12-30-2015		
5. Maintain ongoing communication with all Behavioral health and Drug and Alcohol agencies and Scranton Primary Health and the Wright Center/ Dr. Thomas regarding referral information.	Site Coordinator (Advocacy Alliance)	7- 30- 2015 ongoing		
6. Work with all involved agencies and Lackawanna -Susquehanna Counties BH/ID Program to monitor and problem solve any barriers to effective reporting of referrals.	Administrator, Site Coordinator (Advocacy Alliance)	7- 30- 2015 ongoing		
7. Report to Quality Council and Behavioral Health Committees.	Administrator, Site Coordinator (Advocacy Alliance)	9-30-15 Ongoing Quarterly		
8. Correspond with at least 3 local school districts on a quarterly basis to offer suicide prevention training and resources.	Site Coordinator (Advocacy Alliance)	9-30-15 ongoing Quarterly		
9. Provide training and resources on suicide prevention to area schools.	Site Coordinator (Advocacy Alliance)	ongoing as requested		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: BH 6. CIT initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.	The CIT model and training is used by police and crisis workers with individuals experiencing a crisis to safely assist them in accessing services appropriate to their needs.	<p>The number of persons trained will increase by 20%.</p> <p>Baseline: There have been 93 individuals trained to date.</p> <p>Target Objective to be achieved by June 30, 2017= 112 individuals will be trained in CIT</p>	<p>Performance Indicator: Total number of Persons trained in CIT</p> <p>Data Source: Training Records</p> <p>Responsible Party: CIT Coordinator, Administrator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** Participant Safeguards
 FY 2015-2017

Desired Outcome: The CIT model and training is used by police and crisis workers with individuals experiencing a crisis to safely assist them in accessing services appropriate to their needs.

Target Objective: The number of persons (police and agency employed individuals) trained will increase by 20%.

Performance Measure(s): Total number of Persons trained in CIT=112

Data Source(s): Training Records

Responsible Person: CIT Coordinator, Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with Stakeholders to identify support for the continuity of the program	Administrator	9-30-2015		
2. Identify funding sources for a part time CIT Coordinator	Administrator	9-30-2015		
3. Collect data on the number of Persons trained in CIT. Include number in each Police Department and the number agency staff trained in CIT.	CIT Coordinator	9-30-2015 Quarterly		
4. Collect baseline data on the percentage of 911 calls that are responded to by a CIT officer.	CIT Coordinator	9-30-2015 Quarterly		
5. Expand Training opportunities to Police Officers and Agency staff including Susquehanna County.	CIT Coordinator	9-30-2015		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: System Performance BH 7. Customer Support

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process that ensures that they are supported in obtaining and navigating services.	Individuals and family members experience satisfaction in having their support needs addressed.	<p>A structured process that tracks customer support and the outcomes will be developed and documented</p> <p>Baseline: Customer support calls are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2017 = A fully functioning customer support process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Administrator, ID Director, Quality Management Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Customer Support		
FY 2015-2017				
Desired Outcome: Individuals and family members experience satisfaction in having their support needs addressed.				
Target Objective: A structured process that tracks customer support and outcomes will be developed and documented.				
Performance Measure(s): Developed Policy, Developed and functioning tracking system				
Data Source(s): Policy, Tracking system				
Responsible Person : Administrator ,ID Director, Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that identifies staff responsibilities and actions to be taken to provide customer support and document the support provided.	Administrator , ID Director, Quality Management Coordinator	11-30-2015		
2. Identify a software tracking system to collect data on the customer support calls and outcomes.	Administrator , ID Director, Quality Management Coordinator	11-30-2015		
3. Provide staff training on the policy, structured responses, and documentation process.	Administrator , ID Director, Quality Management Coordinator	12-30-2015		
4. Establish baseline data on the number of calls and satisfied outcomes.	Administrator , ID Director, Quality Management Coordinator	1-30-2016 and quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access

D/A Collaborative I. Susquehanna County Case Management Unit

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals are able to access and navigate a Case Management unit to benefit from Substance Abuse Treatment Services	Persons in need of Substance Abuse Services in Susquehanna County will receive the support they need	<p>A fully functioning Case Management Services Unit (CMU) is operational in Susquehanna County by June 30, 2016. The number of individuals served by the CMU will increase by 10% by June 30, 2017.</p> <p>Baseline: Service is currently contracted. Develop a baseline of number of persons served.</p> <p>Target Objective to be achieved by June 30, 2016 = operational CMU establishes baseline of number of persons served; by June 30, 2017 number of persons served is increased by 10%.</p>	<p>Performance Indicator: Number of persons served in Susquehanna County CMU</p> <p>Data Source : CMU tracking system</p> <p>Responsible Party: : Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs, Deputy Director, Case Management Unit Supervisor, Administrative Assistant</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

D/A Collaborative1. Susquehanna County Case Management Unit

FY 2015-2017

Desired Outcome: Persons in need of Substance Abuse Services in Susquehanna County will receive the support they need

Target Objective: A fully functioning Case Management Services Unit (CMU) is operational in Susquehanna County by June 30, 2016. The number of individuals served by the CMU will increase by 10% by June 30, 2017.

Performance Measure(s): Number of persons served in Susquehanna County CMU

Data Source(s): CMU tracking system

Responsible Person : Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs ; Deputy Director , Lackawanna/Susquehanna Office of Drug and Alcohol Programs; CMU Supervisor, Lackawanna/Susquehanna Office of Drug and Alcohol Programs ; Administrative Assistant, Lackawanna/Susquehanna Office of Drug and Alcohol Programs;

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Contract with Trehab Services for CMU until a qualified candidate is identified and hired.	Deputy Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2015		
2. Work with Civil Service to identify a candidate pool.	Administrative Assistant, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2016		
3. Build capacity and resources to support a new hire from remote location.	CMU Supervisor, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2016		
4. Identify, hire and train a qualified Case Manager.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2016		
5. Collaborate with Trehab Services to transition services to the CMU.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2016 and ongoing		
6. Develop and implement a tracking system to identify the number of individuals served.	Deputy Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	12-1-2015 and ongoing		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant Access

D/A Collaborative2. Susquehanna County D/A Services

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals are able to access and participate in Substance Abuse Treatment Services	Persons in need of Substance Abuse Services in Susquehanna County will receive the support they need	<p>A fully functioning Naloxone Distribution Program in Susquehanna County is developed and implemented by June 30, 2016. The number of individuals served by the program will increase by 10% by June 30, 2017.</p> <p>Baseline: Develop a baseline of number of persons served.</p> <p>Target Objective to be achieved by June 30, 2016 = operational Naloxone Program and baseline of number of persons served; by June 30 2017 number of persons served is increased by 10%.</p>	<p>Performance Indicator: Number of persons served in Susquehanna County by Naloxone Distribution Program</p> <p>Data Source : Naloxone Distribution Program tracking system</p> <p>Responsible Party: : Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** D/A Focus Area: Participant Access

D/A Collaborative1. Susquehanna County Naloxone Distribution Program

FY 2015-2017

Desired Outcome: Persons in need of Substance Abuse Services in Susquehanna County will receive the support they need

Target Objective: A fully functioning Naloxone Distribution Program is operational in Susquehanna County by June 30, 2016. The number of individuals served by program will increase by 10% by June 30, 2017.

Performance Measure(s): Number of persons served in Susquehanna County Naloxone Distribution Program

Data Source(s): Naloxone tracking system

Responsible Person : Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop policies and procedures for Naloxone Distribution Program	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	10-1-2015		
2. Identify local police municipalities/ EMS agency to build partnerships.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	12-30-2015		
3. Police/EMS are trained and supplied with Naloxone.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	1-1-2016		
4. Seek and obtain additional funding opportunities to ensure sustainability of the Naloxone Distribution Program for ongoing operation.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	7-1-2016		
5. Track and report on the number of persons served by the Naloxone Distribution Program.	Director, Lackawanna /Susquehanna Office of Drug and Alcohol Programs	1-1-2016 and ongoing quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: Participant- Centered Service and Delivery System Performance D/A Collaborative 3. Problem-Solving Court Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Substance Abuse Services and/or Behavioral Health Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	Through the recovery process persons become more community oriented and productive	<p>Establish a Problem -Solving Court in Susquehanna County by June 30, 2016. Increase the number of participants by 10% by June 30, 2017.</p> <p>Baseline: Establish a baseline number of participants by June 30, 2016.</p> <p>Target Objective to be achieved by June 30, 2016 = Establishment of Problem - Solving Court and Baseline number of participants. By June 30, 2017, increase the number of problem solving court participants by 10%.</p>	<p>Performance Indicator: Number of Problem – Solving Court Participants</p> <p>Data Source : Problem-Solving Court Tracking System, Court Records</p> <p>Responsible Party: : Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs: Deputy Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant- Centered Service and Delivery System Performance		
D/A Collaborative 3. Problem-Solving Court Initiative FY 2015-2017				
Desired Outcome: Through the recovery process persons become more community oriented and productive.				
Target Objective: Establish a Problem -Solving Court in Susquehanna County by June 30, 2016. Increase participation in the Problem-Solving court by 10% by June 30, 2017.				
Performance Measure(s) : Number of Problem-Solving Court Participants				
Data Source(s): Problem-Solving Court Tracking System, Court Records				
Responsible Person Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs; Deputy Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Assess existing capacity/resources needed for implementation of a Problem-Solving court, as well as ongoing capacity/resource needs.	Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	7-30-2015		
2. Identify vision of local leadership pursuant to problem-solving courts	Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	7-30-2015		
3. Schedule a series of meetings and information sessions with Susquehanna County leadership	Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	12-30-2015		
4. Establish a workgroup that oversees the development of the Problem-Solving Court	Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	12-30-2015		
5. Search for grant/funding opportunities that can support local efforts.	Deputy Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	6-30-2016		
6. Develop and Implement a tracking system to monitor persons served and identify any potential barriers.	Deputy Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs	7-1-2016 and ongoing quarterly		

Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program Quality Management Plan

Focus Area: System Performance D/A Collaborative 4. Susquehanna County Correctional Facility Re-Entry Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	Through the recovery process persons become more community oriented and productive.	<p>Build a Re-entry Coalition in Susquehanna County by June 30, 2016. Develop a referral process and tracking system by June 30, 2017</p> <p>Baseline: No Established Coalition.</p> <p>Target Objective to be achieved by June 30, 2016 = Re-entry Coalition is functioning ; A formalized referral process and tracking system for community service linkages is developed by June 30, 2017</p>	<p>Performance Indicator: Establish Re-entry Coalition; tracking system is developed</p> <p>Data Source : Meeting sign-in, meeting minutes, tracking system</p> <p>Responsible Party: Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs: Deputy Director, Lackawanna/Susquehanna Office of Drug and Alcohol Programs:</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Focus Area: System Performance D/A Collaborative				
4. Susquehanna County Correctional Facility Re-Entry Initiative FY 2015-2017				
Desired Outcome: Through the recovery process persons become more community oriented and productive.				
Target Objective: Build a Re-entry coalition in Susquehanna County by June 30, 2016. Develop a referral process and tracking system by June 30, 2017.				
Performance Measure(s): Establish Re-entry Coalition; tracking system is developed				
Data Source(s): Meeting sign-in, meeting minutes, tracking system				
Responsible Person(s): Director, Lackawanna/Susquehanna, Office of Drug and Alcohol Programs: Deputy Director , Lackawanna/Susquehanna , Office of Drug and Alcohol Programs				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify membership and assemble a vested stakeholder group that is interested in developing re-entry processes.	Director, Lackawanna/Susquehanna , Office of Drug and Alcohol Programs	10-1-2015		
2. Identify funding sources for a Susquehanna County re-entry initiative.	Deputy Director, Lackawanna/Susquehanna , Office of Drug and Alcohol Programs	10-1-2015		
3. Establish a regular meeting schedule for the re-entry initiative.	Director, Lackawanna/Susquehanna , Office of Drug and Alcohol Programs	12-1-2015		
4. Engage the stakeholder group to develop a tracking system that collects data on discharge service linkage and individual community engagement outcomes.	Director, Lackawanna/Susquehanna , Office of Drug and Alcohol Programs	6-30-2015		
5. Review tracking system data to identify trends for further program development.	Director, Lackawanna/Susquehanna , Office of Drug and Alcohol Programs	9-30-2016 and quarterly		

FY 2015-2017 Quality Management Plan

Intellectual Disabilities Executive Summary

Date of Update:

Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment/ Recommendations
ID 1. Participant Access: Communication facilitation	Individuals have formal communication systems	Increase by 3%	32% of surveyed have formal communication	35% have formal communication	
ID 2. Participant Safeguards: Positive Approaches	Individuals are safe and secure in their homes and community	Decrease restraints by 20% Decrease # of individuals restrained by 10%	Two year fiscal cycle =91 restraints , 26 persons (May 15)	73 Restraints; 23 persons	
ID 3. Participant Safeguards: Individual-to-Individual Abuse Incidents.	Individuals are safe and secure in their homes and community	10% decrease in incidents	Two Year Fiscal Cycle =359 Incidents (May 15)	323 Incidents	
ID 4. Participant Centered Service Planning and Delivery : Lifesharing	Persons are provided with the option to participate in Lifesharing as a residential choice.	5% increase in the number of Lifesharing Participants	32 Individuals	34 Individuals	
ID 5. System Performance: AE Oversight Monitoring	Individuals have routine monitoring to ensure their well being in home and community settings.	90% of a sample of individuals will have had monitoring	FY 13-14 AE Oversight Monitoring= 81%	90%	
ID 6. Safeguards: AE Administrative Review-Incident Management Report timeliness	Health, Safety and Rights of Persons are ensured	90% of Incident Reports are finalized within 30 Days	July 2013-December 2014= 84.7%	90% of Incident Reports are finalized in 30 days.	
ID 7. System Performance : Customer Support	Individuals and Family Members are satisfied with their services	A structured process for the review of customer support calls is developed.	Process is currently not tracked	Fully functioning customer support process is in operation	
ID 8. Service Planning and Delivery: Employment	Persons have opportunities to explore their Employment Potential and experience job satisfaction and respect.	Training Needs/Curriculum are Identified	No current Baseline/ curriculum	Training Needs/Curriculum are Identified	

Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment / Recommendations
EI 1. 90 Day Contact	Families of children receiving Early Intervention Birth to Age 3 services will receive contact by their Service Coordinator every 90 days to review the SC Support Plan with the families.	95 % of children receive 90 day contact with their service coordinator.	FY 2013-14 = 82% of children received 90 day contact with their Service Coordinator.	95% of children will receive 90 day contact with their Service Coordinator.	
EI 2. System Performance : Customer Support	Individuals and Family Members are satisfied with their services	A structured process for the review of customer support calls is developed.	Process is currently not tracked	Fully functioning customer support process is in operation	
OYFS Collaborative 1: System Performance	Youth and Families have access to all of the services they need	Develop a process for the review of complex cases that are identified as in need of inter-departmental services. Develop a database of the number of cases reviewed, considerations that are addressed.	No current formalized process or database for review of complex cases between departments.	Fully Functioning process and database to track review of cases and considerations addressed.	

Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment / Recommendations
BH 1. Service Planning and Delivery: Employment	Persons have opportunities to explore their Employment Potential and experience job satisfaction and respect.	Training Needs/ Curriculum is identified	No Baseline/ Curriculum	Training Needs/ Curriculum is identified	
BH 2. Participant Access: Diversion	Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Increase by 5% , the number of persons who are diverted from a State Hospital admission	During January 2006 –December 2014= 38.7%	44% of persons referred for State Hospital admission will be diverted	
BH 3. Participant Access : State Hospital - Lengths of Stay	Persons who receive Behavioral Health services will have access to community supports that focus on reintegrating people who are being discharged from a state hospital and are at risk for relapse	The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 5%	July 1, 2013 -June 30, 2014 - 64%	The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59%.	
BH 4. Participant-Centered Service and Delivery: Behavioral Health/ Substance Abuse- Community Re-entry	Persons who receive Behavioral Health services and Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	The number of individuals who are linked to Behavioral Health and Drug and Alcohol Services prior to prison discharge will increase by 15%.	No baseline	Target Objective to be achieved by June 30, 2016 =Establish a baseline ; By June 30 2017= 15% increase in community service linkage.	
BH 5. Participant Access BH 5. Garrett Lee Smith Initiative	Persons between the age of 12-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare	Increase of the # of screenings to 22 per week. Increase the number of sites to 3.	1002 screens in 52 weeks (January – December 2014) = 19.3 per week. Two sites	Target Objective to be achieved by June 30, 2017=22/week.	

Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment / Recommendations
BH 6. CIT	The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.	The number of persons trained will increase by 20%.	Baseline: There have been 93 individuals trained to date.	Target Objective to be achieved by June 30, 2017= 112 individuals will be trained in CIT	
BH 7. System Performance : Customer Support	Individuals and Family Members are satisfied with their services	A structured process for the review of customer support calls is developed.	Process is currently not tracked	Fully functioning customer support process is in operation	
D/A Collaborative 1. Susquehanna County Case Management Unit	Individuals are able to access and navigate a Case Management Unit to benefit from Substance Abuse Treatment Services	A fully functioning CMU is operational in Susquehanna County. The number of persons served will increase by 10%	Baseline not developed.	A fully functioning CMU is operational in Susquehanna County. Baseline developed. The number of persons served will increase by 10%	
D/A Collaborative 2. Naloxone Distribution Program	Individuals are able to access and participate in Substance Abuse Treatment Services	A fully functioning Naloxone Distribution Program in Susquehanna County. The number of individuals served increase by 10%.	Baseline to be developed	A fully functioning Naloxone Distribution Program in Susquehanna County. The number of individuals served increase by 10%.	
D/A Collaborative 3. Problem-Solving Court Initiative	Individuals have access to services and supports that facilitate the recovery process	Establish a Problem - Solving Court in Susquehanna County. Increase the number of participants by 10%.	Baseline to be developed	Establish a Problem -Solving Court in Susquehanna County. Increase the number of participants by 10%.	
D/A Collaborative 4. Susquehanna County Correctional Facility Re-Entry Initiative	Individuals have access to services and supports that facilitate the recovery process when released from the county correctional facility	Build a Re-Entry Coalition. Develop a referral process and tracking system.	Coalition to be developed	Build a Re-Entry Coalition. Develop a referral process and tracking system.	