

Quality Management Plan

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

Fiscal Year 2013-2015

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>Of those individuals receiving an IM4Q survey and who do not communicate using words, increase the number who use a formal communication system to 30%.</p> <p>Baseline: FY 2011-2012= 14% of individuals surveyed who did not communicate with words had a formal communication system.</p> <p>Target Objective to be achieved by July 30, 2015 = 30%.</p>	<p>Performance Indicator: % of persons from the 2013-2014 and 2014-2015 IM4Q survey who do not communicate verbally and have a formal communication system.</p> <p>Data Source: 2013-2014 IM4Q Survey, 2014-2015 IM4Q Survey, Communication System Review form</p> <p>Responsible Party: HCQU Coordinator, Quality Management Coordinator, Support Coordinator Organization (SCO) Directors</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2013-2015				
Desired Outcome: Persons are able to communicate their needs and wants.				
Target Objective: Of those individuals receiving an IM4Q survey and who do not communicate using words, increase the number who use a formal communication system to 30%.				
Performance Measure(s): % of persons from the 2013-2014 and 2014-2015 IM4Q survey who do not communicate verbally and have a formal communication system.				
Data Source(s): 2013-2014 IM4Q Survey, 2014-2015 IM4Q Survey				
Responsible Person: HCQU Coordinator, Quality Management Coordinator, Support Coordinator Organization (SCO) Directors				
Action Item	Responsible Person	Target Date	Status	Completion Date
1 .Develop a policy/procedure detailing the process for reviewing communication needs and accessing communication resources to develop a formal communication system.	HCQU Coordinator	9-30-13		
2. Disseminate communication policy/procedure to HCQU nurses including communication profile, review form, resource list.	HCQU Coordinator	9-30-13		
3. Provide training to educate staff on available communication supports.	HCQU Coordinator	9-30-13 ongoing		
4. Hold a Communication Fair.	HCQU Coordinator	11-30-13		
5. Provide follow-up visits to offer technical assistance to the individual and team to assure that the communication system is meeting the individual's and teams needs	HCQU Coordinator	1-30-14 ongoing		

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 June 30, 2015.</p> <p>The number of persons who are restrained will be decreased by 10% by June 30, 2015.</p> <p>Baseline : FY 2011-2013= 142 restraints , 18 persons</p> <p>Target Objective to be achieved by June 30, 2015 = 114 Restraints , 16 persons</p>	<p>Performance Indicator: # of restraint incidents , # of persons restrained.</p> <p>Data Source: Home and Community Services Information System (HCSIS)-Restraint Detail Report</p> <p>Responsible Party - County Incident Manager, NHS (Program Specialist for Staff Development and Training Program).</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Safeguards		
Fiscal year 2013-2015				
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 114 restraints in fiscal year 2013-2015. Decrease by 10% the number of individuals who are restrained to no more than 16 in fiscal year 2013-2015.				
Performance Measure(s): Number of restraint incidents during fiscal year 2013-2015. Number of individuals restrained during fiscal year 2013-2015.				
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 6-30-2015		
2. Collect monthly training data to track the number of staff trained.	QM Coordinator, Program Specialist for Staff Development and Training Program	Monthly 6--30-2015		
3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues.	Restrictive Procedures Committee, QM Coordinator	Quarterly 6-30-2015		
4. Collect restraint data to track number of restraint incidents.	QM Coordinator	Quarterly 6-30-2015		
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 6-30-2015		
6. Report restraint and training data quarterly to Quality Council.	QM Coordinator	Quarterly 6-30-2015		
7. Develop a Risk Management committee to review incidents of multiple restraints and communicate with Providers regarding trends to determine opportunities for additional training/ technical assistance.	QM Coordinator, Assistant Administrator, Deputy Administrator	Quarterly 6-30-2015		

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 June 30, 2015</p> <p>Baseline: FY 2011-2013 N = 359</p> <p>Target Objective to be achieved by June 30, 2015 = Incidents will be not greater than 323.</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

Fiscal Year 2013-2015

Desired Outcome: People do not experience abuse.

Target Objective: Decrease the number of individual-to-individual abuse incidents by 10% from the previous two fiscal year's total (N=359) to 323 incidents.

Performance Measure(s): Percentage reduction of individual-to-individual abuse for fiscal year 2013-2015. $N=359 \times .10 = 36$
 $359-36 = 323$

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

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

Action Item	Responsible Person	Target Date	Status	Completion Date
1. The Joinder program will analyze and report data and trends for individual-to-individual abuse incidents to Quality Council and Human Rights Committee on quarterly basis. (E.g. targets, victims, provider, provider sites, dates, antecedents, interventions [corrective action plans]).	County Incident Manager, Human Rights Committee	9-30-2013 and Quarterly		
2. Identify the targets with the highest rates of incidents of individual-to-individual abuse.	County Incident Manager ,Human Rights Committee	9-30-2013 and Quarterly		
3. Develop a Risk Management Committee to review trends in data, identify multiple incidents , and communicate with Provider agencies regarding reducing repeat occurrences.	Quality Management Coordinator, Deputy Director, Assistant Administrator	9/30/2013 and quarterly		
3. Provide technical assistance to individuals and/ or Providers with the highest rates of individual-to-individual abuse.	Assistant Administrator of Administration	6-30-2015		

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

Focus Area: Participant Safeguards

4. IM4Q Considerations

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services are heard and have their concerns considered and addressed	People receive help when they need it	<p>By June 30, 2015, 90% of persons who have an identified consideration as part of their IM4Q survey will have a documented response indicating the consideration was addressed within 45 days.</p> <p>Baseline: No current baseline</p> <p>Target Objective to be achieved by June 30, 2015 = 90% of considerations are addressed within 45 days.</p>	<p>Performance Indicator: % of IM4Q considerations that are addressed, responded to in the HCSIS IM4Q consideration section and have a corresponding SC progress note in HCSIS within 45 days of the consideration being entered by the IM4Q program.</p> <p>Data Source : Home and Community Services Information System (HCSIS) considerations, HCSIS considerations tracking sheet.</p> <p>Responsible Party: County IM4Q Coordinator, Program IM4Q Coordinator, SCO Supervisors.</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Safeguards

Fiscal Year 2013-2015

Desired Outcome: People receive help when they need it

Target Objective: By June 30, 2015, 90% of persons who have an identified consideration as part of their IM4Q survey will have a documented response indicating the consideration was addressed within 45 days.

Performance Measure(s): % of IM4Q considerations that are addressed, responded to in the HCSIS IM4Q consideration section and have a corresponding SC progress note in HCSIS within 45 days of the consideration being entered by the IM4Q program.

Data Source(s): HCSIS considerations, Considerations Tracking sheet

Responsible Person: County IM4Q Coordinator, Program IM4Q Coordinator, SCO Supervisors.

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a county tracking sheet for HCSIS considerations that identifies 1). The date the consideration was entered in HCSIS, 2). The date the SCO entered a response indicating the consideration as addressed and, 3). The date a HCSIS progress note was entered.	County IM4Q Coordinator	9-30-2013		
2. Provide quarterly feedback to each SCO regarding the average number of days for entering their considerations and their progress with the objective.	County IM4Q coordinator	12-31-2013 and Quarterly		
3. Identify barriers to the 45 day response time for entering considerations by requesting that reasons for delay be identified.	SCO Supervisors	12-31-2013 and ongoing		

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

Focus Area: Participant –Centered Service Planning and Delivery 5. Lifesharing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Intellectual Disabilities Services live with who they want to , in a mutually supportive manner as part of their community	Persons are provided with Lifesharing options and given the opportunity to discuss these options with agency representatives and or Lifesharers prior to making a decision on their residential service.	<p>The number of individuals in Lifesharing will increase by 5%</p> <p>Baseline: In FY 2012-2013 =34 individuals participated in a Lifesharing option.</p> <p>Target Objective to be achieved by June 30, 2015 = 36</p>	<p>Performance Indicator: Percentage increase in persons participating in a Lifesharing option for Fiscal Year 2013-2015</p> <p>Data Source : Home and Community Services Information System (HCSIS)- Service Authorization Notice</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

FY 2013-2015

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 Fiscal Year 2012-2013. $N = 32 \times .05 = 1.7$
 $34 + 1.7 = 35.7$ (36)

Data Source(s): HCSIS Service Authorization Notice

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		
3. Establish a routine meeting schedule between the County Program and contracted Family Living providers to discuss service delivery and local capacity development.	Assistant Administrator of Administration	9-30-13 and ongoing quarterly		

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

Focus Area: System Performance

6. AE Oversight Monitoring Reviews and requirements to submit Action Plans - ISP signature sheets and Meeting participation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Individuals receiving Intellectual Disability Services have an individualized Support planning process that includes representation by all of their providers and is documented with an ISP signature sheet.</p>	<p>The annual planning process includes discussion and input by all Team Members and waiver participants.</p>	<p>By June 30, 2015, 90% of a sample of individuals will have an ISP signature page that includes representation by all Providers at their ISP meeting.</p> <p>Baseline: No Current baseline information.</p> <p>Target Objective to be achieved by June 30, 2015 = 81 of 90 individuals have an ISP signature page that includes a signature representing all of their Providers.</p>	<p>Performance Indicator: % of individuals that have an ISP signature page which represents all of their Providers.</p> <p>Data Source : ISP signature page report</p> <p>Responsible Party: Assistant Administrator of Administration</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program Focus Area:				
FY 2013-2015				
Desired Outcome: Team members and waiver participants attend Individual Support Plan (ISP) meetings.				
Target Objective: By June 30, 2015, 90% of a sample of individuals will have an ISP signature page that includes representation by all Providers at their ISP meeting.				
Performance Measure(s): % of individuals that have an ISP signature page which represents all of their Providers.				
Data Source(s): ISP signature page report				
Responsible Person : Assistant Administrator of Administration				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. The Program will communicate with Supports Coordination Organizations (SCOs) the waiver requirement to ensure team members participate in ISP meetings.	Assistant Administrator for Administration	9-30-13		
2. Develop a process for collecting ISP signature pages from SCOs to confirm team member participation.	Assistant Administrator for Administration	9-30-13		
3. Confirm and review that each waiver participant has the required team members participating in annual meetings.	Assistant Administrator for Administration	9-30-13 and ongoing		
4. Provide performance feedback to SCOs.	Assistant Administrator for Administration	12-30-13 and ongoing		

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

Focus Area: Safeguards

7. AE Administrative Reviews –Incident Management

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Timely finalization of incident reports will ensure that responses and corrective actions are timely and appropriate in order to protect the health, safety and rights of individuals receiving Intellectual Disability Services	The health, safety and rights of Persons receiving Intellectual Disability Services are ensured.	<p>90% percent of submitted incident reports are finalized within 30 days of the incident being recognized or submitted.</p> <p>Baseline: January 2012-March 2013= 83.6%</p> <p>Target Objective to be achieved by June 30, 2015= 90%</p>	<p>Performance Indicator: Percentage of incident Reports finalized within 30 days. Numerator: Number of incidents finalized within 30 days Denominator: Number of initial reports filed.</p> <p>Data Source: Home and Community Services Information System (HCSIS) Aging Incident Report</p> <p>Responsible Party: County Incident Point Person</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2013-2015

Focus Area: Safeguards

Desired Outcome: The health, safety and rights of Persons receiving Intellectual Disability Services are ensured.

Target Objective: 90% percent of submitted incident reports are finalized within 30 days of the incident being recognized or submitted.

Performance Measure(s): Percentage of incident Reports finalized within 30 days. **Numerator:** Number of incidents finalized within 30 days. **Denominator:** Number of initial reports filed.

Data Source: HCSIS Aging Incident Report

Responsible Person : County IM Point Person

Action Item	Responsible Person	Target Date	Status	Completion Date
1. The AE analyzes IM data for each Provider to determine percentage of incident reports that are completed on time. Providers are sent quarterly graphic reports that provide feedback on percentage of their Incident Reports completed on time, the Joinder's average percentage completed on time and the objective percentage.	AE Administrator, AE IM Point Person	11/15/2013 And quarterly		
2. The Advocacy Alliance sends the Providers a monthly notification of past due Incident Reports.	Advocacy Alliance- Manager of IM Services	7/30/13- ongoing monthly		
3. The AE sends Providers a quarterly letter to emphasize our dedication to the Incident Management process, including the policy for completing incident reports within the required timeframe and our decision to focus on timeliness of reports as a Quality objective. Any Provider who is unable to obtain the Joinder objective for three consecutive quarters is directed to complete a plan of correction.	AE IM Point Person	11/15/2013 and quarterly		

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

Focus Area: System Performance

8. Review of Grievances

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process to have grievances heard and addressed in a professional manner.</p>	<p>Individuals and family members experience satisfaction in having their grievances addressed.</p>	<p>A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented</p> <p>Baseline: Grievances are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2015 = A fully functioning grievance process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Review of Grievances		
FY 2013-2015				
Desired Outcome: Individuals and family members experience satisfaction in having their grievances addressed.				
Target Objective: A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented				
Performance Measure(s): Developed Policy, Developed and functioning tracking system				
Data Source(s): Policy, Tracking system				
Responsible Person : Deputy Administrator, Assistant Administrator for Administration , Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that defines a grievance and identifies actions to be taken when a grievance is received.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
2. Develop a tracking system with a centrally located electronic file to collect grievances.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
3. Provide staff training on the policy, identification of a grievance, structured responses, and documentation process.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	12-30-13		
4. Review and evaluate data and trends through the risk management Committee process	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	1-30-14 and quarterly		

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

Focus Area: Participant-centered Service planning and delivery 9. Employment-Shared ID and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services and Behavioral Health services have access to employment options.	Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.	<p>Training needs necessary for building Joinder capacity will be identified.</p> <p>Baseline: No current Baseline. A training curriculum is not currently identified.</p> <p>Target Objective to be achieved by June 30, 2015 = A fully functioning Employment Coalition identifies a training curriculum necessary for building employment capacity in the Joinder.</p>	<p>Performance Indicator: Training curriculum</p> <p>Data Source : Employment Coalition Minutes Employment Coalition attendance</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
 FY 2013 -2015

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

Target Objective: A fully functioning Employment Coalition identifies a training curriculum necessary for building employment capacity in the Joinder by June 30, 2015.

Performance Measure(s): Training curriculum identified.

Data Source(s): Meeting Minutes, Meeting attendance

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

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify stakeholders to participate in an Employment Coalition.	Deputy Administrator, Assistant Administrator for Administration	9/30/2013		
2. Invite stakeholders to an initial meeting to obtain input on training needs, philosophy, outcomes and options. Develop meeting schedule and group membership functions.	Deputy Administrator, Assistant Administrator for Administration	10/30/2013		
3. Research and develop training curriculum and marketing strategy.	Employment Coalition members	9/30/2014		
4. Identify Training dates, locations, audience, trainers.	Employment Coalition members	1/31/2014		
5. Initiate and Implement training	Deputy Administrator, Assistant Administrator for Administration	6/30/2015		

Quality Management Plan

Early Intervention Services

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

Focus Area: Early Intervention Focus Area: Service Delivery I. Timeliness of progress monitoring and data summaries

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>95 % of Progress Monitoring reports/data summaries are completed in time for 6 month and annual IFSP review meetings.</p> <p>Baseline: The baseline data for FY 12-13 for the % of progress monitoring reports being completed on time for 6 month review was 92% and Annual IFSP review meetings was 93%.</p> <p>Target Objective to be achieved by June 30, 2015 = 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: % 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, and EI Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Review the Progress Monitoring Protocol with EI Providers and SC Entities.	EI Coordinator	9-30-13 Quarterly		
2. Progress Monitoring reports/data summaries submitted to SC Entities	EI Providers	9-30-13 Quarterly		
3. 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	9-30-13 Quarterly		
4. Feedback to EI Providers at Quarterly EI Provider Meetings	EI Coordinator	9-30-13 Quarterly		

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

Focus Area: Early Intervention Service Delivery- 2. 90 Day Contact

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Families of children receiving Early Intervention Birth to Age 3 services, will receive contact by their Service Coordinator every 90 days to review the SC Support Plan with the families.	Families will have contact with their Service Coordinator every 90 days to discuss and support their child's development.	<p>95 % of children receiving Early Intervention Birth to Age 3 , receive 90 day contact with their service coordinator to review the SC Support Plan.</p> <p>Baseline: We currently do not have baseline data for this goal.</p> <p>Target Objective to be achieved by June 30, 2015 = 95% of children receiving Early Intervention Birth to Age 3 services will receive 90 day contact with their Service Coordinator within the required timeframe.</p>	<p>Performance Indicator: % of children receiving Early Intervention Birth to Age 3 services, that receive 90 days contact with their service coordinator to review the SC Support Plan.</p> <p>Data Source : Quarterly Chart Reviews, Pelican Database</p> <p>Responsible Party: Early Intervention Coordinator, SC Entities</p>

Action Plan				
Administrative Entity Name:				
Lackawanna/Susquehanna BH/ID/EI Program		Focus Area: 90 Day Contact		
Desired Outcome: Families will be contacted by their Service Coordinator every 90 days to review the SC Support Plan.				
Target Objective: 95 % of children receiving Early Intervention Birth to Age 3 services will have 90 contact with the Service Coordinator within the required timeframe.				
Performance Measure(s): Percentage of 90 day contacts that occur within the required timeframe and review the SC Support Plans with families.				
Data Source(s): Chart Reviews, Pelican Database				
Responsible Person: SC Entities, EI Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the Service Coordination Entities to review the 90 days contact requirements for children in Early Intervention.	EI Coordinator	9-30-13		
2. Review charts and Pelican database to determine the percentage of meetings held within the required timeframe.	EI Coordinator	9-30-13 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	9-30-13 Quarterly		

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

Focus Area: Early Intervention System Performance

3. Review of Grievances

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process to have grievances heard and addressed in a professional manner.</p>	<p>Individuals and family members experience satisfaction in having their grievances addressed.</p>	<p>A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented</p> <p>Baseline: Grievances are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2015 = A fully functioning grievance process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Review of Grievances		
FY 2013-2015				
Desired Outcome: Individuals and family members experience satisfaction in having their grievances addressed.				
Target Objective: A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented				
Performance Measure(s): Developed Policy, Developed and functioning tracking system				
Data Source(s): Policy, Tracking system				
Responsible Person : Deputy Administrator, Assistant Administrator for Administration , Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that defines a grievance and identifies actions to be taken when a grievance is received.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
2. Develop a tracking system with a centrally located electronic file to collect grievances.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
3. Provide staff training on the policy, identification of a grievance, structured responses, and documentation process.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	12-30-13		
4. Review and evaluate data and trends through the risk management Committee process	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	1-30-14 and 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 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>Training needs necessary for building Joinder capacity will be identified.</p> <p>Baseline: No current Baseline. A training curriculum is not currently identified.</p> <p>Target Objective to be achieved by June 30, 2015 = A fully functioning Employment Coalition identifies a training curriculum necessary for building employment capacity in the Joinder.</p>	<p>Performance Indicator: Training curriculum</p> <p>Data Source : Employment Coalition Minutes Employment Coalition attendance</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 FY 2013 -2015				
Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.				
Target Objective: A fully functioning Employment Coalition identifies a training curriculum necessary for building employment capacity in the Joinder by June 30, 2015.				
Performance Measure(s): Training curriculum identified.				
Data Source(s): Meeting Minutes, Meeting attendance				
Responsible Person : Deputy Administrator , Assistant Administrator for Administration, Assistant Administrator for Fiscal				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify stakeholders to participate in an Employment Coalition.	Deputy Administrator, Assistant Administrator for Administration	9/30/2013		
2. Invite stakeholders to an initial meeting to obtain input on training needs, philosophy, outcomes and options. Develop meeting schedule and group membership functions.	Deputy Administrator, Assistant Administrator for Administration	10/30/2013		
3. Research and develop training curriculum and marketing strategy.	Employment Coalition members	9/30/2014		
4. Identify Training dates, locations, audience, trainers.	Employment Coalition members	1/31/2014		
5. Initiate and Implement training	Deputy Administrator, Assistant Administrator for Administration	6/30/2015		

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 June 30 , 2015.</p> <p>Baseline: July 1, 2011 -June 30, 2012 - 70.8 % 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 30,2015 = The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 66.8%.</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>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

FY 2013-2015

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 June 30, 2013 from 70.8% to 66.8%.

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 2013-2014, FY 2014-2015

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 6-30-2015		
2. For the WARM line, collect utilization data, analyze trends, and report to Quality Council	Advocacy Alliance WARM line supervisor	Annually 6-30-2015		
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	6-30-2015		
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	2/28/2014		
5. For individuals in the subpopulation, work with casemanagement to increase the percentage of individuals with a CSP by 10%.	Deputy Administrator	3/31/2014 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
<p>Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options</p>	<p>Persons will receive the Behavioral Health Support that they need in the community</p>	<p>Percentage of persons who are referred for State Hospital admission during Fiscal Year 2013-2015 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 – December 2012, 38.6% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by June 30, 2015 = 44% of persons referred for State Hospital admission will be diverted.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties who are diverted from a state hospital</p> <p>Data Source : OMHSAS quarterly reporting form, BSU report on community hospitalizations</p> <p>Responsible Party : County QM Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Participant Access		
FY 2013-2015				
Desired Outcome: Persons will receive the Behavioral Health Support that they need in the community.				
Target Objective: For persons, who are referred for state hospital admission during FY 2013-2015 increase the percentage that will be diverted to community supports and services by 5%.				
Performance Measure(s): Percentage of individuals referred for state hospital admission and diverted to community supports will increase to 44% by June 30, 2015.				
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 6-30-2015		
2. Analyze and report diversion data to the Quality Council.	County QM Manager	Quarterly 6-30-2015		
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 6-30-2015		
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 6-30-2015		
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	Annual 6-30-2015		
6. Review, analyze, and report readmission survey information to Quality Council.	County Quality Manager	Annual 6-30-2015		

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

Focus Area: Participant-Centered Service and Delivery 4. 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 20%</p> <p>% persons who graduate from the problem-solving court process will increase by 10%</p> <p>Baseline: 78 participants and 21 graduates in MH Problem – Solving Court from January 2010- March 2013</p> <p>49 participants and 19 graduates in co-occurring Problem-Solving Court in from January 2010 to March 2013.</p> <p>Target Objective to be achieved by June 30, 2015 =</p> <p># participants in MH PS court= 94,</p> <p># graduates=23</p> <p># participants in Co-occurring PS Court= 59 ;# graduates= 21</p>	<p>Performance Indicator:</p> <p># participants</p> <p>% graduates</p> <p>Data Source : Court Records</p> <p>Responsible Party : Deputy Administrator, Lackawanna County Problem Solving Court Administrator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program FY 2013-2015.		Focus Area: Participant-centered service and delivery		
Desired Outcome: Persons who receive Behavioral Health services and are charged with crimes become more community-oriented and productive.				
Target Objective: The number of persons who will participate in the problem-solving court process will increase by 20% by June 30, 2015 and the percentage of persons who graduate from the problem-solving court process will increase by 5% by June 30 2015.				
Performance Measure(s): Number of current participants in Mental Health treatment court $78 \times .20 = 15.6 + 78 = 93.6$ (94) Number of current graduates from mental health treatment court $21 \times .10 = 2.1 + 21 = 23.1$ (23) . Number of current participants in Co-occurring Problem-Solving court $49 \times .20 = 9.8 + 49 = 58.8$ (59) Number of current graduates from mental health treatment court $19 \times .10 = 1.9 + 19 = 20.9$ (21).				
Data Source(s): Court Records				
Responsible Person: Deputy Administrator, QM Coordinator, Advocacy Alliance				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue to work closely with court personnel to identify potential participants.	Deputy Administrator	Ongoing 6-30-2015		
2. Assess the need for an additional Case manager and work with SCC , Courts, and NBHCC to secure approval/funding.	Deputy Director	6-30-2015		
3. Develop a Satisfaction Survey to be offered to participants that can be used to identify areas of satisfaction and areas for further development.	Advocacy Alliance, Deputy Director QM Coordinator	7/30/2013		
4. Survey program participants	Advocacy Alliance	9/30/2013		
5. Review satisfaction surveys from participants to identify concerns and recommendations. Identify areas for additional development	Deputy Administrator	12/30/2014		

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

Focus Area: Participant Access 5. 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>Increase of the # of screenings to 10 per week /per site . Increase the number of sites to 3.</p> <p>Baseline: 453 screens in 52 weeks (July 1, 2011-June 30-2012)= 8.7 per week</p> <p>Target Objective to be achieved by June 30,2015 =10/week.</p> <hr/>	<p>Performance Indicator: # of screenings, Positive screens, and referrals.</p> <p>Data Sources : GLS Data collection</p> <p>Responsible Party : Deputy Administrator, Site Coordinator (Advocacy Alliance)</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access

FY 2013-2015

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: Increase of the # of screenings to 10 per week /per site for fiscal years 2013-2014, 2014-2015. Increase the number of sites to 3.

Performance Measure(s): The number of screens completed at all screening sites (Scranton Primary and The Wright Center-Dr. Thomas + new site).

Data Source(s): Data from: the GLS project from Scranton Primary, The Wright Center / Dr. Thomas, and new site on number of individuals screened, number of Positive screens, and number of referrals for follow-up support.

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

Action Item	Responsible Person	Target Date	Status	Completion Date
1. 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 the Wright Center site.	Site Coordinator (advocacy Alliance)	9-30-2013 Ongoing Quarterly		
2. Increase screening capacity by identifying a new practice in a high school to participate in the project.	Site Coordinator (Advocacy Alliance)	4-30-2014		
3. Maintain ongoing communication with all Behavioral health and Drug and Alcohol agencies and Scranton Primary Health and The Wright Center/ Dr. Thomas regarding referral information.	Site Coordinator (Advocacy Alliance)	Ongoing 6- 30- 2015		
4. Work with all involved agencies and Lackawanna -Susquehanna Counties BH/ID Program to monitor and problem solve any barriers to effective reporting of referrals.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	Ongoing 6- 30- 2015		
5. Report to Quality Council and Behavioral Health Committees.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	Quarterly Committee meetings 9/30/13 ongoing		
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 6. Suicide Prevention/ Survivor Support

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Individuals who have are demonstrating suicidal ideas and 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>Individuals who are demonstrating suicidal ideas and persons who have lost a family member or friend to suicide will benefit from available services and supports.</p>	<p>Develop a Survivor Support (SOS) group that offers education, activities, and opportunities for sharing.</p> <p>Baseline: Data regarding # of participants, # of meetings, # of events, # of individuals on the mailing list will be obtained during FY 2013-2014 and compared to the same data for 2014-2015.</p> <p>Target Objective to be achieved by June 30, 2015= A monthly support group with increasing membership will be developed .</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 Prevention/ Survivor Support		
FY 2013-2015				
Desired Outcome: Individuals who are demonstrating suicidal ideas and persons who have lost a family member or friend to suicide will benefit from available services and supports.				
Target Objective: Develop a Survivor Support (SOS) group that offers education, activities, and opportunities for sharing.				
Performance Measure(s): # of participants, # of meetings, # of training events				
Data Source(s): meeting attendance, flyers,				
Responsible Person: Site Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with Key Community stakeholders who will assist in implementing the objective in Susquehanna County.	Site Coordinator	7/30.2013		
2. Hold a Gatekeeper Training on suicide prevention	Site Coordinator	7/30/2013		
3. Develop a steering Committee that will develop a plan for implementing training in the community and in schools.	Site Coordinator	10- 30-2013		
4. Implement suicide prevention awareness training in schools for teaching staff.	Site Coordinator	12-30-2013		
5. Implement suicide prevention awareness training in schools for students.	Site Coordinator	3-30-2014		
6. Develop a suicide survivor support group that meets on a regularly scheduled basis.	Site Coordinator	6-30-2014		

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

Focus Area: 7. CIT initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.	The CIT model and training is used by police and crisis workers with individuals experiencing a crisis to safely assist them in accessing services appropriate to their needs.	<p>The number of persons trained will increase by 20%.</p> <p>Baseline: There have been 89 individuals trained to date.</p> <p>Target Objective to be achieved by June 30, 2015= 107 individuals will be trained in CIT</p>	<p>Performance Indicator: Total number of Persons trained in CIT</p> <p>Data Source: Training Records</p> <p>Responsible Party: Deputy Administrator,</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Safeguards

FY 2013-2015

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

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

Performance Measure(s): Total number of Persons trained in CIT=107

Data Source(s): Training Records

Responsible Person: Deputy Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Collect data on the number of Persons trained in CIT. Include number in each Police Department and the number agency staff trained in CIT.	Deputy Administrator	9/30/2013 Quarterly		
2. Collect baseline data on the percentage of 911 calls that are responded to by a CIT officer.	Deputy Administrator	9/30/2013 Quarterly		
3. Collect outcome data on calls responded to by a CIT officer (ie, event outcome, referrals, etc)	Deputy Administrator	9/30/2013 Quarterly		
4. Expand Training opportunities to Police Officers and Agency staff in Susquehanna County.	Deputy Administrator	9/30/2014		

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

Focus Area: Focus Area: Participant Access 8. Rural School Based Outreach

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Children and Adolescents in rural communities have access to home and community-based behavioral health services in their communities.</p> <p>46</p>	<p>Children and adolescents are supported in their recovery efforts</p>	<p>The number of children and Adolescents who receive outpatient (school and clinic) in Susquehanna County will increase by 10% in Calendar Year 2015.</p> <p>Baseline: An unduplicated count of Children served in Susquehanna County for FY 2011-2012 =43</p> <p>Target Objective to be achieved by June 30, 2015= 47 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>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

Focus Area: Participant Access-

FY 2012-2013

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 Fiscal Year 2013-2015.

Performance Measure(s): Percent increase of children and Adolescents who receive outpatient (school and clinic) in Susquehanna County.

$N = 43 \times .10 = 4.3$ $43 + 4.3 = 47.3$ (47)

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	9/30/2013 and quarterly		
2. Collect aggregate data on the point of service used in each Susquehanna County clinic.	NHS, QM Coordinator	9/30/2013 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	9/30/2013 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)	12/30/2013		

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

Focus Area: Focus Area: Participant-Centered Service Planning and Delivery 9. 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>48</p>	<p>Individuals are empowered to be active in their own recovery</p>	<p>Increase by 5%, the number of new users of the 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: an average of 44 new participants per month were identified for the period of June 2012-May 2013</p> <p>Target Objective to be achieved by June 30, 2015 = An average of 46 new users per month</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		
FY 2013-2015				
Desired Outcome: Individuals are empowered to be active in their own recovery				
Target Objective Increase by 5%, the number of new users of the 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 new users of 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. Track the number of individuals registered on the Decision Support Center System.	QM Coordinator	9-30-2013 and quarterly		
2. Identify strengths and weaknesses of using the Decision Support Center through user generated feedback.	SCC Staff	6-30-2014		
3. Develop a physician survey, to determine physician perception of strengths and weaknesses of the Decision Support Center.	Deputy Administrator SCC staff QM Coordinator	12-30-2013		
4. Determine the need for modification of the Decision Support Center process as a result of user generated, and physician generated feedback.	Deputy Administrator SCC staff	6-30-2014		

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

Focus Area: System Performance

10. Review of Grievances

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Intellectual Disability Services, Behavioral Health Services and Early Intervention Services and their family members are provided with a collaborative structured process to have grievances heard and addressed in a professional manner.	Individuals and family members experience satisfaction in having their grievances addressed.	<p>A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented</p> <p>Baseline: Grievances are not currently tracked. No structured process is identified.</p> <p>Target Objective to be achieved by June 30, 2015 = A fully functioning grievance process is in operation.</p>	<p>Performance Indicator: Developed Policy, Developed and functioning tracking system</p> <p>Data Source : Policy , tracking system</p> <p>Responsible Party: :Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		Focus Area: Review of Grievances		
FY 2013-2015				
Desired Outcome: Individuals and family members experience satisfaction in having their grievances addressed.				
Target Objective: A structured grievance process that tracks grievances and the outcomes of grievances will be developed and documented				
Performance Measure(s): Developed Policy, Developed and functioning tracking system				
Data Source(s): Policy, Tracking system				
Responsible Person : Deputy Administrator, Assistant Administrator for Administration , Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy that defines a grievance and identifies actions to be taken when a grievance is received.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
2. Develop a tracking system with a centrally located electronic file to collect grievances.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	11-30-13		
3. Provide staff training on the policy, identification of a grievance, structured responses, and documentation process.	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	12-30-13		
4. Review and evaluate data and trends through the risk management Committee process	Deputy Administrator, Assistant Administrator for Administration, Quality Management Coordinator	1-30-14 and quarterly		