

Quality Management Plan

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

Calendar Year-2011

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

- ▶ The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention 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 Intellectual and Developmental Disabilities, Behavioral Health, and Early Intervention Services.
- ▶ The Quality Management Plan is developed through the efforts of the Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program's Quality Council which meets approximately every six weeks.

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
 - ▶ MH/MR Advisory Board Members (2)
 - ▶ Northeast Regional ODP Representative
 - ▶ Northeast Behavioral Healthcare Consortium (NBHCC) representative
 - ▶ Community Care Behavioral Health Organization (CCBHO) representative
 - ▶ Administrator
 - ▶ Deputy Administrator
 - ▶ Assistant Administrator for Administration
 - ▶ Quality Management Coordinator
 - ▶ Waiver Coordinator
 - ▶ Children's Program Coordinator

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 MH/MR Advisory Board.

Quality Management Plan

Intellectual and Developmental
Disabilities Services

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

Focus Area: Participant Access I. Communication Facilitation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental Disabilities Services and who do not communicate verbally have access to alternative formal communication systems	People are able to communicate their needs and wants	<p>40% of persons who do not communicate using words will have a formal communication system</p> <p>Baseline: June 30 2009 = 34%</p> <p>Target Objective to be achieved by December 31, 2011 = 40%</p>	<p>Performance Indicator: % of persons who do not communicate verbally and have formal communication systems. Numerator: Persons surveyed who do not communicate using words and have a formal communication system. Denominator: Persons surveyed who do not communicate using words.</p> <p>Data Source: IM4Q Survey Reports, Advocacy Alliance data- records</p> <p>Responsible Party: Quality Management Coordinator, Waiver Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

CY 2011

Desired Outcome: Persons are able to communicate their needs and wants.

Target Objective: For persons, who do not communicate using words; increase the percentage of persons who have a formal communication system to 40% by December 31, 2011.

Performance Measure(s): Percentage of persons who do not communicate using words and are surveyed during the 2010-2011 cycle who have a formal communication system. Numerator: Persons surveyed who do not communicate using words and have a communication system. Denominator: Persons surveyed who do not communicate using words.

Data Source(s): IM4Q Data, Advocacy Alliance data- records

Responsible Person: Quality Management Coordinator, Waiver Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify individuals from the 2009-2010 IM4Q Survey who do not communicate using words and who do not have a formal communication system.	IM4Q Coordinator, Quality Management Coordinator	2-28- 2011		
2. Utilize the Closing the loop process to provide feedback to Supports Coordinators related to individuals identified as not communicating using words and not having a formal communication system.	Quality Management Coordinator	ongoing		
3. Identify Group membership for a Communication Review Committee (CRC) that will review identified individuals communication needs and develop recommendations.	Waiver Coordinator	3-30- 2011		
4. Review recommendations and outcomes from individual reviews.	Waiver Coordinator Quality Management Coordinator	12-31- 2011		

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

Focus Area: Participant Safeguards 2. Positive Approaches

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental 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 December 31, 2011.</p> <p>Baseline : CY 2010= 27 restraints</p> <p>Target Objective to be achieved by December 31, 2011 = 22 Restraints</p>	<p>Performance Indicator: # of restraint incidents</p> <p>Data Source: 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

CY 2011

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 22 restraints in calendar year 2011.

Performance Measure(s): Number of restraint incidents during calendar year 2011.

Data Source(s): HCSIS-Restraint Detail Report

Responsible Person: Quality Management Coordinator, Program Specialist for Staff Development and Training Program (NHS)

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)	Monthly 12-31-2011		
2. Collect monthly training data to track the number of staff trained.	QM Coordinator, Program Specialist for Staff Development and Training Program	Monthly 12-31-2011		
3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues.	Restrictive Procedures Committee, QM Coordinator	Quarterly 12-31-2011		
4. Collect restraint data to track number of restraint incidents.	QM Coordinator	Quarterly 12-31-2011		
5. Collect and review debriefing forms as incidents occur to identify trends and training needs. Share feedback regarding trends and needs with Program Specialist for Staff Development and Training Program to direct training efforts.	QM Coordinator, Program Specialist for Staff Development and Training Program	Monthly 12-31-2011		
6. Report restraint and training data quarterly to Quality Council.	QM Coordinator	Quarterly 12-31-2011		

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

Focus Area: Participant Safeguards 2. Positive Approaches

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental 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>The number of persons who are restrained will be decreased by 10% by December 31, 2011.</p> <p>Projected Baseline : CY 2010= 7 persons</p> <p>Target Objective to be achieved by December 31, 2011 = 6 persons.</p>	<p>Performance Indicator: # of persons restrained.</p> <p>Data Source: 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

CY 2011

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 10% the number of individuals who are restrained to no more than 6 in calendar year 2011.

Performance Measure(s): Number of individuals restrained during calendar year 2011.

Data Source(s): HCSIS-Restraint Detail Report

Responsible Person: Quality Management Coordinator, Program Specialist for Staff Development and Training Program (NHS)

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)	Monthly 12-31-2011		
2. Collect monthly training data to track the number of staff trained.	QM Coordinator, Program Specialist for Staff Development and Training Program	Monthly 12-31-2011		
3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues.	Restrictive Procedures Committee, QM Coordinator	Quarterly 12-31-2011		
4. Collect restraint data to track number number of individuals restrained.	QM Coordinator	Quarterly 12-31-2011		
5. Collect and review debriefing forms as incidents occur to identify trends and training needs. Share feedback regarding trends and needs with Program Specialist for Staff Development and Training Program to direct training efforts.	QM Coordinator, Program Specialist for Staff Development and Training Program	Monthly1 2-31-2011		
6. Report restraint and training data quarterly to Quality Council.	QM Coordinator	Quarterly 12-31-2011		

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

Focus Area: Participant Safeguards

3. Individual-to-individual abuse

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental Disabilities 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 December 31, 2011</p> <p>Baseline: CY 2010-N = 150</p> <p>Target Objective to be achieved by December 31, 2011 = Incidents will be not greater than 135.</p>	<p>Performance Indicator: # of incidents of individual-to-individual abuse</p> <p>Data Source : HCSIS incident count report, HCSIS target identifier report</p> <p>Responsible Party: County Incident Manager, Human Rights Committee, Assistant Administrator of Administration</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Safeguards

Cy 2011

Desired Outcome: People do not experience abuse.

Target Objective: Decrease the number of individual-to-individual abuse incidents by 10% from the previous year's total (N=150) to 135 incidents.

Performance Measure(s): Percentage reduction of individual-to-individual abuse for calendar year 2011. $N=150 \times .10 = 15$
 $150-15= 135$

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

Responsible Person: County Incident Manager , Human Rights Committee, Assistant Administrator of Administration

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	Quarterly 1-30-2011		
2. Identify the targets with the highest rates of incidents of individual-to-individual abuse.	County Incident Manager ,Human Rights Committee	6-30-2011		
3. Provide technical assistance to individuals and/ or Providers with the highest rates of individual-to-individual abuse.	Assistant Administrator of Administration	12-30-2011		

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

Focus Area: Participant –Centered Service Planning and Delivery

4. Lifesharing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental 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 CY 2010 =32 individuals participated in a Lifesharing option.</p> <p>Target Objective to be achieved by December 31, 2011 = 34</p>	<p>Performance Indicator: Percentage increase in persons participating in a Lifesharing option for Calendar Year 2011</p> <p>Data Source : HCSIS- Monthly scorecard</p> <p>Responsible Party :Assistant Administrator of Administration</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Participant-Centered Service Planning and Delivery				
CY 2011				
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 Calendar Year 2011. $N= 32 \times .05 = 1.6$ $32+1.6= 33.6$ (34)				
Data Source(s): HCSIS, Monthly Scorecard				
Responsible Person : Assistant Administrator of Administration				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Utilize the mandatory Lifesharing ISP screen in HCSIS.	Assistant Administrator of Administration	Ongoing		
2. Distribute Lifesharing brochures for individuals when Residential Services are being considered.	Assistant Administrator of Administration	Ongoing		

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

Focus Area: System Performance

5. AE Oversight Monitoring ODP Reviews and requirements to submit Action Plans

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental Disability Services have updated data records that reflect current demographic, eligibility and enrollment information	Staff providing services for Persons work with accurate and current information.	<p>All persons receiving Intellectual and Disability Services will have their electronic records reviewed for accuracy and completeness of data.</p> <p>Baseline: Data will be collected during the reviews to establish a baseline for percentage of inaccurate and incomplete data fields.</p> <p>Target Objective to be achieved by December 31, 2011 = 100 % completed.</p>	<p>Performance Indicator: # of Record Reviews that indicate 100% accuracy and completeness of data</p> <p>Data Source : HCSIS demographic records for all individuals registered with the L/S County IDD Program. Administrative review scores on data integrity question #15</p> <p>Responsible Party: Assistant Administrator of Administration</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: System Performance

CY 2011

Desired Outcome: Staff providing services for Persons work with accurate and current information.

Target Objective: All persons receiving Intellectual and Disability Services will have their electronic records reviewed for accuracy and completeness of data by December 31, 2011.

Performance Measure(s): # of completed Record Reviews that indicate 100% accuracy and completeness of data.

Data Source(s): HCSIS demographic records for all individuals registered with the L/S County IDD Program. Administrative review scores on data integrity question #15.

Responsible Person : Assistant Administrator of Administration

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Using the AE Oversight monitoring review tool, all HCSIS records will be reviewed for completion of data.	Assistant Administrator of Administration	12/31/2011-ongoing		
2. Upon completion of each data review, a reminder will be sent to the Supports Coordination Organization to review the record for accuracy, make any necessary changes, and forward any changes made to the AE office for baseline data collection purposes.	Assistant Administrator of Administration	12/31/2011-ongoing		

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

Focus Area: System Performance

6. ISP Reviews and Updates- AE Annual Administrative Reviews and Requirements to Submit Corrective Action Plans

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental Disability Services have updated data records that reflect current reviews and updates.	Staff providing services for Persons will have review information that is updated	<p>Policy and procedures will be developed to ensure that ISP critical revisions, annual reviews, quarterly reviews and general updates are completed in a consistent manner across both SCOs.</p> <p>Baseline: Policy and procedures for consistent practice do not currently exist</p> <p>Target Objective to be achieved by December 31, 2011 = completed policy and procedure document</p>	<p>Performance Indicator: Completed policy and procedure document</p> <p>Data Source: Workgroup attendance, minutes, workgroup progress reports</p> <p>Responsible Party: Assistant Administrator of Administration, ISP time-limited workgroup</p>
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Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: System Performance

CY 2011

Desired Outcome: Staff providing services for Persons will have review information that is updated.

Target Objective: Policy and procedures will be developed to ensure that ISP critical revisions, annual reviews, quarterly reviews and general updates are completed in a consistent manner across both SCOs.

Performance Measure(s): Completed Policy and Procedures document

Data Source(s): Workgroup Progress Reports , Workgroup Attendance, Workgroup meeting minutes

Responsible Person : Assistant Administrator of Administration, ISP Time-Limited Workgroup

Action Item	Responsible Person	Target Date	Status	Completion Date
1. A task specific, time-limited workgroup will be developed to enhance SCO policies and Procedures.	Assistant Administrator of Administration, ISP Time-Limited Workgroup	3-30-2011		
2. The workgroup will develop policy and procedures for critical revisions, annual reviews, quarterly reviews, and general updates to the ISP.	Assistant Administrator of Administration, ISP Time-Limited Workgroup	6-30-2011		
3. Policy and Procedures will be implemented at both SCOs	Assistant Administrator of Administration, ISP Time-Limited Workgroup	7-30-2011		

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

Focus Area: Safeguards-

7. Participant Access to a Correlated Psychotropic Medication Evaluation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons with Intellectual and Developmental Disabilities and Mental Health Challenges (Dual Diagnosis) receive a correlated psychotropic medication evaluation	People receive psychotropic medications that are correlated with their mental health diagnosis /challenges and target behaviors	All agencies providing residential services to individuals with an intellectual disability will have a policy/procedure to facilitate psychotropic medication evaluations with psychiatrists/prescribing doctor. Target Objective to be achieved by December 31, 2011	Performance Indicator: 100% of residential service providers will have a developed policy/procedure to facilitate psychotropic medication evaluations. Data Source: Residential Provider Psychotropic Medication Policy Review Form, Person's record/chart Responsible Party: Assistant Administrator for Administration, HCQU Director, Behavioral Health Coordinator, and Field Nurses

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Safeguards		
CY 2011				
Desired Outcome: People receive psychotropic medications that are correlated with their mental health diagnosis and target symptoms				
Target Objective: All agencies providing residential services to individuals with an intellectual disability will have a policy/procedure to facilitate psychotropic medication evaluations with psychiatrists/prescribing doctor.				
Performance Measure(s): percentage of residential service providers who have a developed policy/procedure to facilitate psychotropic medication evaluations.				
Data Source(s): Persons records, Residential Provider Psychotropic Medication Policy Review Form				
Responsible Person: Assistant Administrator for Administration, HCQU Director, Behavioral Health Coordinator and Field Nurses				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. The AE sends the providers a letter of support including a best practice policy for correlating mental health diagnosis/challenges and target symptoms with a correlated psychotropic medication evaluation.	Assistant Administrator for Administration	2-28-2011		
2. HCQU offers education in Dual Diagnosis introduction and pharmacology management to provider staff; including training on diagnosis/medication correlation and documentation of psychotropic drugs (Dual Diagnosis 101 curriculum).	HCQU Team	4-30-2011		
3. HCQU identifies persons who have a correlated psychotropic medication evaluation, who need correlated evaluation documentation, and who do not have correlated evaluation documentation.	HCQU Team	ongoing		
4. HCQU offers technical assistance to residential agencies to develop/revise policies/procedures associated with psychiatric medication evaluations, including the implementation of a psychotropic medication evaluation form.	HCQU Team	12-31-2011		
5. Agencies will submit policies/procedures to the Program.	Assistant Administrator for Administration	12-31-2011		

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

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

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual and Developmental 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>The # of persons who will participate in community Employment will increase by 5% by December 31, 2011 to 81</p> <p>Baseline: July 1, 2009 -June 30, 2010 there were 77 people in community employment</p> <p>Target Objective to be achieved by December 31, 2011 = 81 people participating in Community Employment</p>	<p>Performance Indicator: # of persons participating in Community Employment</p> <p>Data Source : Community Employment Report, Monthly Fiscal employment Report</p> <p>Responsible Party : Deputy Administrator, Assistant Administrator for Administration</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** Participant-Centered Service Planning and Delivery
CY 2011

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

Target Objective: The number of persons who participate in community employment will increase by 5% by December 31, 2011.

Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = $77 \times .05 = 3.9$ (4)
 $4 + 77 = 81$

Data Source(s): Fiscal year 2010-2011 Community Employment Report and monthly fiscal report

Responsible Person : Deputy Administrator , Assistant Administrator for Administration, Assistant Administrator for Fiscal

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Opportunities for movement into a community employment or supported employment work environment will be discussed during each age-appropriate persons Individual Support Plan (ISP) process or treatment planning process.	Supports Coordinators, Case Managers	On-going 12-31-2011		
2. Work with Vocational Providers to maximize and enhance employment opportunities	Deputy Administrator, Assistant Administrator for Administration	Ongoing 12-31-2011		

Quality Management Plan

Early Intervention Services

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

Focus Area: Participant- Centered Service Planning and Delivery I. Early Intervention -Timely Transition Meetings with Full Participation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children receiving Early Intervention services will have timely transition meetings, which will include all required participants	Parents of children turning three will have information they need regarding the availability of early childhood program options, which will enhance their capacity to meet developmental needs of their child.	<p>The % of children receiving Early Intervention services who have a transition meeting held not less than 90 days prior to the child's third birthday, which will include all required participants (Parent or Caregiver, County, NEIU)</p> <p>Baseline: Data collected for FY 2009-2010 indicates that 79% of transition meetings include all required participants.</p> <p>Target Objective to be achieved by December 31, 2011 = 95% of children receiving Early Intervention services will have transition meeting held not less than 90 days prior to the child's third birthday and involve all required participants.</p>	<p>Performance Indicator: 95% of children will have a transition meeting that occurs within the required timeframe. 95% of meetings will include all required participants</p> <p>Data Source: PELICAN Database</p> <p>Responsible Party: Early Intervention Coordinator</p>

Action Plan

Administrative Entity Name:

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Centered Planning and Delivery

Desired Outcome: Parents of children turning three will have information they need regarding the availability of early childhood program options, which will enhance their capacity to meet the developmental needs of their child.

Target Objective: 95% of children receiving early intervention services will have a transition meeting held not less than 90 days prior to the child's third birthday, which will include all required participants (Parent or Caregiver, County, NEIU)

Performance Measure(s) Percentages of meetings which occur within required timeframes and include all required participants.

Data Source(s): PELICAN Database

Responsible Person: EI Coordinator, SC Entities, NEIU

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Review calendar year 2010 baseline data with the LICC Transition Subcommittee.	EI Coordinator	1-30-2011		
2. Collaborate with NEIU to identify strategies to increase attendance at transition meetings	EI Coordinator	1-30-2011		
3. Continue transition survey to assess family satisfaction with the transition process.	EI Coordinator & SC Entities	On-going		
4. Report data on percentage of transition meetings that meet OCDEL requirements quarterly to the Quality Council.	EI Coordinator	3-30-2011		
5. Conduct follow up training with Supports Coordination based on data analysis and family survey results	EI Coordinator	On-going		

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

Focus Area: Participant –Centered Service Planning and Delivery 2. Early Intervention - Review of Support Plans

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children receiving Early Intervention services will have regular contact and support from their EI Service Coordinator	Families have information on availability of resources to support their child's development	<p>100% of children receiving Early intervention services will receive a review of the Service Coordination Support Plan as part of their quarterly follow up contact.</p> <p>Baseline: May 2010 OCDEL Verification indicates that 95% of children receiving Early Intervention services (based on a random sample) received a review of the Service Coordination Support plan at the quarterly follow up contact.</p> <p>Target Objective to be achieved by December 31, 2011 = 100% of children receiving EI services (based on a random sample)will receive a review of the Service Coordination Support Plan.</p>	<p>Performance Indicator: 100% of children receiving EI services (based on a random sample)will receive a review of the Service Coordination Support Plan as part of their quarterly follow up contact.</p> <p>Data Source : Quarterly Chart Reviews</p> <p>Responsible Party: Early Intervention Coordinator</p>

Action Plan

Administrative Entity Name:

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Centered Planning and Delivery

Desired Outcome: Families have information on availability of resources to support their child's development

Target Objective: 100% of children receiving EI services (based on a random sample) will receive a review of the Service Coordination Support Plan.

Performance Measure(s) 100% of children receiving EI services (based on a random sample) will receive a review of the Service Coordination Support Plan as part of their quarterly follow up contact.

Data Source(s): Quarterly Chart Reviews

Responsible Person: EI Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the Service Coordination Entities to review the purpose of the Service Coordination Support Plan	EI Coordinator	1-30-11		
2. Schedule Chart Reviews	EI Coordinator	Quarterly		
3. Select and review random sample of charts	EI Coordinator	Quarterly		
4. Collect data on the percentage of charts reviewed that meet the requirements	EI Coordinator	Quarterly		

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 8. Employment-Shared MR and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual and Developmental 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>The # of persons who will participate in community Employment will increase by 5% by December 31, 2011</p> <p>Baseline: July 1, 2009 -June 30, 2010 there were 77 people in community employment</p> <p>Target Objective to be achieved by December 31, 2011 = 81 people participating in Community Employment</p>	<p>Performance Indicator: # of persons participating in Community Employment</p> <p>Data Source : Community Employment Report</p> <p>Responsible Party : Deputy Administrator, Assistant Administrator for Administration</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** Participant-Centered Service Planning and Delivery
CY 2011

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

Target Objective: The number of persons who participate in community employment will increase by 5% by December 31, 2011.

Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = $77 \times .05 = 3.9$ (4)
 $4 + 77 = 81$

Data Source(s): Fiscal year 2010-2011 Community Employment Report and monthly fiscal report

Responsible Person : Deputy Administrator , Assistant Administrator for Administration, Assistant Administrator for Fiscal

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Opportunities for movement into a community employment or supported employment work environment will be discussed during each age-appropriate persons Individual Support Plan (ISP) process or treatment planning process.	Supports Coordinators, Case Managers	On-going 12-31-2011		
2. Work with Vocational Providers to maximize and enhance employment opportunities	Deputy Administrator, Assistant Administrator for Administration	Ongoing 12-31-2011		

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

Focus Area: Participant Access 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 4.6% by December 31, 2011.</p> <p>Baseline: July 1, 2009 -June 30, 2010 - 60.6 % 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 December 31, 2011 = The percentage of individuals at CSSH who are in the hospital longer than two years. will be reduced to 56%.</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 : Deputy Administrator, County QM Coordinator</p>
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Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

CY 2010

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 4% by December 31, 2011 from 60.6% to 56%.

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 2010-2011

Responsible Person: Deputy Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Facilitate a consistently used consumer-to-consumer connection program via the WARM line, prior to discharge from the state hospital.	Deputy Administrator, Advocacy Alliance WARM line supervisor	On-going 12-31-2011		
2. Collect utilization data, analyze trends, report quarterly to Quality Council	County Quality Management Coordinator	Annually 12-31-2011		
3. Participate in the Community Support Plan (CSP) process which focuses on assessment and planning for individuals residing in CSSH.	Deputy Administrator	On-going 12-31-2011		
4. Obtain CSP's for 40 individuals, who have been in CSSH for two or more years. Report on number completed to Quality Council	Deputy Administrator, BSU representatives, Advocacy Alliance representative	Ongoing meetings, Quarterly reporting to QC.		

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

Focus Area: Participant Access 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>% of persons who are referred for State Hospital admission during Calendar Year 2011 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 – December 2010, 35.2% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by December 31, 2010 = 40% 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</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

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 CY 2011, increase the percentage who 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 40% by December 31, 2011.

Data Source(s): OMHSAS Quarterly Reporting Form, BSU Report on Community Hospitalizations

Responsible Person: County QM Manager

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 12-31-2011		
2. Analyze and report diversion data to the Quality Council.	County QM Manager	Quarterly 12-31-2011		
3. 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 12-31-2011		
4. 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	Quarterly 12-31-2011		
5. Provide a listing of individuals with 2 or more readmissions in a 6 month period to the person's BSU for follow-up readmission survey completion by BSU.	County QM Manager	Semi-Annual 12-31-2011		
6. Review, analyze, and report readmission survey information to Quality Council.	County Quality Manager	Semi-Annual 12-31-2011		
7. Conduct individualized surveys with persons who were re-admitted more than two times in a six month period to evaluate possible readmission issues, and systemic issues.	CST	On-going 12-31-2011		

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

Focus Area: Participant Rights and Responsibilities ROSI- Recovery Oriented Systems Inventory

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
The Development of a leadership model in which recovery oriented values are permeated throughout the Behavioral Health Community	The input of persons receiving services, related to system services and supports will be increased	<p>1). At least 15% of all persons on governing boards will include persons in recovery or persons with mental illness in CY 2011 Baseline : 2.3% Target Objective to be achieved by June 30, 2011</p> <hr/> <p>2). 80% of Providers will have an Affirmative Action Hiring Policy Baseline: 76% Target Objective to be achieved by June 30, 2011</p> <hr/> <p>3). 60% of Providers will have a recovery oriented mission statement Baseline: 53.8% Target Objective to be achieved by June 30, 2011</p>	<p>Performance Indicator: % of persons in recovery or persons with mental illness on Provider Governing Boards</p> <p>Data Source : ROSI Survey</p> <p>Responsible Party : Deputy Administrator, County QM Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Rights and Responsibilities

Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.

Target Objective: The percentage of persons in recovery on governing boards will increase to 15% of all persons on governing boards by June 30, 2011.

Performance Measure(s): Percentage of individuals in recovery that make up provider governing boards.
 Numerator: Individuals in recovery on governing board. Denominator: Total persons on governing board.

Data Source(s): ROSI Survey

Responsible Person: Deputy Administrator, County QM Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Maintain expectation to county contracts and send a follow-up letter to highlight expectation to providers.	Deputy Administrator	1-30-2011		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	3-30-2011		
3. Collect, analyze and report provider responses to ROSI Survey.	County QM Coordinator, NBHCC, CCBHO	6-30-2011		
4. Provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator	9-30-2011		

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Rights and Responsibilities		
Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.				
Target Objective: The percentage of providers who have an Affirmative Action Hiring Policy will increase to 80% by 6-30-11.				
Performance Measure(s): Percentage of providers who have an Affirmative Action Policy. Numerator: Number of providers with Policy. Denominator: Number of providers in survey.				
Data Source(s): ROSI Survey				
Responsible Person: Deputy Administrator, County Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Maintain expectation for Affirmative Action Policy to county contracts and send a follow-up letter to highlight expectation.	Deputy Administrator, NBHCC, CCBHO	1-30-2011		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	3-30-2011		
3. Collect, analyze and report provider responses to ROSI Survey.	County QM Coordinator, NBHCC, CCBHO	6-30-2011		
4. Provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator	9-30-2011		

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Rights and Responsibilities		
Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.				
Target Objective: The percentage of providers who have a recovery-oriented mission statement will increase to 60% by June 30, 2011.				
Performance Measure(s): Percentage of providers with a recovery-oriented mission statement. Numerator: Number of providers with a recovery-oriented mission statement. Denominator: Number of providers in the survey.				
Data Source(s): ROSI Survey				
Responsible Person: Deputy Administrator, County Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Maintain expectation for recovery-oriented mission statement to provider contracts and send a follow-up letter to highlight expectation.	Deputy Administrator, NBHCC, CCBHO	1-30-2011		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	3-30-2011		
3. Collect, analyze and report provider responses to ROSI Survey.	ROSI Subcommittee, County QM Coordinator, Deputy Administrator, NBHCC, CCBHO	6-30-2011		
4. Provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator,	9-30-2011		

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

Focus Area: Participant-centered Service and Delivery Housing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and are homeless live in an environment of their choice	Persons are happy and supported in their recovery and in their living environments	<p>Develop a new housing option that provides independent and longer term living situations for persons that supports them in their recovery efforts.</p> <p>Baseline: a new independent, long term supportive housing for persons who have a mental illness and are homeless will be initiated for 5 persons.</p> <p>Target Objective to be achieved by December 31, 2011 = 5 persons will maintain the benefit of this housing option.</p>	<p>Performance Indicator: Identification and initiation of 5 consumers into this new living environment.</p> <p>Data Source : Periodic Agency Reporting</p> <p>Responsible Party : Deputy Administrator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant-centered service and delivery		
Desired Outcome: Persons are happy and supported in their recovery and in their living environments.				
Target Objective: A new housing option that provides independent, long-term living situations for persons and that supports them in their recovery efforts will be fully functional and well utilized by December 31, 2011.				
Performance Measure(s): At least 5 persons will benefit from an independent, long-term living situation.				
Data Source(s): Periodic Agency Reporting				
Responsible Person: Deputy Administrator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Provide direction to the provider regarding delivery of services and supports in this new housing option.	Deputy Administrator, NBHCC, Regional Housing Coordinator (UNC)	Ongoing 12-31-2011		
2. Identify persons who can benefit from this living situation.	Deputy Administrator, NBHCC	12-31-2011		
3. Obtain additional follow-up reporting regarding the satisfaction status of individuals initiated into the program.	Deputy Administrator, CIC	Quarterly		
4. Provide reports to Quality council regarding satisfaction of individuals in this housing option.	Deputy Administrator, CIC	Quarterly		

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

Focus Area: Participant-Centered Service and Delivery Mental Health Problem-Solving Court Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Behavioral Health services and or Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process</p> <p>42</p>	<p>Through the recovery process persons become more community oriented and productive.</p>	<p># persons who will participate in the problem-solving court process will increase by 10%</p> <p>% persons who graduate from the problem-solving court process will increase by 5%</p> <p>Baseline: 42 participants and 6 graduates in MH Problem – Solving Court in 2010</p> <p>31 participants and 3 graduates in co-occurring Problem-Solving Court in 2010.</p> <p>Target Objective to be achieved by December 31, 2011 =</p> <p># participants in MH PS court= 46,</p> <p># graduates=7</p> <p># participants in Co-occurring PS Court= 34 ; graduates= 4</p>	<p>Performance Indicator:</p> <p># participants</p> <p>% graduates</p> <p>Data Source : Court Records</p> <p>Responsible Party : Deputy Administrator, Lackawanna County Problem Solving Court Administrator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant-centered service and delivery

Desired Outcome: Persons who receive Behavioral Health services and are charged with crimes become more community-oriented and productive.

Target Objective: The number of persons who will participate in the problem-solving court process will increase by 10% by December 30, 2010 and the percentage of persons who graduate from the problem-solving court process will increase by 5% by December 30, 2010. Collect baseline data on authorized units vs. billed units of case management service.

Performance Measure(s): Number of current participants in Mental Health treatment court $42 \times .10 = 4.2 + 42 = 46.2$ (46)
 Number of current graduates from mental health treatment court $6 \times .05 = 6.3$ (7).
 Number of current participants in Co-occurring Problem-Solving court $31 \times .10 = 3.1 + 31 = 34.1$ (34)
 Number of current graduates from mental health treatment court $3 \times .05 = .2 + 3 = 3.2$ (4).

Data Source(s): Court Records, authorized units , billed units

Responsible Person: Deputy Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue to work closely with court personnel to identify potential participants.	Deputy Administrator	Ongoing 12-31-2011		
2. Review satisfaction surveys from participants to identify concerns and recommendations that they have had through their participation in the problem-solving court process	Deputy Administrator	Ongoing 12-31-2011		
3. Conduct a new survey with participants.	Deputy Administrator, Advocacy Alliance, Court staff liaison	March, 31, 2011		
4. Collect data on the number of authorized units and the number of billed units for the year. (2011)	Deputy Administrator	Ongoing 12-31-2011		

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

Focus Area: Participant Access Garrett Lee Smith Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons between the age of 14-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare</p>	<p>People between the ages of 14-24 years who are at risk for suicide will benefit from available services and supports and focus on recovery</p>	<p>1). Maintain the task force to oversee committee work involving; public awareness, Intervention, methodology and collaboration building. Baseline: Target Objective to be achieved by January 30, 2011</p> <hr/> <p>2). Increase the # of screenings to 5 per week /per site . Baseline: 254 completed screens in 56 weeks= 4.5 per week. Target Objective to be achieved by December 31,2011</p> <hr/>	<p>Performance Indicator: development of working subcommittees to task force, collection of data on screenings and referrals.</p> <p>Data Sources : task force meeting minutes, # of screenings,# of referrals ,</p> <p>Responsible Party : Deputy Administrator, Site Coordinator (Advocacy Alliance)</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

Desired Outcome: People between the ages of 14-24 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: Maintain task force to oversee committee work involving; public awareness, intervention, methodology and collaboration building and Garrett Lee Smith Grant in Lackawanna County.

Performance Measure(s): Committees will meet quarterly and identify committee objectives by June 30, 2011.

Data Source(s): task force meeting minutes

Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance)

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Invite initial Task Force stakeholders to meet quarterly for updates and review of subcommittee work and Garrett Lee Smith Grant activities.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	1- 30- 2011, ongoing		
2. Identify committee objectives.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	3-30-2011		
3. Review essential membership in Task Force and Subcommittees.	Site Coordinator and Committee Chairs	6- 30-2011		

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
Desired Outcome: People between the ages of 14-24 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: Collect data on number of screens referrals and follow-up treatment of individuals 14-24 years of age from the GLS Project at Scranton Primary Health Care. The number of screens completed at each screening site is increased to 5 per week for calendar year 2011.				
Performance Measure(s): The number of screens completed at both screening sites (Scranton Primary and The Wright Center-Dr. Thomas).				
Data Source(s): Data from: the GLS project from Scranton Primary, The Wright Center / Dr. Thomas, and community mental health and drug and alcohol agencies on number of individuals referred from Scranton Primary Health Care Center and number of individuals who continue with an evaluation and treatment.				
Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance)				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Gather monthly reports from: behavioral health agencies in Lackawanna County; Scranton Primary Health Care Center; The Wright Center/ Dr Thomas and GLS Coordinators on mental health and drug and alcohol treatment referrals made from screenings at Scranton Primary Health Care Center and the Wright Center/Dr. Thomas.	Site Coordinator (Advocacy Alliance)	Monthly 12- 31- 2011		
2. Maintain ongoing communication with all mental health and Drug and Alcohol agencies and Scranton Primary Health and The Wright Center/ Dr. Thomas regarding referral information.	Site Coordinator (Advocacy Alliance)	Ongoing 12- 31- 2011		
3. Work with all involved agencies and Lackawanna -Susquehanna Counties MH/MR Program to monitor and problem solve any barriers to effective reporting of referrals.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	Ongoing 12- 31- 2011		
4. Report to Community Task Force.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	Quarterly Task Force Meetings 12- 31- 2011		
5. 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: Focus Area: Participant Access Survivor Support

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who have lost a family member or friend to suicide will have resources to support them, help them heal, gain information and empowerment.</p> <p>47</p>	<p>Persons who have lost a family member or friend to suicide will benefit from available services and supports.</p>	<p>Provide a monthly Survivor Support (SOS)group that offers education, activities, and opportunities for sharing. Encourage participation in the Support group through event advertising and the development of a mailing list.</p> <p>Baseline: Data regarding # of participants, # of meetings, # of events, # of individuals on the mailing list will be obtained during CY 2011.</p> <p>Target Objective to be achieved by December 31, 2011= baseline data and development of mailing list.</p>	<p>Performance Indicator: # of participants, # of meetings, # of events, # of individuals on the mailing list</p> <p>Data Source: meeting attendance, flyers, mailing list</p> <p>Responsible Party: Site Coordinator (Advocacy Alliance)</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area:

Desired Outcome: Persons who have lost a family member or friend to suicide will benefit from available services and supports.

Target Objective: Provide a monthly Survivor Support (SOS) group that offers education, activities, and opportunities for sharing. Encourage participation in the Support group through event advertising and the development of a mailing list.

Performance Measure(s): # of participants, # of meetings, # of events, # of individuals on the mailing list

Data Source(s): meeting attendance, flyers, mailing list

Responsible Person: Site Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Provide bereavement baskets to suicide survivors which include support group contact information, chapter contact information, stuffed animals and books for children, suicide survivor resources.	Site Coordinator	3-30-2011, ongoing		
2. Hold a National Survivor of Suicide Day Program	Site Coordinator	11- 30-2011		
3. Provide fundraising opportunities for local and national advocacy projects for suicide prevention.	Site Coordinator	12- 31-2011, ongoing		
4. Form a Regional chapter of the American Foundation for Suicide Prevention which will allow for local oversight of funds that are raised at out of the darkness walks.	Site Coordinator	12-31-2011, ongoing		
5. Coordinate survivor support with the District Attorney's office which also provides survivor support.	Site Coordinator	ongoing		

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

Focus Area: 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 percentage of police who are trained in CIT will be at least 30%</p> <p>Baseline: There have been 18 officers trained to date. Baseline data will be gathered to identify the total # of police officers by department for the 27 Police Departments in Lackawanna County, as well as, other professionals who have been trained.</p> <p>Target Objective to be achieved by December 31, 2011 = 30% of Police in each Police Department will be trained in CIT. Increase the number of other professionals trained by 10%.</p>	<p>Performance Indicator: % of Police Officers trained in CIT</p> <p>Data Source: Training Records</p> <p>Responsible Party: Deputy Administrator,</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Safeguards

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 percentage of police who are trained in CIT will be at least 30% of the total Police Officers. There will be an increase of 10% of other professionals trained in CIT.

Performance Measure(s): The percentage of police who are trained in CIT. Numerator = the number of Police Officers in each Police Department in Lackawanna County who are trained in CIT Denominator= the number of police officers in each Police Department in Lackawanna County..
Percent increase of other professionals trained=10 %.(current N x .10=?)? + Current n =?

Data Source(s): Training Records

Responsible Person: Deputy Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Collect Baseline data on the number of Police officers in each Police Department and the number of Officers trained in CIT.	Deputy Administrator	Quarterly		
2. Collect baseline data on the percentage of 911 calls that are responded to by a CIT officer.	Deputy Administrator	Quarterly		
3. Collect outcome data on calls responded to by a CIT officer (ie, event outcome, referrals, etc)	Deputy Administrator	Quarterly		