

Quality Management Plan

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

Fiscal Year 2017-2019

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

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

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

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

Human Services Partnerships

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

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

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

Quality Management Plan

Intellectual Disabilities Services

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

Quality Management Plan

Focus Area: Participant Access

ID 1. Communication Facilitation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons receiving Intellectual and Developmental Disabilities Services and Autism Spectrum Disorder Services and who do not communicate verbally have access to a communication support process to obtain alternative formal communication systems</p>	<p>People are able to communicate their needs and wants</p>	<p>Of those individuals receiving an IM4Q survey and who do not communicate using words, increase the number who use a formal communication system to 35%.</p> <p>Baseline: FY 2015-2016= 29.4% of individuals surveyed who did not communicate with words had a formal communication system.</p> <p>Target Objective to be achieved by June 30, 2019= 35%.</p>	<p>Performance Indicator: % of persons from the 2017-2018 and 2018-2019 IM4Q survey who do not communicate verbally and have a formal communication system.</p> <p>Data Source: 2017-2018 IM4Q Survey, 2018-2019 IM4Q Survey, HCSIS (Annual Individual Service Plans)</p> <p>Responsible Party: Waiver Coordinator</p>

ACTION PLAN

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

FY 2017-2019

Performance Measure(s): % of persons from the 2017-2018 and 2018-2019 IM4Q survey who do not communicate verbally and have a formal communication system.

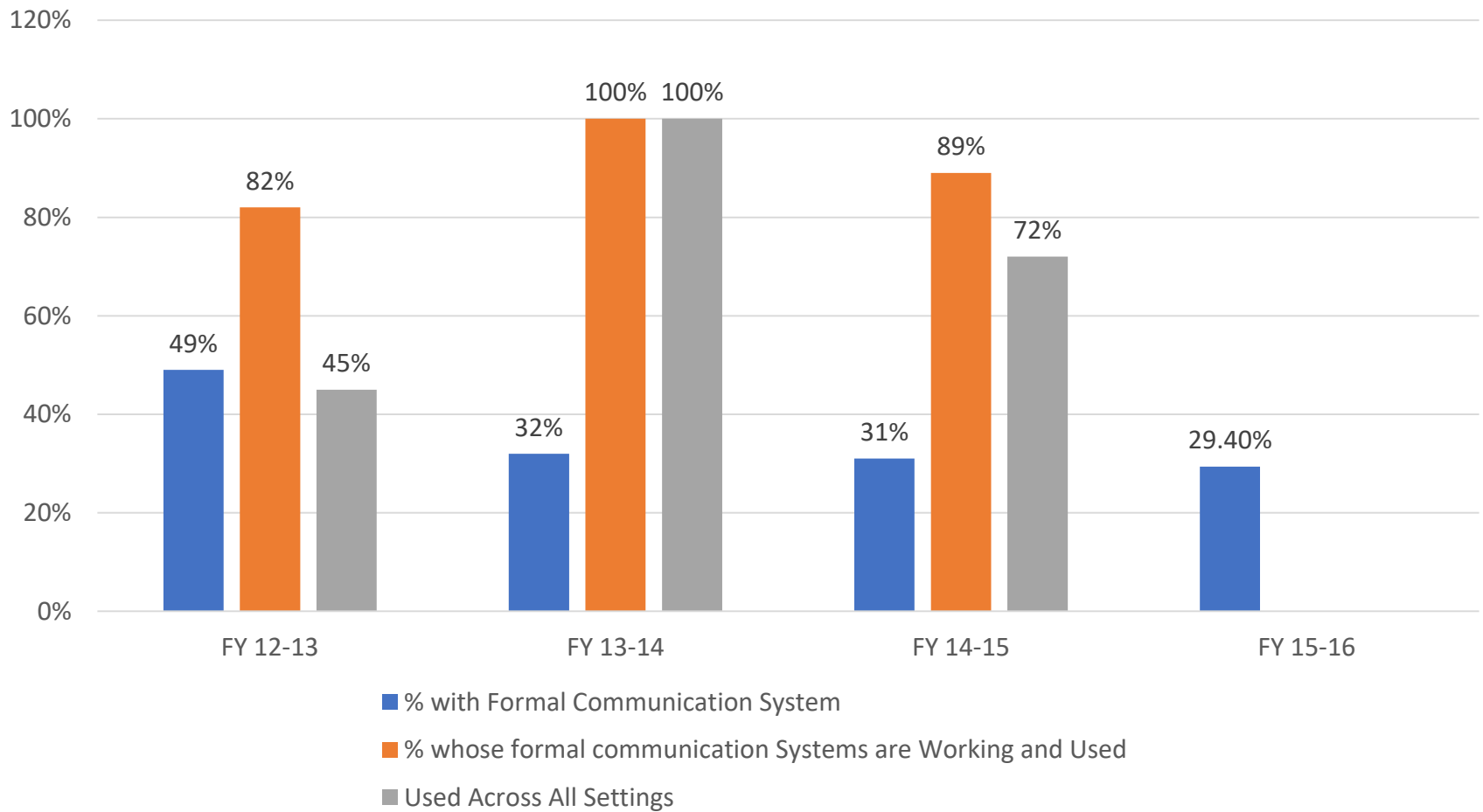
Data Source(s): 2017-2018 IM4Q Survey, 2018-2019 IM4Q Survey, HCSIS Annual Individual Service Plans

Responsible Person: Waiver Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Review IM4Q Data and ISP Data to identify individuals who may benefit from a communication system.	Director of ID Services	9/30/2017		
2. Identify and enroll qualified providers who can provide communication specialist services.	Director of ID Services	9/30/2017		
3. Provide information/ training/ contacts to the ID Independent Evaluation Team's to ensure that individuals and families are encouraged to secure communication assistance as early as possible.	Director of ID Services	9/30/2017		
4. Develop referral criteria and referral process for communication specialist services.	Director of ID Services	12/31/2017		
5. Develop a tracking tool to monitor the number of individuals who are receiving communication specialist services.	Waiver Coordinator	12/31/2017		
6. Provide training to educate Supports Coordinators and Provider staff on available communication specialist services and the referral process.	Communication Specialist	12/31/2017		
7. Provide follow-up visits to offer technical assistance to the individual and team to assure that the communication system is meeting the individual's and team's needs.	Director of ID Services	3/31/2018 ongoing		
8. Develop and implement a satisfaction survey regarding the effectiveness of the communication specialist service. Analyze satisfaction survey data.	Director of ID Services	9/30/2018		

Baseline Data

Communication Systems for People Who Do Not Communicate with Words



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

Quality Management Plan

Focus Area: Participant Safeguards

ID 2. Risk Management

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons receiving Intellectual and Developmental Disabilities Services and Autism Spectrum Disorder Services are safe and secure in their home and community</p>	<p>Staff work proactively with people to help them obtain their needs. Staff are adequately trained to assist people safely with dignity and respect.</p>	<p>The number of incidents that are disapproved by the county for insufficient corrective action will decrease by 25% by June 30, 2019.</p> <p>Baseline : Establish Baseline in FY 2017-2018.</p> <p>Target Objective to be achieved by June 30, 2019 = Reduction of 25% of Not Approved Incident Reports based on insufficient Corrective action. Actual number dependent on baseline established in 2017-2018.</p>	<p>Performance Indicator: Percentage of incidents that are not approved due to insufficient corrective action.</p> <p>Data Source: EIM Incident Reports, EIM Management Review Report, Not Approved Due to Corrective Action Spreadsheet</p> <p>Responsible Party - County Incident Manager</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Safeguards

Fiscal year 2017-2019

Desired Outcome: Staff work proactively with people to help them attain their needs. Staff are adequately trained to assist people safely and with dignity and respect.

Target Objective: Decrease by 25% the number of incident reports that are returned by the county due to insufficient corrective action.

Performance Measure(s): % of incidents not approved for insufficient Corrective Action

Data Source(s): EIM Incident Reports, EIM Management Review Report, Not Approved due to corrective action spreadsheet

Responsible Person: County Incident Reviewer

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a spreadsheet to collect data on the Incidents that are not approved due to corrective action.	County Incident Reviewer	7/15/2017		
2. Collect data daily to track the number of incidents not approved by county due to corrective action incidents.	County Incident Reviewer	7/1/2017 Ongoing Daily		
3. Develop criteria for approving an incident based on corrective action. Identify best practices for developing quality driven corrective action that addresses the individual's needs.	County incident reviewer, delegated function entity for incident management lead, HCQU lead	9/30/2017		
4. Train provider and SCO staff on the role of corrective action in risk management and the criteria that will be considered in approving incidents regarding corrective action.	County incident reviewer, delegated function entity for incident management lead	12/30/2017		
5. Review and analyze data on the percentage of incident reports that are not approved due to insufficient corrective action.	County Incident Reviewer	9/30/2017 Ongoing quarterly		
6. Report data quarterly to Quality Council.	County Incident Reviewer	9/30/2017 Ongoing quarterly		

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

Quality Management Plan

Focus Area: Participant Safeguards

ID 3. Abuse

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual and Developmental Disabilities Services and Autism Spectrum Disorder Services are safe in their homes and communities	Individuals who are referred to Adult Protective Services receive coordinated quality response relative to the investigation recommendations	<p>100% of county investigation recommendations that are reviewed and approved by the risk management committee are tracked and addressed.</p> <p>Baseline: No current baseline</p> <p>Target Objective to be achieved by June 30, 2019 = 100% of investigation recommendations are addressed.</p>	<p>Performance Indicator: % of resolved recommendations</p> <p><u>#of resolved recommendations</u> # of total recommendations</p> <p>Data Source : APS investigations tracking spreadsheet</p> <p>Responsible Party: County Incident Manager</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: System Performance

FY 2017-2019

Desired Outcome: Individuals who are referred to Adult Protective Services receive coordinated quality response relative to the investigation recommendations.

Target Objective: 100% of county investigation recommendations that are reviewed and approved by the risk management committee are tracked and addressed.

Performance Measure(s): % of resolved recommendations

Data Source (s): APS investigations tracking spreadsheet:

Responsible Person: County Incident Manager

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop and maintain a County/APS investigation Tracking spreadsheet.	Incident Management Delegated function lead	9/30/2017		
2. Review all recommendations from County/APS investigations at each county Risk Management meeting.	Incident Management Delegated function lead	12/30/2017 and ongoing monthly		
3. Provide feedback and direction to SCO's and Providers regarding recommended follow-up activities.	ID Director	12/30/2017 and ongoing monthly		
4. Review SCO/ Provider follow up and recommendation status at Risk Management meeting until items are resolved.	ID Director Delegated Function Lead, HCQU Lead	2/30/2018 and ongoing monthly		
5. Review, analyze and report data to risk management committee.	County Incident Manager	2/30/2018 and ongoing monthly		
6. Identify Barriers for any unresolved recommendations.	Risk Management Committee	2/30/2018 and ongoing monthly		
7. Report data and findings to Quality Council.	County Incident Manager	2/30/2018 and ongoing quarterly		

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

Quality Management Plan

Focus Area: Participant –Centered Service Planning and Delivery

ID 4. Lifesharing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services and Autism Spectrum Disorder Services live with who they want to, in a mutually supportive manner as part of their community	Persons are provided with Lifesharing options and given the opportunity to discuss these options with agency representatives and or Lifesharers prior to making a decision on their residential service.	<p>The number of individuals in Lifesharing will increase by 5%</p> <p>Baseline: In FY 2015-2016 = 37 individuals participated in a Lifesharing option.</p> <p>Target Objective to be achieved by June 30, 2019 = 39 individuals will participate in Lifesharing.</p>	<p>Performance Indicator: Percentage increase in persons participating in a Lifesharing option for Fiscal Year 2017-2019</p> <p>Data Source : Lifesharing Tracking Spreadsheet</p> <p>Responsible Party : Waiver Coordinator</p>

Action Plan

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

FY 2017-2019

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= 37) to 40 persons.

Performance Measure(s): Percentage increase in persons participating in a Lifesharing option for Fiscal Year 2017-2019. $N = 37 \times .05 = 1.9$
 $37 + 1.9 = 38.9(39)$

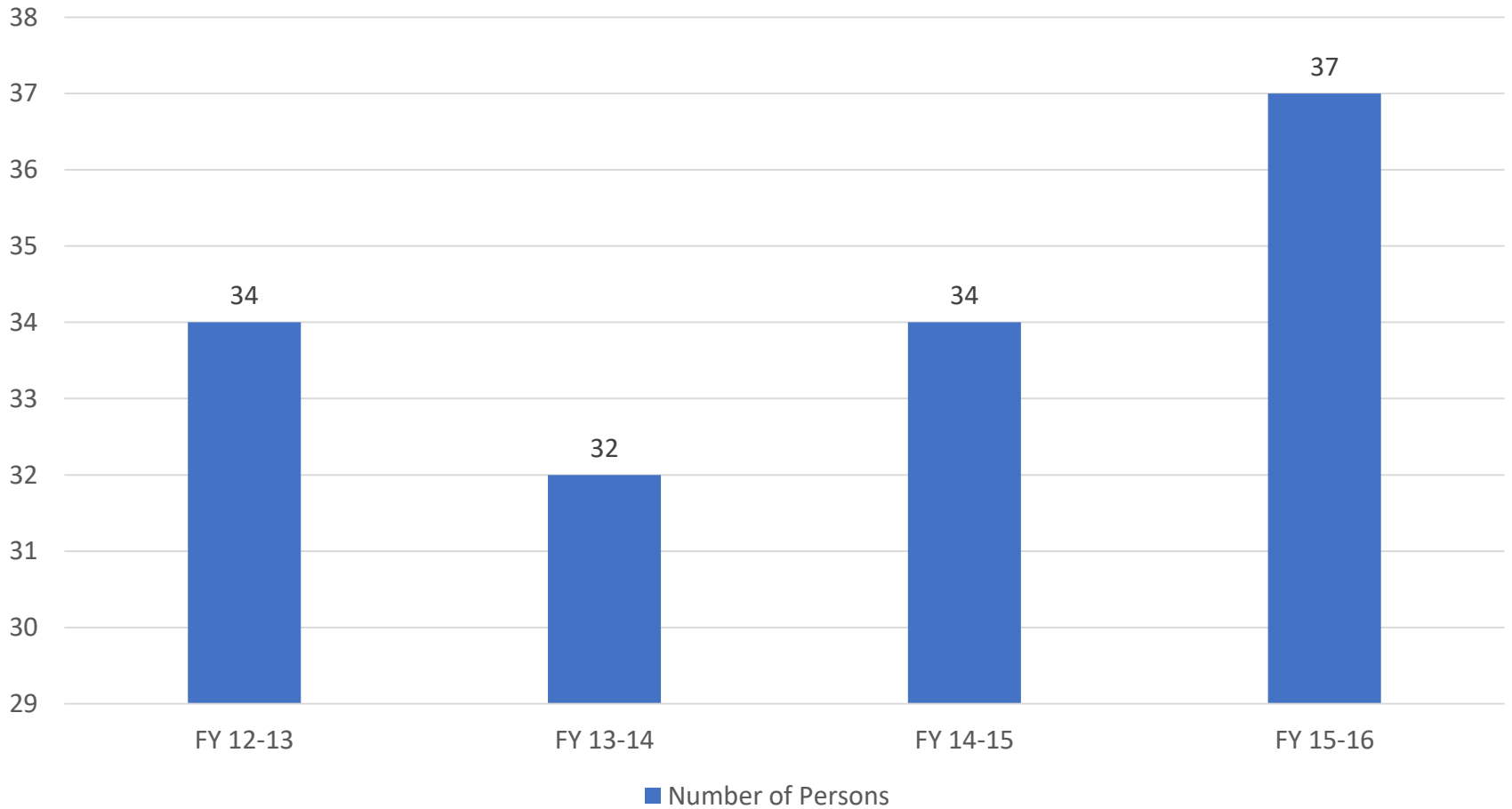
Data Source(s): Lifesharing Tracking Spreadsheet

Responsible Person: Waiver Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Use the shared referral form to track the number of referrals and identify referral trends.	Waiver Coordinator	7/1/2017 Ongoing Quarterly		
2. Use the Lifesharing tracking spreadsheet to track, analyze and report the number of persons served in Lifesharing	Waiver Coordinator	9/30/2017 Ongoing quarterly		
3. Develop and Secure a Public Service Announcement that provides education to the public about the existence and benefits of Lifesharing.	Lifesharing Workgroup	12/30/2017		
4. Develop and host a system training, that addresses key talking points for encouraging individuals and families to consider lifesharing and provides education on the referral process.	Lifesharing Workgroup	5/30/2018		
5. Draft an educational letter to individuals and families that identifies the benefits of lifesharing and addresses potential fears and misconceptions of Lifesharing.	Lifesharing Workgroup	6/30/18 and		
6. Report data quarterly to the Lifesharing Workgroup and Quality Council	Waiver Coordinator	9/30/17 and ongoing quarterly		

Baseline Data

Lifesharing Participants



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

Quality Management Plan

Focus Area: Participant-centered Service planning and delivery

ID 5. Employment

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services and Autism Spectrum Disorder Services will have access to employment options.	Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.	<p>Increase by 10% the number of individuals who are employed on a full-time or part-time basis.</p> <p>Baseline: FY 2016-17= 104 individuals are employed on a full time or part time basis.</p> <p>Target Objective to be achieved by June 30, 2019 = a 10% increase in the number of individuals who receive intellectual Disability Services or Autism Spectrum Disorder Services and are employed on a part-time or full-time basis. N= 114</p>	<p>Performance Indicator: The number of individuals receiving Intellectual Disability Services and Autism Spectrum Disorder Services who are competitively Employed</p> <p>Data Source : HCSIS, Lackawanna –Susquehanna Disabilities Database</p> <p>Responsible Party : Director, ID Services</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program Focus Area: Participant-Centered Service Planning and Delivery FY 2017-2019				
Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.				
Target Objective: Increase by 10% the number of individuals who are employed on a full-time or part-time basis. $104 \times .10 = 10.4$ $104 + 10 = 114$				
Performance Measure(s): The number of individuals receiving Intellectual Disability Services and Autism Spectrum Disorder Services who are competitively Employed				
Data Source(s): HCSIS, Lackawanna –Susquehanna Disabilities Database				
Responsible Person: ID Director				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop training curriculum for Supports Coordinators that focuses on the facilitation of person centered planning.	ID Director	9/30/2017		
2. Provide individuals with information on benefits counseling and customized employment.	Supports Coordination Organizations, ISP Teams	9/30/2017 and ongoing daily		
3. Track the number of individuals who participate in benefits counseling.	ID Director	9/30/2017 and ongoing quarterly		
4. Track and report on the number of individuals interested in employment via Office of Vocational Rehabilitation referrals.	Waiver Coordinator	9/30/2017 and ongoing quarterly		
5. Track and Report data on the number of individuals who are employed (with or without ODP funding).	Waiver Coordinator	9/30/2017 and ongoing quarterly		

Quality Management Plan

Early Intervention Services

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

Focus Area: Early Intervention Service Delivery- EI 1. 90 Day Contact

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Families of children receiving Early Intervention Birth to Age 3 services, will receive contact by their Service Coordinator every 90 days to review the SC Support Plan with the families.</p>	<p>Families will have contact with their Service Coordinator every 90 days to discuss and support their child's development.</p>	<p>97% of children receiving Early Intervention Birth to Age 3 , receive 90 day contact with their service coordinator to review the SC Support Plan.</p> <p>Baseline: In FY 2015-16 = 92% of children received 90 day contact with their Service Coordinator. This objective has been carried over since Fiscal Year 2013-2014 at which time the baseline was 82%.</p> <p>Target Objective to be achieved by June 30, 2019= 97% of children receiving Early Intervention Birth to Age 3 services will receive 90 day contact with their Service Coordinator within the required timeframe.</p>	<p>Performance Indicator: % of children receiving Early Intervention Birth to Age 3 services, that receive 90 days contact with their service coordinator to review the SC Support Plan.</p> <p>Data Source : Pelican Database</p> <p>Responsible Party: Early Intervention Coordinator</p>

Action Plan

Lackawanna/Susquehanna BH/ID/EI Program

Focus Area: 90 Day Contact

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

Target Objective: 97 % of children receiving Early Intervention Birth to Age 3 services will have 90 contact with the Service Coordinator within the required timeframe.

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

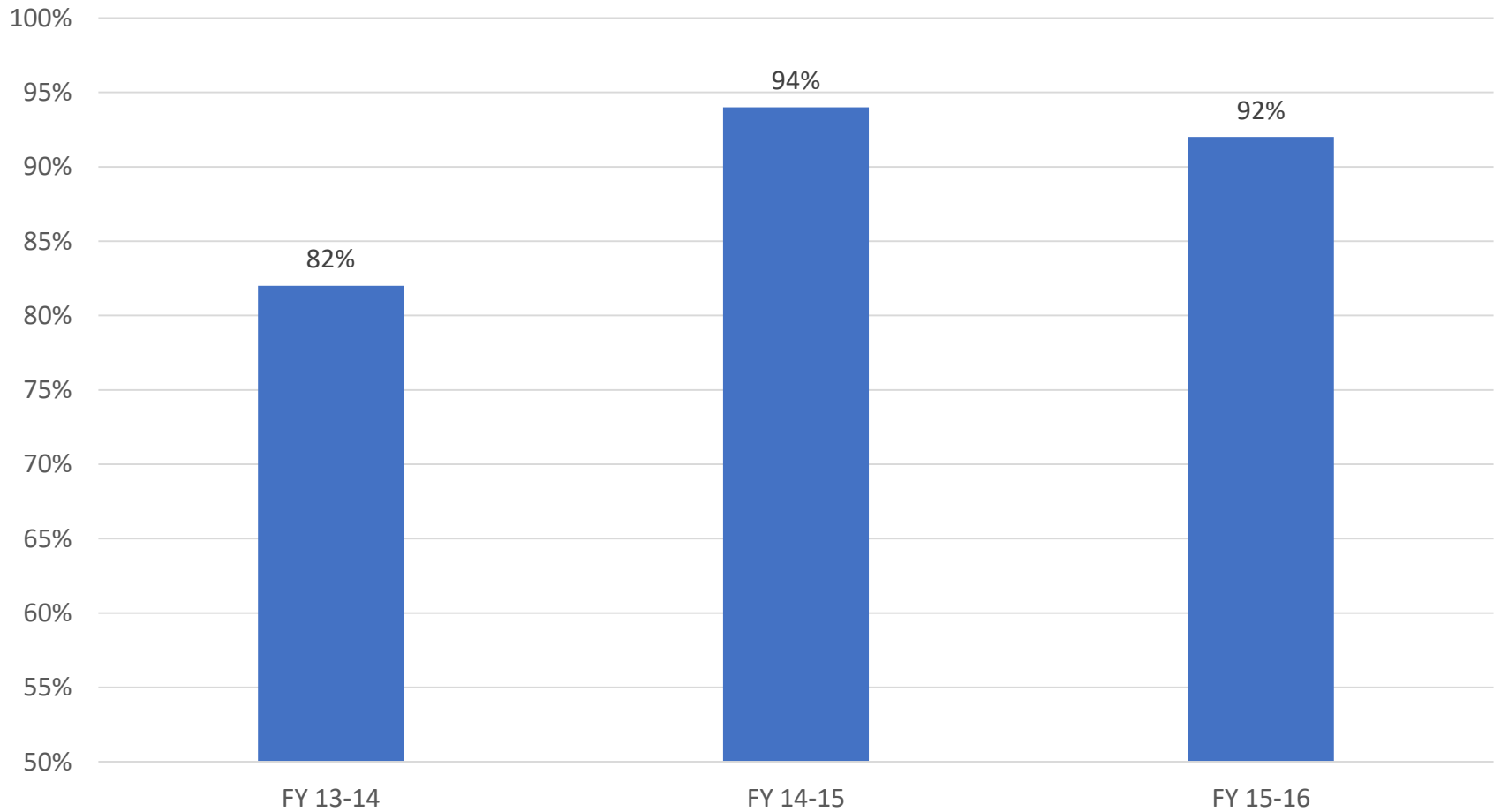
Data Source (s): Chart Reviews, Pelican Database

Responsible Person: EI Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the Service Coordination Entities to review the 90 days contact requirements for children in Early Intervention.	EI Coordinator	9/30/2017		
2. Review Pelican database to determine the percentage of meetings held within the required timeframe.	EI Coordinator	9/30/2017 Quarterly		
3. Provide feedback to SC Entities at quarterly meetings related to the chart reviews to monitor the 90 day contacts in the required timeframe.	EI Coordinator	9/30/2017 Quarterly		
4. SC Supervisors will monitor 90 day reviews /contacts by creating a spreadsheet to track which children on the SC's caseload is due to 90 days contacts for each month.	SC Supervisors	9/30/2017 Quarterly		

Baseline Data

Children/Families 90 Day Contact with SC



Quality Management Plan

Focus Area: Early Intervention- Transition to ID services

2. Transition

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Families and children experience a seamless transition from Early Intervention Services to Intellectual and Developmental Disability Services	Children receive the services they need to guide and support them in creating a plan for creating a full, meaningful and self-determined life.	<p>Objective: To increase the percentage of ID/ASD referrals from children transitioning out of early intervention services by 10% by June 30, 2019.</p> <p>Baseline: Develop a baseline of the number of referrals by June 30, 2018.</p> <p>Target Objective to be achieved by June 2018- a baseline will be developed. June 2019- increase the number of ID referrals by 10%</p>	<p>Performance Indicator: % increase of ID referrals submitted for children who are 3 years old.</p> <p>Data Source: ID Referral Spreadsheet</p> <p>Responsible Party: County EI Coordinator</p>

Action Plan

Lackawanna/Susquehanna BH/ID/EI Program

Focus Area: Transition to ID Services

Desired Outcome: Children receive the information and services they need to guide and support them in creating a plan for creating a full, meaningful and self-determined life.

Target Objective: To increase the percentage of ID/ASD referrals from children transitioning out of early intervention services by 10% by June 30, 2019.

Performance Measure(s) % increase of ID/ASD referrals for children 3 years of age.

Data Source(s): ID/ASD Referral Spreadsheet

Responsible Person: County EI Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop an ID/ASD referral process and information on criteria for ID/ASD services.	County EI Coordinator ID Director	7/30/2017		
2. Train the Service Coordinators, IET Team and Providers on the new ID/ASD referral policy at our EI monthly meeting.	County EI Coordinator	7/30/2017		
3. Track the number of ID/ASD referrals monthly.	County EI Coordinator	7/30/2017 and ongoing monthly		
4. Share and analyze the monthly ID/ASD referrals with the ID Director and ID waiver Coordinator.	County EI Coordinator; ID Director; and ID Waiver Coordinator	7/30/2017 and ongoing monthly		
5. Analyze and report quarterly data to the Quality Council	County EI Coordinator	9/30/2017 and ongoing quarterly.		

Quality Management Plan

Focus Area: Community of Practice

3. Information Sharing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Individuals, families and communities embrace the principles of integration and inclusion for individuals with intellectual and developmental disabilities.</p>	<p>Children receive the supports and services they need to guide them in creating a plan for creating a full, meaningful and self-determined life.</p>	<p>Objective: Families with children who receive Early Intervention services and are between the ages of 2 years 3 months and 3 years will receive initial information on “Charting the LifeCourse” will increase by 10%</p> <p>Baseline: a baseline of the number of families that receive information on “Charting the LifeCourse” will be established by June 30, 2018.</p> <p>Target Objective to be achieved by June 30, 2018- baseline will be developed. June 30, 2019- increase the number of families that receive information on “Charting the LifeCourse” by 10%.</p>	<p>Performance Indicator: Percent increase of families whose children ages 2 years three months and three years receive information on “Charting the LifeCourse”.</p> <p>Data Source: Monthly IET Referral Spreadsheet</p> <p>Responsible Party: County EI Coordinator</p>

Action Plan Lackawanna/Susquehanna BH/ID/EI Program

Focus Area: Community of Practice

Desired Outcome: Children receive the supports and services they need to guide them in creating a plan for creating a full, meaningful and self-determined life.

Target Objective – Families with children who receive Early Intervention services and are between the ages of 2 years 3 months and 3 years will receive initial information on “Charting the LifeCourse” will increase by 10%.

Performance Measure (s): percent increase of families whose children ages 2 years 3 months and 3 years of age that received information on Charting the LifeCourse.

Data Source(s): Monthly IET Spreadsheet

Responsible Person: County EI Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a column in the IET Monthly Spreadsheet to track the number of children ages 2 years three months to 3 years of age that received initial information on Charting the Life Course.	County EI Coordinator	7/30/2017		
2 Train the IET, Service Coordinators and Providers the process in sharing Charting the Life Course with families at our monthly meeting.	County EI Coordinator; SC, IET, and EI Providers	7/30/2017		
3. IET Team will discuss information on Charting the LifeCourse with families at the evaluations for children ages 2 years 3 months and 3 years.	IET Team	7/30/2017 and ongoing monthly		
4. Track and analyze the # of families that received initial information on Charting the Life Course.	County EI Coordinator	7/30/2017 and ongoing monthly		
5. Analyze, record and report quarterly data to the Quality Council	County EI Coordinator	9/30/2017 and ongoing quarterly		

Quality Management Plan

Children's Services

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

Quality Management Plan

Focus Area: Participant-Centered Planning and Delivery

CSI. OYFS Collaborative/ Inter-departmental Case Reviews

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Children and Families have access to Early Intervention, Behavioral Health, Intellectual Disability and Autism Spectrum Disorder, and Drug and Alcohol Services that best fit their needs and help them develop healthy interactions within the family and community.</p>	<p>Youth and Families will develop healthy relationships that encourage self growth and resiliency.</p>	<p>Objective: Increase by 200% the number of complex cases that are reviewed as in need of inter-departmental services. Track the number of considerations that are addressed, and service gaps that are identified.</p> <p>Baseline: 7 complex cases were identified in FY 2016-2017.</p> <p>Target Objective to be achieved by July 30, 2019 =an additional fourteen complex cases will be reviewed, considerations tracked and system gaps identified.</p>	<p>Performance Indicator: Increase in the percentage of complex cases reviewed.</p> <p>Data Source : Inter-departmental Case review Tracking Form</p> <p>Responsible Party: : Children’s Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program
and Delivery
FY 2017-2019

Focus Area: Participant-centered Planning

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

Target Objective: Objective: Increase the number of cases that are reviewed through an inter-departmental process by 200% and increase the number of considerations that are addressed.

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

Data Source(s): Case Review spreadsheet

Responsible Person: Children's Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify children/youth/families that would benefit from an inter-departmental case review meeting through case conferencing.	OYFS/ children's coordinator	7/30/2017 and ongoing monthly		
2. Educate OYFS staff and Behavioral Health Providers on Committee existence and purpose to help identify additional children who can benefit from collaborative reviews.	Collaborative team	7/30/2017 and ongoing		
3. Track data on number of cases reviewed, considerations addressed for each Fiscal Year.	Children's Coordinator	7/30/2017 and ongoing monthly		
4. Identify Systemic gaps resulting in delay of service and barriers to treatment.	Collaborative Team	7/30/2017 and ongoing monthly		

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

Quality Management Plan

Focus Area: Participant-Centered Planning and Delivery

CS2. RTF Transitioning Youth

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Upon Discharge from Residential Treatment Facilities, youth and families have access to Behavioral Health, Intellectual Disability and Autism Spectrum Disorder Services that best address their needs and help them develop a healthy quality of life and healthy interactions within the family and community.	Youth and Families will experience a healthy transition back to their community and relationships that encourage self growth and resiliency.	<p>Objective: All Youth who reside in a Residential Treatment Facility and are preparing for discharge will have a transition plan prior to their eighteenth birthday.</p> <p>Baseline : To Be Developed</p> <p>100% of Youth who reside in a residential treatment facility will transition to community treatment services prior to their eighteenth birthday.</p>	<p>Performance Indicator: The percentage of youth discharged with a transition plan prior to their eighteenth birthday.</p> <p>Data Source : Transition planning spreadsheet</p> <p>Responsible Party: : Quality Management Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program **Focus Area:** Participant-centered Planning and Delivery

FY 2017-2019

Desired Outcome: Youth and Families will experience a healthy transition back to their community and relationships that encourage self growth and resiliency.

Target Objective: All Youth who reside in a Residential Treatment Facility and are preparing for discharge will have a transition plan prior to their eighteenth birthday.

Performance Measure(s): The percentage of youth discharged with a transition plan prior to their eighteenth birthday.

Data Source(s): Transition Planning Spreadsheet

Responsible Person: Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify Membership for a RTF Transition Planning workgroup	Administrator	9/30/2017		
2. Clarify current discharge process and identify opportunities for improvement in the transition planning process.	QM Coordinator	12/30/2017		
3. Develop and implement policy for transition planning for youth who are in an RTF and transitioning to adult services.	QM Coordinator	12/30/2017		
4. Establish a reporting process with Health Choices to gather monthly RTF Census.	QM Coordinator	7/30/2017		
5. identify data sources to establish baseline data and tracking system to monitor progress.	QM Coordinator	3/30/2018 and ongoing 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

BH 1. Employment

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Psychiatric Rehabilitation Behavioral Health services have access to employment options.	Persons will have opportunities for employment and experience job satisfaction and self-respect.	<p>Objective: There will be in a 10% increase in the number of individuals receiving psychiatric rehabilitation services and are employed.</p> <p>Baseline: No Baseline Data. To be established in FY 2017-2018.</p> <p>Target Objective to be achieved by June 30, 2018 = A baseline number of the number of individuals receiving psychiatric rehabilitation services and are employed.</p> <p>By June 30, 2019= a 10% increase in the number of individuals exploring employment options.</p>	<p>Performance Indicator: The percent increase in individuals who receive psychiatric rehabilitation behavioral health services and are employed.</p> <p>Data Source : Psychiatric rehabilitation employment tracking</p> <p>Responsible Party : Administrator</p>

Action Plan

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

FY 2017-2019

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

Target Objective. There will be in a 10% increase in the number of individuals receiving psychiatric rehabilitation services and are employed.

Performance Measure(s). The percent increase in individuals who receive psychiatric rehabilitation behavioral health services and are employed.

Data Source (s): Psychiatric rehabilitation employment tracking

Responsible Person: Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the leadership of current psychiatric rehabilitation providers (Allied, Scranton Counseling Center, NHS) to discuss current employment initiatives and the development of additional initiatives to develop adaptive skills that support employment.	Administrator	7/30/2017		
2. Extend an invitation for Psychiatric Rehabilitation Providers and Health Choices representatives to attend the currently scheduled Employment Coalition Meetings.	Administrator	7/30/2017		
3. Identify available data sources that can be used to establish baseline data and progress with employment objectives.	Administrator, Employment Coalition	9/30/2017		
4. Identify Employment barriers for individuals receiving Behavioral Health Services.	Administrator, Employment Coalition	12/30/2017		
5. Identify a role for Psychiatric Rehabilitation Programs to promote employment outcomes and track outcome data.	Administrator, Employment Coalition	6/30/2018		
6. Evaluate and report data on Employment outcomes.	QM Coordinator	9/30/2018 and ongoing quarterly		

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

Focus Area: Participant Access BH 2. State Hospital -Lengths of Stay

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>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.</p>	<p>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>	<p>Objective: The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 5% by June 30 , 2019.</p> <p>Baseline: July 1, 2015 -June 30, 2016 - 64.7% of the total patient population at Clarks Summit State Hospital from the Lackawanna-Susquehanna County Joinder Program had been at the hospital longer than two years.</p> <p>Target Objective to be achieved by June 30,2017= The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59%.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties at CSSH longer than two years.</p> <p>Data Source : Clarks Summit State Hospital Report</p> <p>Responsible Party : Administrator, County QM Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

FY 2017-2019

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

Target Objective: The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced by 5% by June 30, 2019 from 64.7% to 59%.

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

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

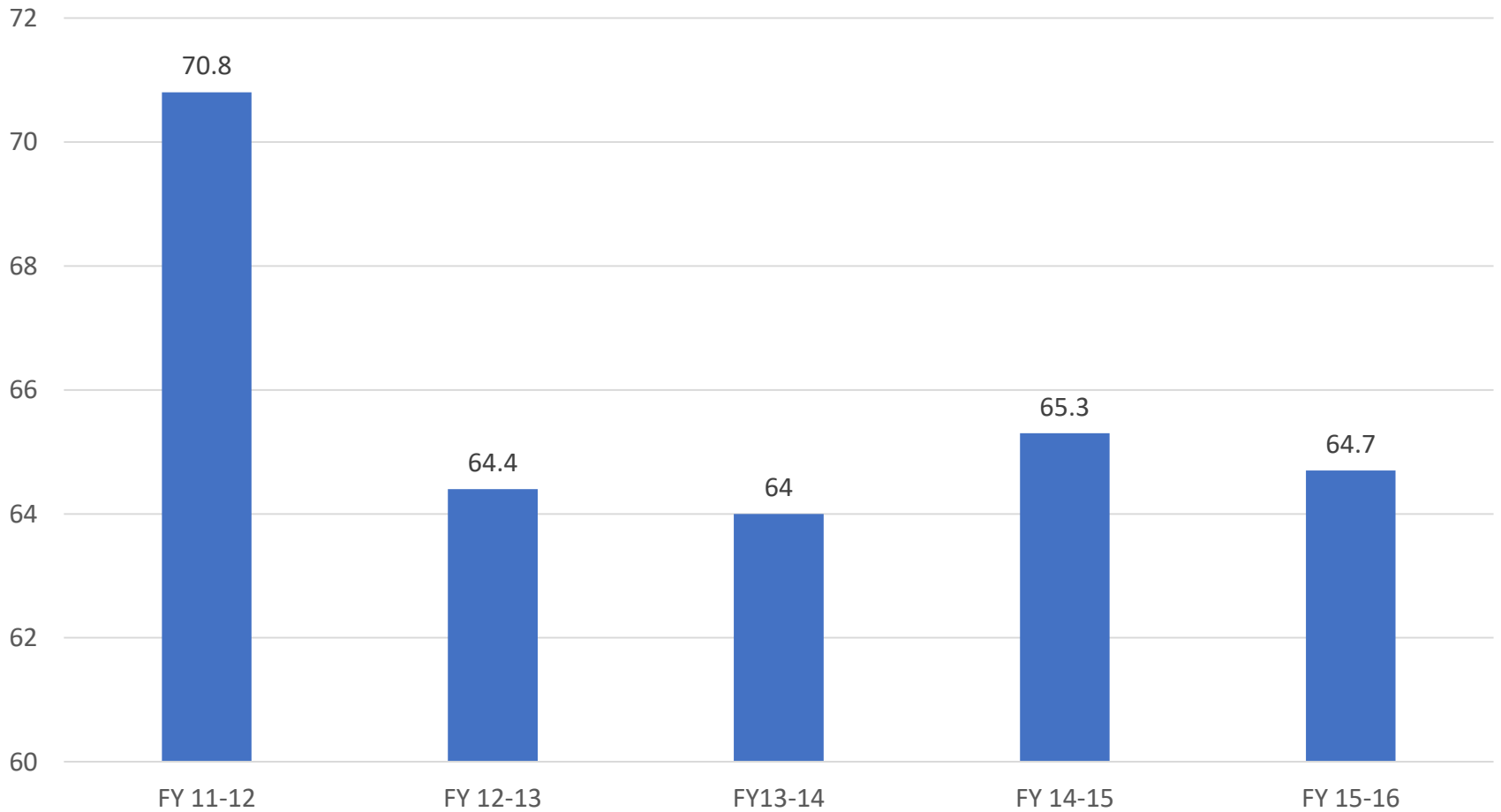
Data Source(s): Clarks Summit State Hospital Report for FY 2017-2018, FY 2018-2019.

Responsible Person: Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue to facilitate a consistently used consumer-to-consumer connection program via the WARM line, prior to discharge from the state hospital.	Advocacy Alliance WARM line supervisor	7/1/2017 and ongoing		
2. For the WARM line, collect utilization data, analyze trends, and report to Quality Council	Advocacy Alliance WARM line supervisor	Annually 9/30/2017, 9/30/2018		
3. Establish a policy and procedure to gather information on the length of stay of individual residing at CSSH and the status of their CSP planning process.	Administrator, QM Coordinator	7/30/2017		
4. For individuals in the subpopulation (12 mos. To 2 years' length of stay), identify any individuals who do not have a complete Consumer Support Plan (CSP).	Administrator, QM Coordinator	2/28/2018		
5. For individuals in the subpopulation, work with casemanagement to ensure that 100% have a CSP.	Administrator, QM Coordinator	9/1/2017 and ongoing		

Baseline Data

Percentage of Individuals Residing in CSSH over Two Years



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

Quality Management Plan

Focus Area: Participant Safeguards BH3 : Suicide Prevention

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Our Communities are educated on research based information about the factors that offer protection from suicidal behaviors and promote wellness and recovery.	Youth who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare.	<p>Objective: A public education campaign for six school districts that implements research-informed communication efforts is designed and implemented.</p> <p>Baseline: There is currently no baseline or campaign/training record.</p> <p>Target Objective to be achieved by June 30, 2019= Six School Districts will have information and education on researched-informed communication to discuss suicide prevention in their schools.</p>	<p>Performance Indicator: six school districts are trained on suicide prevention</p> <p>Data Sources : Steering Committee meeting minutes, Training attendance records</p> <p>Responsible Party: Advocacy Alliance, Deputy Director, Community Mental Health Services</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2017-2019				
Desired Outcome: Youth who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare.				
Target Objective: A public education campaign that implements research-informed communication efforts is designed and implemented in six school districts.				
Performance Measure: Six school districts are trained				
Data Source(s): Steering Committee Meeting minutes, Training attendance Records				
Responsible Person: Advocacy Alliance, Deputy Director, Community Mental Health Services				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Create a steering Committee with committed community stakeholder support is created.	Advocacy Alliance, Deputy Director, Community Mental Health Services	9/30/2017		
2. Develop the Steering Committee meeting schedule and scope.	Advocacy Alliance, Deputy Director, Community Mental Health Services	12/30/2017		
3. Engage the Board of County Commissioners to promote a Suicide Awareness initiative.	County Administrator	12/30/2017		
4. Identify individuals and leaders who will champion a public education campaign and implement training for them related to the research based communications.	Advocacy Alliance, Deputy Director, Community Mental Health Services	6/30/2018 ongoing		
5. Collaborate with the six school districts to plan events and sources to communicate campaign information.	Advocacy Alliance, Deputy Director, Community Mental Health Services	6/30/2018 ongoing		
6. Identify youth leaders who will participate in the development of youth driven projects, such as Aevium, to enhance self-esteem and healthy lifestyles.	Advocacy Alliance, Deputy Director, Community Mental Health Services	7/30/2018		
7. Identify and communicate available community resources to ensure youth and families have access to the available materials to connect with crisis intervention when needed.	Advocacy Alliance, Deputy Director, Community Mental Health Services	9/30/18 ongoing Quarterly		
8. Develop support groups for self-identified at risk youth, family members and suicide survivors.	Advocacy Alliance, Deputy Director, Community Mental Health Services	12/30/18		

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

Focus Area: Participant Safeguards

BH 4. CIT initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>The CIT (Crisis Intervention Team) model and mental health first aid is fully functional and incorporated into the community to safely assist individuals through a crisis.</p>	<p>The CIT model and mental health first aid training is used by law enforcement and first responders to identify when a person is having a behavioral health crisis and safely assist them in accessing community treatment options appropriate to their needs.</p>	<p>Objective: The number of persons trained will increase by 150%.</p> <p>Baseline: There have been 139 individuals trained to date.</p> <p>Target Objective to be achieved by June 30, 2019= An additional 209 individuals will be trained in CIT and/or mental health first aid.</p>	<p>Performance Indicator: Total number of Persons trained in CIT and or mental health first aid.</p> <p>Data Source: Training Records</p> <p>Responsible Party: CIT Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Safeguards		
FY 2017-2019				
Desired Outcome: The CIT model and/or mental health first aid training is used by law enforcement and first responders to identify when a person is having a behavioral health crisis and safely assist them in accessing services appropriate to their needs				
Target Objective: The number of persons trained will increase by 150%.				
Performance Measure(s): Total number of Persons trained in CIT and/or mental health first aid				
Data Source(s): CIT/ MH First Aid Training Records				
Responsible Person: CIT Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with Lackawanna and Susquehanna County chiefs of police association to engage support for the program.	CIT Coordinator	9/30/2017		
2. Set up a regular meeting schedule with the chiefs of Police association to identify areas of progress and or barriers.	CIT Coordinator	9/30/2017 and ongoing- frequency to be identified		
3. Assist each police department in developing a policy on CIT calls.	CIT Coordinator	12/30/2017		
4. Develop a data source to track calls responded to by a CIT officer, time spent on call, and outcome of call.	CIT Coordinator	12/30/2017		
5. Collect baseline data on the percentage of 911 calls that are responded to by a CIT officer, time spent on call, and outcome of call.	CIT Coordinator	12/30/2017		
6. Identify a person to contact each police department and collect, analyze and report data in aggregate from each department monthly.	CIT Coordinator	12/30/2017		
7. Meet with 911 in Lackawanna and Susquehanna County to establish data tracking on CIT officer dispatches.	CIT Coordinator	12/30/2017		

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

Focus Area: Participant Access

BH 5. Re-Entering Citizens Program

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who are incarcerated and receive Substance Abuse Services and/or Behavioral Health Services have access to services and supports to facilitate the recovery process.</p>	<p>Through the recovery process, previously incarcerated persons have opportunities for housing, employment, and treatment</p>	<p>Objective: Develop new housing resources that provides living situations for persons that were recently incarcerated and returning to the community that supports them in their recovery efforts.</p> <p>Baseline: currently there isn't a housing program that specifically targets persons who are receiving Behavioral Health or Drug and Alcohol Services and are re-entering the community following incarceration.</p> <p>Target Objective to be achieved by June 30, 2019 = 40 persons will benefit from this housing option.</p>	<p>Performance Indicator: Number of persons using the Re-entering Citizens Program</p> <p>Data Source: Re-entering Citizens Program Monthly Reporting Form</p> <p>Responsible Party: Administrator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program
FY 2017-2019

Focus Area: Participant Centered Service Planning and Delivery

Desired Outcome: Through the recovery process, previously incarcerated persons have opportunities for housing, employment, and treatment.

Target Objective: Develop a new housing option that provides living situations for persons that were recently incarcerated and returning to the community that supports them in their recovery efforts.

Performance Measure(s): Number of persons using the Re-entering Citizens Program.

Data Source(s) : Re-entering Citizens Program Monthly Reporting Form

Responsible Person: Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Complete renovations on the eight apartments to be used.	Administrator	7/30/2017		
2. Develop guidelines, eligibility and referral process for participation in the housing option.	Administrator	9/30/2017		
3. Develop a Monthly Reporting System to include: Active participants, vacancies, referrals, employment plans, OVR referrals, treatment participation, permanent housing planning.	Administrator, QM Coordinator	12/30/2017		
4. Provide ongoing support to the provider and ensure that there is engagement with community stakeholders, such as probation and pre-trial services, regarding delivery of services and supports.	Administrator	7/30/2017 and ongoing		

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

Focus Area: System Performance BH 6. Peer Support/Recovery

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons providing Peer Supports and Certified Recovery Specialist Services have a dedicated forum for sharing information/ ideas and identifying areas for system improvements</p>	<p>Services and Supports that respect individual experience, freedom, and choice and also focus on empowering individuals are developed</p>	<p>Objective: Support needs necessary for building Joinder capacity will be explored and identified.</p> <p>Baseline: There currently is not a routine vehicle for communicating with peer support services to address considerations and opportunities.</p> <p>Target Objective to be achieved by June 30, 2019= Peer Supports and Certified Recovery Specialists draft a plan for bolstering peer support services.</p>	<p>Performance Indicator: A fully functioning Peer Supports/ Certified Recovery Specialist focus group meets regularly and develops a plan for bolstering peer supports. A document that identifies considerations will be drafted.</p> <p>Data Source: Meeting minutes, Agendas, plan.</p> <p>Responsible Party: Quality Management Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program
FY 2017-2019

Focus Area: Participant Safeguards

Desired Outcome: Services and Supports that respect individual experience, freedom, and choice and focus on empowering individuals are developed

Target Objective: Support needs necessary for building Joinder capacity will be explored and identified.

Performance Measure(s): A fully functioning Peer Supports/ Certified Recovery Specialist focus group meets regularly and develops system considerations. A document that identifies considerations will be drafted.

Data Source(s): Meeting minutes, Agendas, considerations document.

Responsible Person: QM Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Send an invitation to participate in a focus group that provides input on areas for consideration within the Behavioral Health System to Peer Support/ Certified Peer Specialist Agencies	QM Coordinator	9/30/2017		
2. Explore opportunities with focus group to connect and assist peer supports with their objectives.	QM Coordinator	9/30/2017		
3. Develop a plan for continued input into bolstering peer supports.	QM Coordinator	6/30/2019		

Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment/ Recommendations
ID 1. Participant Access: Communication facilitation	Individuals have access to a communication support process to obtain formal communication systems	Increase by 5%	29.4% (FY15-16)of surveyed have formal communication	35% have formal communication/	
ID 2. Participant Safeguards: Risk Management	Individuals are safe and secure in their homes and community	Decrease by 25% incidents disapproved for insufficient corrective action	Establish Baseline	25% reduction	
ID 3. Participant Safeguards: Abuse Incidents	Individuals are safe and secure in their homes and community	100% of investigation recommendations are tracked and addressed	Establish Baseline	100%	
ID 4. Participant Centered Service Planning and Delivery : Lifesharing	Persons are provided with the option to participate in Lifesharing as a residential choice.	5% increase in the number of Lifesharing Participants	FY 2015-16=37 individuals	39 individuals	
ID 5. Service Planning and Delivery: Employment	Persons have opportunities to explore their Employment Potential and experience job satisfaction and respect.	10% increase	2017= 104	114	



Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment/ Recommendations
EI 1. 90-Day Contact	Families have contact every 90 days with their SC to review Support Plan	Increase by 5%	92%	97%	
EI 2. Transition	Families/Children experience a seamless transition from EI to ID	Increase by 10% referrals from children transitioning out of EI to ID	Establish Baseline	10% increase	
EI 3. Information Sharing: Community of Practice	The principles of integration and inclusion are embraced by individuals, families and communities	Increase by 10% the number of families who receive the lifecourse materials	Establish Baseline	10% increase	
CS 1. OYFS Collaborative	Children/Families have Access to Services that best fit their needs and help them develop healthy interactions	200% increase in the number of cases reviewed	FY 2016-16= 7	An additional 14 cases	
CS 2. Person Centered Planning/RTF transition	Adolescents who are discharged from an RTF access supports and services to assist them in developing a healthy quality of life and healthy interactions	All youth residing in an RTF will have a transition plan prior to their 18th birthday	Establish Baseline	100%	



Plan Area	Goal	Objective	Beginning Performance	Target objective/ current performance	Comment/ Recommendations
BH 1. Employment	Persons who receive Psychiatric Rehabilitation BH Services have access to Employment Options	Increase by 10%	Establish Baseline	10% increase	
BH 2. State Hospital-LOS	Persons receiving BH Services have access to community supports to reintegrate to the community and prevent relapse	decrease by 5%the number of persons with LOS over 2 years.	FY 2015-2016 =64.7% over 2 years	5% decrease	
BH 3. Suicide Prevention	Communities receive education regarding suicide prevention, wellness and recovery	six school districts participate in a public education campaign	Establish Baseline	six districts receive education/information	
BH4. CIT Initiative	CIT is fully functional and incorporated into the community	150% increase in the number of persons trained	139 trained to date	additional 209 Individuals trained	
BH5. Re-Entering Citizens Program	incarcerated persons who receive substance abuse services or BH services have access to services and supports to facilitate the recovery process	Develop new housing resources that support re-entry and recovery	Establish Baseline	40 persons benefit from a new housing opportunity	
BH6. Peer Support /Recovery	Develop a dedicated forum for peer supports and certified recovery specialists to share information and identify areas for system improvements	Development of a considerations document to support joinder capacity needs	Establish Forum and Develop document	Considerations document	

