

Quality Management Plan

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

Calendar Year-2012

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 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
 - ▶ Advisory Board Members (2)
 - ▶ Northeast Regional ODP Representative
 - ▶ Northeast Behavioral Healthcare Consortium (NBHCC) representative
 - ▶ Community Care Behavioral Health Organization (CCBHO) representative
 - ▶ Educational System 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 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 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>100% of persons who were identified through the 2010-2011 Independent Monitoring for Quality (IM4Q) survey as not communicating using words and having no formal communication system will have a Communication Profile and a review by the Individual Support Plan (ISP) treatment team.</p> <p>Baseline: Since this is a new process, there is no established baseline.</p> <p>Target Objective to be achieved by December 31, 2012 = 37 persons from the 2010-2011 cycle are reviewed.</p> | <p>Performance Indicator: % of persons from the 2010-2011 IM4Q survey who do not communicate verbally and have a completed Communication Profile and review by the ISP treatment team.</p> <p>Data Source: Advocacy Alliance data- records, Communication System Review form</p> <p>Responsible Party: Waiver Coordinator, Quality Management Coordinator, Communication workgroup, Support Coordinator Organization (SCO) Directors</p> |

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

CY 2012

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

Target Objective: 100% (37) of persons who were identified through the 2010-2011 IM4Q survey as not communicating using words and having no formal communication system will have a Communication Profile and a review by the ISP treatment team.

Performance Measure(s): % of persons from the 2010-2011 IM4Q survey who do not communicate verbally and have a completed Communication Profile and review by the ISP treatment team.

Data Source(s): Advocacy Alliance data- records, Communication Profile Forms

Responsible Person: Waiver Coordinator, Quality Management Coordinator, Communication workgroup, SCO Directors

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|--|--|--------------------------------|--------|-----------------|
| 1. Identify individuals from the 2010-2011 IM4Q Survey who do not communicate using words and who do not have a formal communication system. | IM4Q Coordinator, Quality Management Coordinator | 1-31-12 | | |
| 2. Develop a Communication workgroup meeting schedule and establish workgroup purpose and goals. | Waiver Coordinator, | 1-31-12, Ongoing monthly | | |
| 3. Develop and finalize a communication profile form and a review form that provides additional planning information. | Waiver Coordinator, Communication workgroup | 1-31-12 | | |
| 4. Develop a policy/procedure detailing the process for completing communication profiles, reviewing communication needs and accessing communication resources to develop a formal communication system. | Waiver Coordinator, | 2-15-12, ongoing monthly | | |
| 5. Disseminate communication policy/procedure to Supports Coordinators including communication profile, review form, resource list. | SCO Directors | 2-29-12, ongoing monthly | | |
| 6. Review and report on number of communication profile/ reviews completed. | Waiver Coordinator | 3-30-12, ongoing monthly | | |

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 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, 2012.</p> <p>Baseline : CY 2011 = 28 restraints</p> <p>Target Objective to be achieved by December 31, 2012 = 22 Restraints</p> | <p>Performance Indicator: # of restraint incidents</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

CY 2012

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 2012.

Performance Measure(s): Number of restraint incidents during calendar year 2012.

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 12-31-2012 | | |
| 2. Collect monthly training data to track the number of staff trained. | QM Coordinator, Program Specialist for Staff Development and Training Program | Monthly 12-31-2012 | | |
| 3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues. | Restrictive Procedures Committee, QM Coordinator | Quarterly 12-31-2012 | | |
| 4. Collect restraint data to track number of restraint incidents. | QM Coordinator | Quarterly 12-31-2012 | | |
| 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 12-31-2012 | | |
| 6. Report restraint and training data quarterly to Quality Council. | QM Coordinator | Quarterly 12-31-2012 | | |

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 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, 2012.</p> <p>Projected Baseline : CY 2011 = 9 persons</p> <p>Target Objective to be achieved by December 31, 2012 = 8 persons.</p> | <p>Performance Indicator: # 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 | | |
| CY 2012 | | | | |
| Desired Outcome: Staff works 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 8 in calendar year 2012. | | | | |
| Performance Measure(s): Number of individuals restrained during calendar year 2012. | | | | |
| 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 12-31-2012 | | |
| 2. Collect monthly training data to track the number of staff trained. | QM Coordinator, Program Specialist for Staff Development and Training Program | Monthly 12-31-2012 | | |
| 3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues. | Restrictive Procedures Committee, QM Coordinator | Quarterly 12-31-2012 | | |
| 4. Collect restraint data to track number of individuals restrained. | QM Coordinator | Quarterly 12-31-2012 | | |
| 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 12-31-2012 | | |
| 6. Report restraint and training data quarterly to Quality Council. | QM Coordinator | Quarterly 12-31-2012 | | |

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 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 December 31, 2012</p> <p>Baseline: CY 2011-N = 171</p> <p>Target Objective to be achieved by December 31, 2012 = Incidents will be not greater than 154.</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, Assistant Administrator of Administration</p> |

| Action Plan | | | | |
|---|---|---|--------|-----------------|
| Lackawanna-Susquehanna BH/ID/EI Program | | Focus Area: Participant Safeguards | | |
| Cy 2012 | | | | |
| 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=171) to 154 incidents. | | | | |
| Performance Measure(s): Percentage reduction of individual-to-individual abuse for calendar year 2012. $N=171 \times .10 = 17$ $171-17= 154$ | | | | |
| 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 | 1-30-2012 and Quarterly | | |
| 2. Identify the targets with the highest rates of incidents of individual-to-individual abuse. | County Incident Manager ,Human Rights Committee | 3-30-2012 and Quarterly | | |
| 3. Provide technical assistance to individuals and/ or Providers with the highest rates of individual-to-individual abuse. | Assistant Administrator of Administration | 12-30-2012 | | |

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 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 2011 =34 individuals participated in a Lifesharing option.</p> <p>Target Objective to be achieved by December 31, 2012 = 36</p> | <p>Performance Indicator: Percentage increase in persons participating in a Lifesharing option for Calendar Year 2012</p> <p>Data Source : Home and Community Services Information System (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 2012

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= 34) to 36 persons.

Performance Measure(s): Percentage increase in persons participating in a Lifesharing option for Calendar Year 2011. $N= 32 \times .05 = 1.7$
 $34+1.7= 35.7$ (36)

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 Disability (ID) 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>35% of persons receiving Intellectual Disability Services will have their electronic records reviewed for accuracy and completeness of data.</p> <p>Baseline: CY 2011=30/month</p> <p>Target Objective to be achieved by December 31, 2012 = 480 completed or 40/month.</p> | <p>Performance Indicator: # of Record Reviews that indicate 100% accuracy and completeness of data</p> <p>Data Source : Home and Community Services Information System (HCSIS) demographic records for all individuals registered with the L/S County Intellectual Disabilities 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 2012

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

Target Objective: 35% of persons receiving Intellectual Disability Services will have their electronic records reviewed for accuracy and completeness of data by December 31, 2012.

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 ID 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 | 12/31/2012-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 | 12/31/2012-ongoing | | |

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

Focus Area: Safeguards

5. AE Oversight Monitoring –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: January 1, 2011- October 12, 2011= 71%</p> <p>Target Objective to be achieved by December 31, 2012= 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) Aging Incident Report</p> <p>Responsible Party: County Incident Point Person</p> |

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Safeguards

CY 2012

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 Aging Incident Report

Responsible Person : County IM Point Person

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|--|---|--------------------------------|--------|-----------------|
| 1. The AE sends the providers a 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. | AE Administrator, AE IM Point Person | 1/15/2012 | | |
| 2. The Advocacy Alliance sends the Providers a monthly notification of past due Incident Reports. | Advocacy Alliance- Manager of IM Services | 1/30/12- ongoing monthly | | |
| 3. The AE sends the Providers 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. | AE IM Point Person | 3/31/2012 and quarterly | | |

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 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 and, that are communicated on a standardized form. | <p>All 8 agencies providing residential services to individuals with an intellectual disability will have a policy/procedure that meet established criteria to facilitate psychotropic medication evaluations and a standardized form to document the medication evaluations with psychiatrists/prescribing doctor.</p> <p>Baseline: 6 out of 8 agencies have developed procedures, however most do not meet best practice criteria.</p> <p>Target Objective to be achieved by December 31, 2012 =100%</p> | <p>Performance Indicator: Percentage of residential service providers who have a developed policy/procedure that includes use of a standardized form to facilitate psychotropic medication evaluations.</p> <p>Data Source: Residential Provider Psychotropic Medication Policy</p> <p>Responsible Party: Assistant Administrator for Administration, Health Care Quality Unit (HCQU) Director, Behavioral Health Coordinator, and Field Nurses</p> |

| Action Plan | | | | |
|---|--|-------------------------------|--------|-----------------|
| Lackawanna-Susquehanna BH/ID/EI Program | | Focus Area: Safeguards | | |
| CY 2012 | | | | |
| Desired Outcome: People receive psychotropic medications that are correlated with their mental health diagnosis and target symptoms | | | | |
| Target Objective: All 8 agencies providing residential services to individuals with an intellectual disability will have a policy/procedure and utilize a standardized form 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): Residential Provider Psychotropic Medication Policy /Procedures | | | | |
| 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 standardized form and a best practice policy for correlating mental health diagnosis/challenges and target symptoms with a correlated psychotropic medication evaluation. | Assistant Administrator for Administration | 1/28/2012 | | |
| 2. HCQU offers education in Dual Diagnosis pharmacology best practices to provider staff; including a policy and utilization of a psychotropic medication evaluation standardized form. | HCQU Team | 2/28/2012 | | |
| 3. HCQU identifies persons who have a correlated psychotropic medication evaluation, who need correlated evaluation documentation, and who do not have correlated evaluation documentation all documented on a standardized form. | HCQU Team | 1/28/2012 and ongoing | | |
| 4. HCQU offers technical assistance to residential provider staff to implement the standardized psychotropic medication evaluation form. | HCQU Team | 12/31/2012 | | |
| 5. Agencies will submit policies/procedures to the Program. The submitted policies will include the 5 established criteria for approval and include use of the selected psychiatric/psychotropic Medication Evaluation form. | Assistant Administrator for Administration | 12/31/2012 | | |

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

Focus Area: Participant-centered Service planning and delivery 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>The # of persons who will participate in community Employment will increase by 5% by December 31, 2012.</p> <p>Baseline: July 1, 2010 -June 30, 2011 there were 73 people in community employment</p> <p>Target Objective to be achieved by December 31, 2012 = 77 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 2012

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, 2012.

Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = $73 \times .05 = 3.7$ (4)
 $4 + 73 = 77$

Data Source(s): Fiscal year 2011-2012 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 12-31-2012 | | |
| 2. Work with Vocational Providers to maximize and enhance employment opportunities | Deputy Administrator, Assistant Administrator for Administration | Ongoing 12-31-2012 | | |

Quality Management Plan

Early Intervention Services

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

Focus Area: I. Quality Early Intervention Service Delivery

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|---|--|--|
| Families of infants and toddlers receiving Early Intervention services will receive progress monitoring reports and data summaries at 6 month and annual IFSP review meetings. | IFSP teams will have updated information available at 6 month and annual meetings to assist in making informed decisions on service delivery. | <p>The % of Progress Monitoring reports/data summaries that are completed in time for 6 month and annual IFSP review meetings.</p> <p>Baseline: We currently do not have baseline data for this goal.</p> <p>Target Objective to be achieved by June 30, 2012 = 95% of Progress Monitoring reports/data summaries will be completed on time for review at 6 month and annual IFSP meetings.</p> | <p>Performance Indicator: 95% of Progress Monitoring reports/data summaries will be completed on time.</p> <p>Data Source: Progress Monitoring Tracking Form</p> <p>Responsible Party: Early Intervention Coordinator, EI Providers, SC Entities, Independent Evaluation Team</p> |

Action Plan

Administrative Entity Name:

Lackawanna/Susquehanna BH/ID/EI Program

Focus Area: Quality Early Intervention Service Delivery

Desired Outcome: IFSP teams will have updated information available at 6 month and Annual meetings to assist in making informed decisions on service delivery.

Target Objective: 95% of Progress Monitoring reports/data summaries will be completed on time for review at 6 month and Annual IFSP quarterly meetings.

Performance Measure(s): The percentage of Progress Monitoring reports /data summaries sent to EI Service Coordinator prior to 6 month and Annual IFSP meetings.

Data Source(s): Progress Monitoring Tracking Form

Responsible Person: EI Providers, SC Entities, EI Coordinator , Independent Evaluation Team

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|--|--------------------------------|-----------------------------------|--------|-----------------|
| 1. Review the Progress Monitoring Protocol with EI Providers and SC Entities. | EI Coordinator | 1-15-2012 | | |
| 2. Distribution of the Progress Monitoring Tracking Form to the SC Entities. | EI Coordinator | 1-15-2012 | | |
| 3. Progress Monitoring reports/data summaries submitted to SC Entities | EI Providers | 1-31-2012 ongoing monthly | | |
| 4. Submission and review of Progress Monitoring Tracking form. | SC Entities, EI Coordinator | 2-1-2012 ongoing monthly | | |
| 5. Report on the monthly percentage of Progress Monitoring reports/data summaries that were submitted prior to the 6 month review and annual IFSP meeting. | EI Coordinator | 3-31-2012 Ongoing Quarterly | | |
| 6. Feedback to EI Providers at Quarterly EI Provider Meetings | EI Coordinator | 3-31-2012 Ongoing Quarterly | | |

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

Focus Area: 2. Transition

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|---|---|--|
| Families of children receiving Early Intervention Birth to Age 3 services, who are not transitioning to Early Intervention Ages 3 to 5, will have timely transition meetings and receive information on Early Childhood community resources. | Families have information on the availability of Early Childhood resources (other than Early Intervention) to support their child's continuing development. | <p>The % of children receiving Early Intervention Birth to Age 3 , not transitioning to Early Intervention Ages 3 to 5, who have a transition meeting held not less than 90 days prior to the child's third birthday to discuss Early Childhood community resources.</p> <p>Baseline: We currently do not have baseline data for this goal.</p> <p>Target Objective to be achieved by June 30, 2012 = 95% of children receiving Early Intervention Birth to Age 3 services who are transitioning to the community will have a transition meeting held not less than 90 days prior to the child's third birthday and will receive information on Early Childhood community resources.</p> | <p>Performance Indicator: 95% of children receiving Early Intervention Birth to Age 3 services, who are not transitioning to Early Intervention Ages 3 to 5, will have a transition meeting within the required timeframe.</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: Transition

Desired Outcome: Families have information on availability of Early Childhood community resources (other than Early Intervention) to support their child's continuing development.

Target Objective: 95 % of children receiving Early Intervention Birth to Age 3 services who are transitioning to the community will have a transition meeting held not less than 90 days prior to the child's third birthday and will receive information on Early Childhood community resources.

Performance Measure(s): Percentage of meetings that occur within the required timeframe and provide community resource information.

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 transition requirements for children not transitioning to Early Intervention Ages 3 to 5. | EI Coordinator | 1-30-12 | | |
| 2. Gather information on local Early Childhood Community Options to include in a Community Transition Packet. | SC Entities, EI Coordinator, LICC Transition Subcommittee | 1-30-12 | | |
| 3. Review charts and Pelican database to determine the percentage of meetings held within the required timeframe. | EI Coordinator | 2-1-2012 and ongoing | | |
| 4. Provide feedback to SC Entities and Providers at quarterly meetings related to outcome percentage. | EI Coordinator | 2-2012 and ongoing monthly | | |

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 I. 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>The # of persons who will participate in community Employment will increase by 5% by December 31, 2012.</p> <p>Baseline: July 1, 2010 -June 30, 2011 there were 73 people in community employment</p> <p>Target Objective to be achieved by December 31, 2012 = 77 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 2012

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, 2012.

Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = $73 \times .05 = 3.7$ (4)
 $4 + 73 = 77$

Data Source(s): Fiscal year 2011-2012 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 12-31-2012 | | |
| 2. Work with Vocational Providers to maximize and enhance employment opportunities | Deputy Administrator, Assistant Administrator for Administration | Ongoing 12-31-2012 | | |

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

Focus Area: Participant Access

2.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% by December 31, 2012.</p> <p>Baseline: July 1, 2010 -June 30, 2011 - 63.4 % 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, 2012 = The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59.4%.</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 2012

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, 2012 from 63.4% to 59.4%.

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 2011-2012

Responsible Person: Deputy 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. | Deputy Administrator, Advocacy Alliance WARM line supervisor | On-going 12-31-2012 | | |
| 2. For the WARM line, collect utilization data, analyze trends, and report to Quality Council | Advocacy Alliance WARM line supervisor | Annually 12-31-2012 | | |
| 3. Identify individuals in a subpopulation at CSSH who have been there for the time period of 16 months to 3 years. | Deputy Administrator, County Quality Management Coordinator | 1/31/2012 | | |
| 4. For individuals in the subpopulation (16 mos. To 3 years length of stay), identify any individuals who do not have a complete Consumer Support Plan (CSP). | Deputy Administrator | 2/29/2012 | | |
| 5. For individuals in the subpopulation, work with casemanagement to increase the percentage of individuals with a CSP by 10%. | Deputy Administrator | 3/31/2012 and ongoing. | | |

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

Focus Area: Participant Access

3. 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 Calendar Year 2012 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 – December 2011, 35.4% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by December 31, 2012 = 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 | | |
| CY 2012 | | | | |
| 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 2012, 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, 2012. | | | | |
| 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 12-31-2012 | | |
| 2. Analyze and report diversion data to the Quality Council. | County QM Manager | Quarterly 12-31-2012 | | |
| 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 12-31-2012 | | |
| 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 12-31-2012 | | |
| 5. 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 | Semi-Annual 12-31-2012 | | |
| 6. Review, analyze, and report readmission survey information to Quality Council. | County Quality Manager | Semi-Annual 12-31-2012 | | |
| 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 12-31-2012 | | |

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

Focus Area: Participant Rights and Responsibilities 4. 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 | At least 20% of all persons on governing boards will include persons in recovery or persons with mental illness in CY 2012. Baseline : 5.5% (April 2011) Target Objective to be achieved by June 30, 2012 =20% | Performance Indicator: % of persons in recovery or persons with mental illness on Provider Governing Boards Data Source : ROSI Survey Responsible Party : Deputy Administrator, County QM Coordinator |

| 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. CY 2012 | | | | |
| Target Objective: The percentage of persons in recovery on governing boards will increase to 20% of all persons on governing boards by June 30, 2012. | | | | |
| 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 | 1-30-2012 | | |
| 2. Survey all providers of Behavioral Health Services in the L-S County Joinder. | Deputy Administrator, NBHCC, CCBHO | 3-30-2012 | | |
| 3. Collect, analyze and report provider responses to ROSI Survey. | County QM Coordinator, NBHCC, CCBHO | 6-30-2012 | | |

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

Focus Area: Participant-Centered Service and Delivery 5. 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>38</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% % persons who graduate from the problem-solving court process will increase by 5%</p> <p>Baseline: 49 participants and 9 graduates in MH Problem – Solving Court in 2011 35 participants and 7 graduates in co-occurring Problem-Solving Court in 2011.</p> <p>Target Objective to be achieved by December 31, 2012 = # participants in MH PS court= 54, # graduates=10 # participants in Co-occurring PS Court= 39 ; graduates= 8</p> | <p>Performance Indicator: # participants % 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. CY 2012 | | | | |
| Target Objective: The number of persons who will participate in the problem-solving court process will increase by 10% by December 30, 2012 and the percentage of persons who graduate from the problem-solving court process will increase by 5% by December 30, 2012. | | | | |
| Performance Measure(s): Number of current participants in Mental Health treatment court $49 \times .10 = 4.9 + 49 = 53.9$ (54) Number of current graduates from mental health treatment court $9 \times .05 = .5 + 9 = 9.5$ (10). Number of current participants in Co-occurring Problem-Solving court $35 \times .10 = 3.5 + 35 = 38.5$ (39) Number of current graduates from mental health treatment court $7 \times .05 = .4 + 7 = 7.4$ (8). | | | | |
| Data Source(s): Court Records | | | | |
| 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 12-31-2012 | | |
| 2. Hire an additional Case manager to work in the Co-occurring Problem-Solving court which will increase program capacity. | Scranton Counseling Center Administrator | 12-31-2012 | | |
| 3. 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 12-31-2012 | | |

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

Focus Area: Participant Access 6. Garrett Lee Smith Initiative

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|--|---|--|
| 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 | 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>Reorganize the task force and its committees.</p> <p>Baseline: currently most members of previous committees have dropped out. Meetings are not regularly occurring.</p> <p>Target Objective to be achieved by December 31, 2012= Established membership of Task force, Subcommittees and meeting schedule.</p> | <p>Performance Indicator: development of working subcommittees and task force with regularly held meetings.</p> <p>Data Sources : task force meeting minutes, committee meeting minutes</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): development of working subcommittees and task force with regularly held meetings by December 31, 2012.

Data Source(s): task force meeting minutes, subcommittee meeting minutes, subcommittee membership roster, task force membership roster

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

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|--|--|----------------------------------|--------|-----------------|
| 1. Review essential membership in Task Force and Subcommittees. | Deputy Administrator, Site Coordinator (Advocacy Alliance) | 1- 30- 2012 | | |
| 2. Develop subcommittee meeting schedule and Task Force meeting schedule. | Deputy Administrator, Site Coordinator (Advocacy Alliance) | 2-15-2012 | | |
| 3. Identify committee objectives and task Force objectives. | Deputy Administrator, Site Coordinator (Advocacy Alliance) | 2-28-2012 | | |
| 4. Develop and distribute a meeting schedule, group objectives and request for dedicated meeting attendance to all identified committee and Task Force members | Deputy Administrator, Site Coordinator (Advocacy Alliance) | 2- 28-2012 | | |
| 5. Hold regular meetings with an Identified person to record and distribute meeting minutes which are reported to the task force. | Site Coordinator and Committee Chairs | 3-31- 2012 and ongoing quarterly | | |

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

Focus Area: Participant Access 7. Garrett Lee Smith Initiative

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|--|---|---|
| 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 | 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>Maintain the Increase of the # of screenings at 5 per week /per site . Increase the number of sites to 3.</p> <p>Baseline: 366 completed screens in 37 weeks (1/1/2011-9/16/11) = 5.8 per week/site</p> <p>Target Objective to be achieved by December 31,2012.</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: 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 and new site. The number of screens completed at each screening site is directed at 5 per week for calendar year 2012. | | | | |
| 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. | | | | |
| Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance) | | | | |
| Action Item | Responsible Person | Target Date | Status | Completion Date |
| 1. Increase screening capacity by identifying a new practice to participate in the project. | Site Coordinator (Advocacy Alliance) | 4-30-2012 | | |
| 2. Initiate a co-location effort with a primary care site, in which a mental health worker can work within the primary care site. | Deputy Administrator, Site Coordinator (Advocacy Alliance) | 12-31-2012 | | |
| 3. 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- 2012 | | |
| 4. 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- 2012 | | |
| 5. Report to Community Task Force. | Deputy Administrator, Site Coordinator (Advocacy Alliance) | Quarterly Task Force Meetings 12- 31- 2012 | | |
| 6. 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 8. Suicide 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>44</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 activities 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 2012.</p> <p>Target Objective to be achieved by December 31, 2012 .</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: Suicide Survivor Support | | |
| CY 2012 | | | | |
| 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 use 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 | ongoing | | |
| 2. Hold a National Survivor of Suicide Day Program | Site Coordinator | 11- 30-2012 | | |
| 3. Provide fundraising opportunities for local and national advocacy projects for suicide prevention. | Site Coordinator | 12- 31-2012 | | |
| 4. Provide local oversight of funds that are raised at out of the darkness walks. | Site Coordinator | 12-31-2012 | | |
| 5. Use funds that are raised to provide suicide prevention training in schools, prevention activities directed at older adults and veterans. | Site Coordinator | 12-31-2012 | | |

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

Focus Area: 9. CIT initiative

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|---|---|---|
| <p>The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.</p> | <p>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> | <p>The percentage of police who are trained in CIT will be at least 15%.</p> <p>Baseline: There have been 29 officers trained to date. This is 5.6% of the total number of police officers. There have been 13 agency employed individuals trained.</p> <p>Target Objective to be achieved by December 31, 2012= 15% of Police in each Police Department will be trained in CIT.</p> <p>Increase the number of other professionals trained by 10% to 14.</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 15% of the total Police Officers. There will be an increase of 10% of other professionals trained in CIT= $13 \times .10 = 1.3 + 13 = 14.3$.

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 (29); Denominator= the number of police officers in each Police Department in Lackawanna County.(516)
Percent increase of other professionals trained= $10\% \cdot (\text{current } 13 \times .10 = 1.3) + 13 = 14.3$.

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 | | |

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

Focus Area: Focus Area: Participant Access 10. Rural School Based Outreach

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|--|---|--|
| Children and Adolescents in rural communities have access to home and community-based behavioral health services in their communities. | Children and adolescents are supported in their recovery efforts | <p>The number of children and Adolescents who receive outpatient (school and clinic) in Susquehanna County will increase by 10% in Calendar Year 2012.</p> <p>Baseline: 194 Children and Adolescents received outpatient clinic services in Fiscal year 2010-2011</p> <p>Target Objective to be achieved by December 31, 2012 = 213 children and Adolescents will receive Behavioral Health outpatient services in Susquehanna County.</p> | <p>Performance Indicator: The number of children who receive outpatient services in Susquehanna County</p> <p>Data Source: NBHCC invoices</p> <p>Responsible Party: NHS outpatient staff, Administrator, Deputy Administrator, QM Coordinator</p> |
| 48 | | | |

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program
CY 2012

Focus Area: Participant Access-

Desired Outcome: Children and adolescents are supported in their recovery efforts

Target Objective: The number of children and Adolescents who receive outpatient (school and clinic) in Susquehanna County will increase by 10% in Calendar Year 2012.

Performance Measure(s): Percent increase of children and Adolescents who receive outpatient (school and clinic) in Susquehanna County.
N= 194 x .10=19.4 194 +19.4= 213.4 (213)

Data Source(s): NBHCC invoices

Responsible Person: NHS Outpatient staff, QM Coordinator, Administrator, Deputy Administrator

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|--|-------------------------------------|-------------------------|--------|-----------------|
| 1. Collect quarterly data on the number of children and adolescents receiving outpatient therapy in Susquehanna County | NHS, NBHCC, QM Coordinator | 3/31/2012 and quarterly | | |
| 2. Collect aggregate data on the point of service used in each Susquehanna County clinic. | NHS, QM Coordinator | 3/31/2012 and quarterly | | |
| 3. Participate in the Susquehanna County Integrated Children's Services Planning committee to share data related to the monitoring of the program. | Deputy Administrator, Administrator | 3/31/2012 and quarterly | | |
| 4. Develop a survey to investigate the school's perception of the impact the clinics have on service delivery and the schools satisfaction with the clinics. | Child Advocate (Advocacy Alliance) | 6/30/2012 | | |
| | | | | |

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

Focus Area: Focus Area: Participant-Centered Service Planning and Delivery I I. Decision Support

| Goal | Outcome | Target Objective | Performance Indicators/ Data Source |
|--|---|---|---|
| <p>Persons who receive Behavioral Health Services have access to tools and information to assist them to be self advocates in their own recovery process</p> <p>50</p> | <p>Individuals are empowered to be active in their own recovery</p> | <p>Implement an Electronic Decision Support process that enables individuals to have routine access to computer tools that help them identify symptoms and actions for their own recovery, and provide clarity for the professionals who are helping them with the process.</p> <p>Baseline: Data will be collected throughout the year to establish a baseline for the number of individuals using the Decision Support Center Process.</p> <p>Target Objective to be achieved by December 31, 2012 = baseline developed.</p> | <p>Performance Indicator: Number of persons using the Decision Support Center Process</p> <p>Data Source: NBHCC and SCC Decision Support Center User Statistics</p> <p>Responsible Party: Deputy Administrator</p> |

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Recovery Oriented Systems

CY 2012

Desired Outcome: Individuals are empowered to be active in their own recovery

Target Objective: Implement an electronic decision support process that enables individuals to have routine access to computer tools that help them identify symptoms and actions for their own recovery, and provide clarity for the professionals who are helping them with the process

Performance Measure(s)

Number of persons using the Decision Support Center Process

Data Source(s): NBHCC and SCC Decision Support Center User Statistics

Responsible Person: Deputy Administrator

| Action Item | Responsible Person | Target Date | Status | Completion Date |
|---|---------------------|-------------------------|--------|-----------------|
| 1. Begin introducing individuals to use of the Decision Support Center. | NBHCC and SCC staff | 1-31-2012, ongoing | | |
| 2. Track the number of individuals registered on the Decision Support Center System. | QM Coordinator | 3-31-2012 and quarterly | | |
| 3. Begin to identify strengths and weaknesses of using the Decision Support Center through user generated feedback. | SCC Staff | 12-31-2012 | | |