



Quality Management Plan

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

FISCAL YEAR PLAN 2020-2023

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 of its organizational activities, which includes personalized care as an essential priority.

The Quality Management Plan contains goals and objectives that address quality outcomes for: Behavioral Health, Intellectual and Developmental Disabilities, Autism Spectrum Disorder, and Early Intervention.

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 Management Plan

Mission: The Mission of the Lackawanna-Susquehanna Counties Behavioral Health/Intellectual Disabilities/Early Intervention Program is to connect consumer satisfaction, outcome evaluation and accountability with the planning, procurement, and efficient management of effective services and supports.

Vision: To utilize a holistic approach in partnering with individuals, families and the community by promoting hope, empowerment, choice, and opportunities that encourage people to achieve their personal outcomes as individuals and community members.

Values: The Program embraces the philosophies of Everyday Lives and Recovery in its drive to solicit collaboration among stakeholders to expand participation of all persons in their communities. The assurance of equal access to culturally competent supports and services is an integral component of the Lackawanna-Susquehanna Counties Behavioral Health/Intellectual Disabilities/Early Intervention Program.

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

Membership of the Quality Council Committee includes:

- Persons & Families receiving Supports & 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
- Quality Management Coordinator
- Director of ID Services
- Waiver Coordinator
- Children's Program Coordinator
- Adult Behavioral Health 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 any other county categorical agencies to coordinate Quality Management programs and initiatives.
- Work with Providers to develop Quality Management Plans that support their agency's objective of the County Joinder Program and the Commonwealth.
- Report to The Lackawanna-Susquehanna Behavioral Health/ Intellectual Disabilities/ Early Intervention Program Advisory Board.

Intellectual Disabilities Services

1. Participant
Access:
Communication
Facilitation

2. Participant
Access: Community
Living

3. Participant
Centered Service
Planning & Delivery:
Employment

4. Person Centered
Planning: Service
Delivery

5. Participant
Centered Service
Planning & Delivery:
Simplify the System

6. Participant
Safeguards:
Supporting People
with Complex Needs

7. Participant
Safeguards: Incident
Management

8. Participant
Safeguards: Abuse

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
Individuals receiving Intellectual Disability and Autism Services who do not communicate verbally have an effective way to communicate in order to express choice.	Individuals are able to communicate their wants and needs effectively in a residential setting.	<p>Objective: 50% of individuals who live in a residential setting and whose primary mode of communication is non-verbal will have communication training through ISP teams.</p> <p>Baseline: FY 2019-2020 N= 44 individuals registered with LS are non-verbal.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on results of FY 2019-2020 = 22 individuals or 50% of baseline for FY 2019-2020.</p>	<p>Performance Indicator: # of individuals whose primary mode of communication is non-verbal that received communication training.</p> <p>Formula for FY 2020-2021: N= 44 / 2 = 22</p> <p>Data Source: Communication Spreadsheet</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Access**Desired Outcome:** Individuals are able to communicate their wants and needs effectively.**Target Objective:** 50% of individuals who live in a residential setting and whose primary mode of communication is non-verbal will have communication training through ISP Teams.**Performance Measure(s):** # of individuals whose primary mode of communication is non-verbal that received communication training. Formula: $N = 44 / 2 = 22$ **Data Source(s):** Communication Spreadsheet**Team Members:** Quality Coordinator, Waiver Coordinator, Supports Coordination Organization's, Supports Coordinator's, Director of ID Services, HCQU.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Create a tracking tool for all individuals whose primary mode of communication is non-verbal within the joinder.	Waiver Coordinator	9/30/20		
2. Compose a list of annual ISP meetings for individuals whose primary mode of communication is non-verbal.	Waiver Coordinator	10/31/20		
3. Provide the list to the SCO's and information on communication to distribute at the annual ISP meetings.	Waiver Coordinator	12/31/20		
4. Contact the HQU to develop a communication training curriculum for teams of individuals whose primary mode of communication is non-verbal.	Waiver Coordinator	3/31/21		
5. Schedule communication training for the identified individual's team members and the HCQU.	Supports Coordination Organization's, Supports Coordinator's, HCQU.	6/30/21		
6. During the annual ISP meetings have communication trainings for the identified individuals to assist the team with effective communication for someone whose primary mode of communication is non-verbal.	Supports Coordinator's and HCQU	9/30/22		
7. Add a communication goal to the ISP.	Supports Coordinator's	9/30/22		
8. Collect and monitor data quarterly to determine progression/regression and report to Quality Council.	Quality Coordinator	9/30/20		

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

Focus Area: Participant Access ID 2. Community Living

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals receiving Intellectual Disability and Autism Services live where and with whom they want within the community.	Individuals are provided with a range of community living options to discuss and choose from with their team, when selecting a residential setting. (place to live)	<p>Objective: The % of people who live in residential settings who participate in Lifesharing/ Supported Living will increase from 10% to 12%.</p> <p>Baseline: FY 2019-2020 10% of individuals participated in Lifesharing/ Supported Living. 90.3% of individuals live in community homes, 0.6% individuals of in Supported Living, 9.1% of individuals in Lifesharing.</p> <p>Target Objective: to be achieved by June 20, 2023 for FY 2020-2021 is determined based on the results of FY 2019-2020 = 12% of individuals will participate in Lifesharing/ Supported Living.</p>	<p>Performance Indicator: % of individuals participating in Lifesharing and Supported Living options.</p> <p>Data Source: Service Authorizations in HCSIS</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan**Lackawanna- Susquehanna BH/ID/EI Program****FY 2020-2023****Cycle 1****Focus Area:** Participant Access**Desired Outcome:** Individuals are provided with a range of Community Living options to discuss and choose from with their team, when selecting a Residential setting.**Target Objective:** The % of people who live in residential settings who participate in Lifesharing/ Supported Living will increase from 10% to 12%.**Performance Measure(s):** % of individuals participating in Lifesharing and Supported Living.**Data Source(s):** Service Authorizations in HCSIS.**Team Members:** Quality Coordinator, Waiver Coordinators.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Track the number of referrals and identify the referral trends.	Waiver Coordinator	9/30/20		
2. Meet with Residential providers to promote the initiative.	Quality Coordinator, Waiver Coordinators	12/31/20		
3. Have providers identify individuals who meet the criteria for the initiative.	Waiver Coordinator	3/31/21		
4. Share information with the Supports Coordinator's and ISP teams and offer choice to the individuals.	Quality Coordinator, Waiver Coordinators	6/30/21		
5. Promote the initiative on an ongoing basis.	Quality Coordinator, Waiver Coordinators	9/30/20		
6. Monitor progress and report data quarterly to the Lifesharing Workgroup and Quality Council.	Quality Coordinator	9/30/20		

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

Focus Area: Participant-Centered Service Planning and Delivery ID 3. Employment

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals who receive Intellectual Disability and Autism Services will have access to employment options.	Individuals will have opportunities to explore their employment potential and experience job satisfaction and self-respect.	<p>Objective: Increase the percentage of working individuals who are age 16-64 and employed on a full time or part time basis to 20%.</p> <p>Baseline: FY 2019-2020 N= 14.9% of individuals were employed on a full time or part time basis.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on the results of FY 2019-2020 = 14.9% of individuals were employed, a 20% increase is 35% to be achieved.</p>	<p>Performance Indicator: The % of individuals, age 16-64, receiving Intellectual and Developmental Disability Services and Autism Spectrum Disorder Services that are employed.</p> <p>Data Source: HCSIS, Lackawanna-Susquehanna ID Database</p> <p>Responsible Party: Waiver Coordinator</p>

Action Plan

Lackawanna- Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant-Centered Service Planning and Delivery

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

Target Objective: Increase the % of working individuals who are age 16-64 and are employed on a full time or part time basis to 20%. 14.9% (FY19-20) + 20% = 35% to be achieved.

Performance Measure(s): The % of individuals, age 16-64, who receive Intellectual and Developmental Disability Services and Autism Spectrum Disorder Services who are employed.

Data Source(s): HCSIS, The Lackawanna-Susquehanna ID Database

Team Members: Quality Coordinator, Waiver Coordinators, ID Director

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Continue to provide individuals with information on benefits counseling and employment. Continue to track the number of individuals who participate in benefits counseling.	Waiver Coordinator	9/30/20		
2. Track the number of individuals interested in employment via OVR referrals.	Waiver Coordinator	12/31/20		
3. Review service notes to assure employment documentation was discussed at annual ISP meetings.	Quality Coordinator, Waiver Coordinator	3/31/21		
4. Initiate Employment Events to promote individuals interested in employment and employers support individuals with disabilities. (reverse job fair, employer recognition)	Quality Coordinator, Waiver Coordinator	3/31/21		
5. Track and report data on the number of individuals who are employed (with or without ODP supports) and report to Quality Council and Employment Workgroup Meeting.	Quality Coordinator, Waiver Coordinator	9/30/20		

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

Focus Area: Person Centered Planning ID 4. Service Delivery

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals with Intellectual Disability and Autism Services who are newly enrolled in a waiver receive services in a timely manner.	Individuals with assessed needs receive timely person-centered services and supports.	<p>Objective: 100% of individuals newly enrolled in a waiver receive services within 45 days of waiver enrollment.</p> <p>Baseline: FY 2019-2020 63 individuals enrolled total, 50 individuals services were initiated within the 45-day timeframe, 11 individuals extensions were approved by ODP, 2 individuals exceeded the timeframe without an approved extension.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on results from FY 2019-2020= 100% of individuals will receive services within 45 days of waiver enrollment.</p>	<p>Performance Indicator: % of waiver enrollments within the allotted timeframe.</p> <p>Formula for Fiscal Year 2020-2021: <u># of individuals with services initiated within 45 days</u> # of total individuals newly enrolled</p> <p>Data Source: HCSIS; Lackawanna-Susquehanna Service Initiation Tracking; Written Request to ODP Tracking.</p> <p>Responsible Party : Waiver Coordinator</p>

Action Plan				
Lackawanna-Susquehanna BH/ID/EI Program		FY 2020-2023	Cycle 1	

Focus Area: Person Centered Planning

Desired Outcome: Individuals with assessed needs receive timely person-centered services and supports.

Target Objective: 100% of individuals newly enrolled in a waiver receive services within 45 days of waiver enrollment.

Performance Measure(s): % of individuals enrolled within the allotted timeframes.

Data Source(s): HCSIS, Lackawanna-Susquehanna Service Initiation Tracking Tool, Written Request to ODP Tracking Tool.

Team Members: Quality Coordinator, Waiver Coordinator responsible for enrollment.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Revise Waiver Service Initiation Protocol to include: 1. Steps AE will take to ensure timely service delivery; 2. AE process for written request to ODP related to delay in service initiation.	Director of ID Services	12/30/18	Completed	1/3/19
2. Create Service Initiation Tracking Tool.	Waiver Coordinator responsible for Enrollment	12/30/18	Completed	12/11/18
3. Create Tracking Tool for Written Requests to ODP related to service delays and ODP response(s).	Waiver Coordinator responsible for Enrollment	12/20/18	Completed	1/3/19
4. Begin Tracking 1. Service initiation data; 2. Written requests related to delays for newly enrolled waiver participants.	Waiver Coordinator responsible for Enrollment	12/30/18 and ongoing	Completed and ongoing	12/11/18
5. Review data monthly on: 1. Service Initiation Tool; 2. Written Request Tracking Tool and assess reasons for service initiation beyond required timeframes.	Waiver Coordinator responsible for Enrollment	1/31/19 and ongoing	Continue until goal is achieved	
6. Report progress to Quality Council.	Waiver Coordinator responsible for Enrollment	4/1/19 and ongoing	Continue quarterly	

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

Focus Area: Participant Centered Service Planning and Delivery ID 5. Simplify the System

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals receiving Intellectual Disability and Autism Services have services and supports that are successfully implemented according to each participants needs, preferences and decisions.	Individuals and families have a system of supports they can understand and utilize effectively.	<p>Objective: 100% of individuals will have an initial ISP from SCO assignment within 45 days.</p> <p>Baseline: FY 2019-2020- no baseline establishing a baseline for % of individuals who had an ISP from SCO assignment within 45 days.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on results of FY 2019-2020 = 100% of individuals will have an initial ISP from SCO assignment within 45 days.</p>	<p>Performance Indicator: % of individuals who have an ISP from SCO assignment within 45 days.</p> <p>Data Source: ID Database</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan
Lackawanna- Susquehanna BH/ID/EI Program **FY 2020-2023** **Cycle 1**

Focus Area: Participant Centered Service Planning and Delivery

Desired Outcome: Individuals and families have a system of supports they can understand and utilize effectively.

Target Objective: 100% of individuals will have an ISP from SCO assignment within 45 days.

Performance Measure(s): the % of individuals who have an ISP SCO assignment within 45 days.

Data Source(s): ID Database.

Team Members: Quality Coordinator, Waiver Coordinators.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Create tracking tool for individuals that are newly eligible within the joinder.	Waiver Coordinator	9/30/20		
2. Review the tracking tool routinely to ensure the development of the ISP is met within 45 days of SCO assignment.	Waiver Coordinator	9/30/20		
3. Prompt the SCO's as a reminder, if plans are not submitted within 30 days.	Waiver Coordinator	12/31/20		
4. Monitor Progress and report data and findings to Quality Council.	Quality Coordinator, Waiver Coordinator	9/30/20		

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

Focus Area: Participant Safeguards

ID 6. Supporting People with Complex Needs

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals receiving Intellectual Disability and Autism Services who have behavioral health needs receive the treatment and supports needed in their home and community settings.	Individuals are able to live an everyday life through planning, preparation and modification of supports as needs change and challenges arise.	<p>Objective: Decrease the # of Emergency Room Visits for individuals who have behavioral health emergencies in provider operated settings by 50%.</p> <p>Baseline: FY 2019-2020 N= 82 Emergency Room Visits for behavioral health emergencies.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on results of FY 2019-2020= 41 Emergency Room Visits, which is a 50% decrease.</p>	<p>Performance Indicator: # of ER Visits for behaviors or % decrease of ER Visits for behaviors.</p> <p>Formula for Fiscal Year 2020-2021: $N = 82 \times .50 = 41$ $N = 82 - 41 = 41$ Target Objective</p> <p>Data Source: EIM Reports, DDTT Referrals, Discharge Notices, RPP's</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Safeguards

Desired Outcome: Individuals are able to live an Everyday Life through planning, preparation and modification of supports as needs change and challenges arise.

Target Objective: Decrease the # Emergency Room Visits for individuals exhibiting behavioral health emergencies by 50%.

Performance Measure(s): # of ER Visits for behaviors or % decrease of ER Visits for behavioral health emergencies.

Data Source(s): EIM Reports, Discharge Notices, DDTT Referrals, Restrictive Procedure Plans.

Team Members: Quality Coordinator, Waiver Coordinator.

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Create data/tracking tool to identify and monitor the number of Emergency Room visits occurring for Behavioral purposes.	Quality Coordinator	9/30/20		
2. From baseline data, identify providers currently utilizing the Emergency Room for individuals who have exhibited Behavioral Crisis.	Quality Coordinator, Waiver Coordinator	12/31/20		
3. Meet with providers that serve individuals with dual diagnosis and complex needs to discuss present practices and identify staff training needs to manage behavioral health crisis.	Quality Coordinator, Waiver Coordinator	2/28/21		
4. Collate information on staff training needs.	Waiver Coordinator	3/31/21		
5. Identify available training resources and coordinate annual Mental Health/ First Aid training.	Waiver Coordinator	4/30/21		
6. Provide training for providers who serve individuals with complex needs.	Waiver Coordinator	6/30/21		
7. Monitor and track data quarterly to determine the frequency of Emergency Room usage for crisis and report data to the Quality Council.	Quality Coordinator	9/30/20		

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

Focus Area: Participant Safeguards ID 7. Incident Management

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals receiving Intellectual Disability and Autism Services are safe and secure in their homes and communities with the timely finalization of incident reports.	The health, safety and rights of people receiving services will be ensured.	<p>Objective: 90% of incidents that are reported to Enterprise Incident Management System will be completed and finalized within 30 days of the incident being filed or recognized, or an extension will be filed for finalization of the report.</p> <p>Baseline: FY 2019-2020 1134 Total reports filed in EIM, 251 reports were filed or submitted late. 883 reports were filed on time = .778 or 78%. N= (# of EIM reports filed on time) / (# of overall reports filed) = Target objective or %.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 is determined based on results from FY 2019-2020 = 78% of incidents were finalized on time. Target goal is 90% , which is a 12% increase</p>	<p>Performance Indicator: % of incidents finalized within ODP Incident Management guidelines (extensions fall within the guidelines) compared to the number of incidents filed in EIM.</p> <p>Formula for Fiscal Year 2020-2021: N= reports on time/ overall reports filed = % or Target Objective.</p> <p>Data Source: EIM Reports</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Safeguard

Desired Outcome: The health, safety and rights of people receiving services will be ensured.

Target Objective: 90% of incidents that are reported into Enterprise Incident Management System will be completed and finalized within 30 days of the incident being filed or recognized, or an extension will be filed for finalization of the report.

Performance Measure(s): % finalized within ODP Incident Management guidelines (extensions fall within the guidelines) compared to the number of incidents filed in EIM. (Formula)

Data Source(s): EIM Reports.

Team Members: Quality Coordinator, Provider IM Point Persons, Advocacy IM Coordinator.

Action Items:

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Tracking/ Data tools will be created to each Provider Agency's EIM reports.	Quality Coordinator	8/1/19	Completed	8/1/19
2. The Incident Management Review Report will be extracted from EIM on a monthly basis (end of the month). All Provider incident response timelines from report will be added to the tracking tools and reviewed by the County.	Quality Coordinator	8/1/19 and ongoing	Completed and ongoing	8/1/19
3. The data will be analyzed by the AE to determine the % of reports that were completed within the permitted timeline on behalf of the agency. A report will be sent out to each Provider on a quarterly basis by the County displaying the % of Incident Reports completed on time with the Joinder's average % completed on time and the target %.	Quality Coordinator	12/31/19 and ongoing	Is completed on an ongoing basis	12/31/19
4. The AE will send out letters to all Provider Agencies emphasizing the Incident Management Process guidelines and procedures as a reminder. A focus will be made on the importance of the process and reasoning behind the addition to the QM Plan.	Quality Coordinator	9/30/20		
5. An Incident Management Annual Training will be developed as a tool for Providers to utilize for Performance Improvement purposes.	Quality Coordinator, Advocacy IM Coordinator	12/31/19	Will be completed on an ongoing basis	11/25/19
6. Any Provider who is unable to obtain the Joinder target goal for 3 consecutive quarters will be advised to complete a Plan of Correction and be required to attend the annual IM training.	Quality Coordinator, Provider Point Persons	12/31/20		

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

Focus Area: Participant Safeguards ID 8. Abuse

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals receiving Intellectual Disability and Autism Services are safe and secure in their homes and communities.	The health, safety and quality of life of people is improved upon through an environment that is free from abuse, neglect and exploitation.	<p>Objective: Incidents of Abuse will reduce by 15%.</p> <p>Baseline: FY 2019-2020 N= # of Abuse incidents within the joinder. N= 326 incidents of Abuse</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021: will be determined based on results of FY 2019-2020, a reduction of 49 incidents of Abuse or no more than 277 incidents of Abuse.</p>	<p>Performance Indicator: % reduction of incidents of Abuse.</p> <p>Formula for Fiscal Year 2020-2021: N= 326 x.15 = 48.9 326 – 48.9= 277.1 target objective</p> <p>Data Source: EIM Incident Reports</p> <p>Responsible Party: Quality Coordinator</p> <p>*Information chosen for baseline and measurement will include both Individual to Individual Abuse as primary category and secondary to ER Visit, Hospitalization, or Injury requiring treatment beyond first aid. Information also chosen for baseline and measurement will include Abuse as a primary category and secondary to Sexual, Verbal, Physical or Psychological.</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Safeguards

Desired Outcome: The health, safety and quality of life for people is improved upon through an environment that is free from abuse, neglect and exploitation.

Target Objective: Incidents of Abuse will reduce by 15%.

Performance Measure(s): % reduction of incidents of Abuse. Formula: $N = \# \text{ of incidents of Abuse} \times 15 =$, N- answer = Target Objective.

Data Source(s): EIM Incident Reports.

Team Members: Quality Coordinator, Risk Management Team, ID Team

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Create data spreadsheet for to create baseline and begin tracking all incidents of Abuse.	Quality Coordinator	7/31/20 & ongoing		
2. Train all SC's within joinder SCO's on preventing Abuse and Neglect and reporting protocols.	Quality Coordinator	9/30/20		
3. Meet with identified providers on a monthly basis to discuss any individuals involved in Abuse related incidents.	Quality Coordinator, Risk Management Team	10/31/20 & ongoing		
4. AE will provide further assistance to providers who meet the abuse incident criteria quarterly, through use of knowledge of Incident Management Protocol.	Quality Coordinator	12/31/20 & ongoing		
5. Develop joinder Abuse Campaign to prevent Abuse through acknowledgment of providers best practices being followed.	Quality Coordinator, ID Team	3/30/21		
6. Roll out Abuse Campaign within the joinder amongst all provider agencies.	Quality Coordinator, ID Team	4/30/21		
7. Collect and analyze data quarterly, report data to Quality Council and in quarterly reports.	Quality Coordinator	9/30/20 & ongoing		

Early Intervention Services

1. COMMUNITY
OF PRACTICE:
EARLY
INTERVENTION

2. RAPID
RESPONSE TEAM:
EARLY
INTERVENTION

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

Focus Area: Participant Access

EI 1. Early Intervention- Community of Practice

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children and families in Early Intervention will receive information on Charting the Life Course.	Children and families in Early Intervention will receive information on Charting the Life Course tool at their child's six-month review meeting.	<p>Objective: 100% of families will receive the Charting the LifeCourse tool at their child's 6-month review.</p> <p>Baseline: Number of families that receive information on Charting the Life Course. 7/2019-12/2019= 178 families</p> <p>Target Objective: to be achieved by June 30, 2023 = _100% of overall families will have received Charting the Life Course tool at their child's 6-month review.</p> <p>Goal to be achieved by 12/2020= 190 families</p>	<p>Performance Indicator: % of families/children who receive the Charting the Lifecourse tool at their 6-month review.</p> <p>Data Source: Early Intervention Tracking Data</p> <p>Responsible Party: Children's Program Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Access

Desired Outcome: Children and families in Early Intervention will receive information on Charting the Life Course tool at their child's six month review meeting.

Target Objective: 100% of families/children will receive the Charting the Lifecourse tool at the 6 month review.

Performance Measure(s): % of families/children who receive the Charting the Lifecourse tool at the 6 month review.

Data Source(s): Early Intervention Tracking Data.

Team Members: Children's Program Coordinator, Service Coordinator

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Service Coordinators receive a training on Charting the Life Course with PA Family Network.	Children's Program Coordinator	3/28/19	Completed	3/28/19
2. At the 6 month review meeting, the Service Coordinators will share information on Charting the Life Course tool with the families.	Service Coordinator	4/1/19 & ongoing		
3. Every month, the SC Supervisor, will report to the County EI Coordinator, the number of families that have received information on Charting the Life Course.	Service Coordinator Supervisor & Children's Program Coordinator	4/1/19 & ongoing		
4. Monitor and report data findings to the Quality Council quarterly.	Children's Program Coordinator	4/1/19 & ongoing quarterly		

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

Focus Area: Participant Safeguards

EI 2. Early Intervention- Rapid Response Team

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Children receiving Early Intervention Services will have a successful learning opportunity in an early childhood setting.</p>	<p>Children in Early Intervention who may be at risk of being suspended and/or expelled from an early childhood setting will have a meeting with the EI Rapid Response Team.</p>	<p>Objective: 100% of children in early intervention being suspended and/or expelled in an early childhood setting will have a Rapid Response Team meeting.</p> <p>Baseline: 4/1/19-12/30/2019 = 5 Rapid Response Meetings.</p> <p>Target Objective: to be achieved by June 30, 2023 = 100% of children who are at risk will have a meeting with the EI Rapid Response Team.</p> <p>Goal to be achieved by 12/2020 = 10 Rapid Response Meetings.</p>	<p>Performance Indicator: the # of children in EI who have been suspended or expelled from an Early Childhood setting and have had a Rapid Response Team meeting.</p> <p>Data Source: EI Monthly Tracking Spreadsheet</p> <p>Responsible Party: Children’s Program Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020 -2023

Cycle 1

Focus Area: Participant Safeguards

Desired Outcome: Children receiving Early Intervention who may be at risk of being suspended and/or expelled from an Early Childhood Setting will have a meeting with the EI Rapid Response Team.

Target Objective: 100% of children in Early Intervention being suspended and/or expelled in an Early Childhood will have a Rapid Response Team meeting.

Performance Measure(s): The # of children in Early Intervention that have been suspended and/or expelled in an Early Childhood setting and have had a Rapid Response Team meeting.

Data Source(s): EI Monthly Tracking Spreadsheet.

Team Members: Children's Program Coordinator, Rapid Response Team.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Develop a policy for EI Rapid Response Team and review with EI staff at staff meeting.	Children's Program Coordinator	3/31/19	Completed	3/8/19 & 3/27/19
2. Develop an EI Rapid Response Monthly Tracking Spreadsheet to track the # of children who have been 1. Suspended; 2. Expelled.	Children's Program Coordinator	3/31/19 & ongoing	Completed & ongoing	3/7/19
3. Track the number of EI Rapid Response Meetings being held on a monthly basis.	Children's Program Coordinator	4/30/19 & ongoing monthly		
4. Analyze and report data quarterly at the Quality Council Meeting.	Children's Program Coordinator	4/30/19 & ongoing quarterly		

Behavioral Health Services

1. ADULT- PARTICIPANT
CENTERED SERVICE
PLANNING & DELIVERY:
EMPLOYMENT

2. ADULT- PROVIDER
CAPACITY AND
CAPABILITIES: PEER
SERVICES

3. ADULT- PARTICIPANT
SAFEGUARDS: CRISIS
SERVICES

4. ADULT- PARTICIPANT
CENTERED SERVICE
PLANNING & DELIVERY:
FORENSIC CASE
MANAGEMENT

5. CHILDREN-
PARTICIPANT CENTERED
SERVICE PLANNING &
DELIVERY: COMPLEX
CASE REVIEW MEETINGS

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

Focus Area: Participant Centered Service Planning & Delivery BHA 1. Employment

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals who receive Psychiatric Rehabilitation Behavioral Health Services have access to employment options.	Individuals will have opportunities for employment while experiencing job satisfaction and self respect.	<p>Objective: There will be a 10% increase in the number of individuals who receive psychiatric rehabilitation services and have an employment goal which will assist with gaining employment in the future.</p> <p>Baseline: FY 2019-2020: 35 individuals who have an employment goal.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021 will be determined based on results of FY 2019-2020 = 10% increase in the number of individuals working on employment goals = 38.5 or 39 individuals.</p>	<p>Performance Indicator: The % increase in individuals who receive psychiatric rehabilitation behavioral health services and have an employment goal.</p> <p>Formula for 2020-2021: $N = \# \text{ of individuals working on an employment goal} \times .10 =$ $N + \text{answer from above} = \text{target objective}$</p> <p>Data Source: Psychiatric rehabilitation employment tracking</p> <p>Responsible Party: Quality Management Coordinator</p>

Action Plan	FY 2020-2023	Cycle 1
Lackawanna-Susquehanna BH/ID/EI Program		

Focus Area: Participant Centered Service Planning & Delivery- Employment

Desired Outcome: Persons will have opportunities for employment while experiencing job satisfaction and self-respect.

Target Objective: There will be a 10% increase in the number of individuals who receive psychiatric rehabilitation services and have an employment goal which will assist with gaining employment in the future.

Performance Measure(s): The % increase of individuals who receive psychiatric rehabilitation behavioral health services and have an employment goal.

Data Source(s): Psychiatric Rehabilitation Employment tracking

Team Members: Quality Management Coordinator, Adult Behavioral Health Coordinator, Psychiatric Rehabilitation Providers

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Meet with leadership of current Psychiatric Rehabilitation Providers (Allied, SCC, Friendship House & KCR) to discuss current processes within each program and the employment initiatives presently being worked on.	ABH Coordinator, QM Coordinator	9/30/19	Achieved	11/1/2019
2. Create tracking spreadsheet to record admissions/ census status and employment status of individuals receiving Behavioral Health Services. Track data monthly to develop a baseline.	QM Coordinator	9/30/19 & ongoing	Achieved Revised	10/9/2019 11/8/2019 1/1/2020
3. Extend an invitation for Psychiatric Rehabilitation Providers & Health Choices representatives to attend the currently scheduled Employment Workgroup Meetings or Employment Workgroup Meetings.	ABH Coordinator, QM Coordinator	10/31/19	Achieved	12/2019
4. Identify employment barriers for individuals receiving Psychiatric Rehabilitation Services and working on an employment goal. Once barriers are identified, meet with Providers to discuss or create solutions.	ABH Coordinator, QM Coordinator, Employment Coalition	6/30/20		
5. Connect all Psychiatric Rehabilitation providers with Benefits Counseling, for individuals who are interested in working, but who are concerned with losing benefits.	ABH Coordinator	9/30/20		
6. Put action plans in place to overcome identified barriers in order to increase the number of individuals working on employment goals. Track progress/ regression of action plans.	ABH Coordinator, QM Coordinator	3/30/21		
7. Evaluate & report data on employment outcomes.	QM Coordinator	12/10/19 & ongoing quarterly		

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

Focus Area: Provider Capacity and Capabilities BHA 2. Peer Services

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals who receive Behavioral Health Services will have access to community based services that supports their Recovery and promotes success.	Individuals in a community based or jail/prison setting will receive Certified Peer Services.	<p>Objective: Increase the # of Certified Peer Specialist by 30%.</p> <p>Baseline: FY 2019-2020 Currently there are 18 Certified Peer Specialist within the joinder.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021: is determined based on the results of FY 2019-2020 = the # of Certified Peer Specialists within the joinder will rise from 18 to 23, which is a 30% increase.</p>	<p>Performance Indicator: # of Certified Peer Specialists</p> <p>Formula for Fiscal Year 2020-2021: $N = 18 \times .30 = 5.4$ $18 + 5.4 = 23.4$ or 23</p> <p>Data Source: Certified Peer Specialist Tracking Sheet</p> <p>Responsible Party: Adult Behavioral Health Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Capacity and Capabilities**Desired Outcome:** Individuals in a community based or jail/prison setting will have access to support through Certified Peer Specialists.**Target Objective:** Increase the # of Certified Peer Specialists by 30%. $N = 15 \times .30 = 4.5$, $N = 15 + 4.5 = 19.5$ or 20.**Performance Measure(s):** # of Certified Peer Specialists.**Data Source(s):** Certified Peer Specialist Tracking Sheet.**Team Members:** Adult Behavioral Health Coordinator, Quality Management Coordinator.

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Collect baseline data, via tracking spreadsheet, for the number of Certified Peer Specialists as of June 30, 2020. Update the tracking spreadsheet quarterly.	Quality Coordinator, Adult BH Coordinator	9/30/20		
2. Collect baseline data on the number of individuals who receive Certified Peer support within the community, prison and jail settings.	Quality Coordinator, Adult BH Coordinator	9/30/20		
3. Meet with providers that offer the service to determine the need for the service and barriers encountered for service delivery.	Quality Coordinator, Adult BH Coordinator	12/30/20		
4. Develop an action plan with providers to increase the number of Certified Peer Specialists and number of individuals receiving peer support.	Quality Coordinator, Adult BH Coordinator	3/30/21		
5. Evaluate data and report on waiting list numbers for the service to Quality Council and Behavioral Health Committee on a quarterly basis.	Quality Coordinator, Adult BH Coordinator	12/30/20 and ongoing		

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

Focus Area: Participant Safeguards BHA 3. Crisis Services

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals who receive Behavioral Health Services are safe and secure in their homes and communities utilizing community-based services and supports.	Individuals are able to maintain their mental wellness in order to live successfully in the community by having access to various forms of crisis services, other than in a hospital setting.	<p>Objective: Decrease the # of individuals who receive crisis services in the Emergency Room by 10%.</p> <p>Baseline: FY 19-20 No Baseline FY 20-21 Baseline being established.</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021: a baseline for the # of individuals who receive crisis services in the Emergency Room.</p>	<p>Performance Indicator: # of individuals receiving crisis services in the ER.</p> <p>Formula for FY 2020-2021: $N = (\# \text{ of ER Visits}) \times (\% \text{ to be achieved}) =$ $N = (\# \text{ of ER Visits}) - (\text{answer from above}) = \text{Target Objective}$</p> <p>Data Source: SCC data for Crisis ER Visits</p> <p>Responsible Party: Adult Behavioral Health Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Safeguards

Desired Outcome: Individuals are able to maintain their mental wellness in order to live successfully in the community by having access to various forms of crisis services, other than in a hospital setting.

Target Objective: Decrease the # of individuals who receive crisis services in the Emergency Room by 10%. $N = (\# \text{ of ER Visits}) \times (\%) =$ $N = (\# \text{ of ER Visits}) -$ (answer from above) = Target Objective.

Performance Measure(s): # of individuals who receive crisis services in the Emergency Room.

Data Source(s): SCC data on Crisis Services.

Team Members: Quality Coordinator, Adult Behavioral Health Coordinator, Administrator, Scranton Counseling Center

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Continue to review and evaluate monthly crisis data.	Adult BH Coordinator	9/30/20 & ongoing		
2. Educate the community on the availability of telephone and mobile crisis service.	Adult BH Coordinator, Scranton Counseling Center	12/30/20 & ongoing		
3. Continue to work with NBHCC and CCBH on restructuring the delivery of crisis services.	Adult BH Coordinator, Administrator, Scranton Counseling Center	3/30/21 & ongoing		
4. Report data to the Quality Council and Behavioral Health Committee on a quarterly basis.	Adult BH Coordinator, Quality Coordinator	9/30/20 & ongoing		

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

Focus Area: Participant Centered Service Planning and Delivery BHA 4. Forensic Case Management

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Individuals who are incarcerated and receive Behavioral Health Services have access to services and supports that are effectively implemented in accordance with each person's needs and preferences.	Individuals have access to services and supports to facilitate the re-entry and recovery process.	<p>Objective: Increase # of people who receive Forensic Case Management who successfully re-enter the community.</p> <p>Baseline: FY 2019-2020 no baseline FY- 2020-2021: baseline being established</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021: a baseline for the # of people who receive Forensic Case Management.</p>	<p>Performance Indicator: the # of people who receive Forensic Case Management without recidivism.</p> <p>Data Source: Scranton Counseling Center Outcome Tracking</p> <p>Responsible Party: Quality Coordinator</p>

Action Plan**Lackawanna-Susquehanna BH/ID/EI Program****FY 2020-2023****Cycle 1****Focus Area:** Participant Centered Service Planning and Delivery**Desired Outcome:** Individuals have access to services and supports to facilitate the re-entry and recovery process.**Target Objective:** Increase the number of people who receive Forensic Case Management who successfully re-enter the community.**Performance Measure(s):** The number of people who receive Forensic Case Management without recidivism.**Data Source(s):** Scranton Counseling Center Outcome Tracking**Team Members:** Quality Coordinator, Adult Behavioral Health Coordinator

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Establish a baseline of individuals that receive Forensic Case Management.	Adult BH Coordinator, Quality Coordinator	9/30/20		
2. Promote participation in the Action Support Team meetings with the prison, to plan for re-entry into the community and have a well-developed community-based plan for treatment and recovery.	Adult BH Coordinator, Director of Forensic Services and Forensic Service Department at Scranton Counseling Center	7/1/20 & ongoing		
3. Maintain and evaluate data on the Forensic Outcome Tracking Spreadsheet.	Adult BH Coordinator, Director of Forensic Services and Forensic Service Department at Scranton Counseling Center	7/1/20 & ongoing		

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

Focus Area: Participant Centered Service Planning and Delivery BHC 5. Complex Case Review Meetings

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children and families will have access to Behavioral Health Services that best supports their needs and prevents an out of home placement.	Identifying service strengths and gaps through the complex case review meetings to best serve children and families in home and community-based settings.	<p>Objective: Increase # of complex cases being reviewed monthly to prevent out of home placements.</p> <p>Baseline: FY 2019-2020 No baseline FY- 2020-2021: baseline being established</p> <p>Target Objective: to be achieved by June 30, 2023 for FY 2020-2021: a baseline for the # of complex cases being reviewed from the established baseline.</p>	<p>Performance Indicator: the # of complex cases being reviewed</p> <p>Data Source: Complex Meeting Review Tracking Sheet.</p> <p>Responsible Party: Children’s Program Coordinator</p>

Action Plan

Lackawanna-Susquehanna BH/ID/EI Program

FY 2020-2023

Cycle 1

Focus Area: Participant Centered Service Planning and Delivery

Desired Outcome: Identify service strengths and gaps through the Complex Case Review meetings to best serve children and families in home and community-based settings.

Target Objective: Increase the numbers of Complex Cases being reviewed on a monthly basis to prevent out of home placements.

Performance Measure(s): The number of Complex Cases being reviewed.

Data Source(s): Complex Case Review Tracking Sheet

Team Members: Children's Program Coordinator

Action Items:	Responsible Person	Target Date	Status	Completion Date
1. Identify children and families that would benefit from Complex Case Review meetings.	Children's Program Coordinator	4/2020 & ongoing		
2. Educate Behavioral Health Providers, OYFS staff and other stakeholders on the purpose of helping children and families with accessing services and supports in the home and community to prevent out of home placements.	Children's Program Coordinator	5/2020 & ongoing		
3. Track data on the number of cases being reviewed and the number of cases where a child was placed in an out of home placement.	Children's Program Coordinator	5/2020 & ongoing		
4. Identify service strengths and gaps in accessing services.	Children's Program Coordinator	5/2020 & ongoing		
5. Report quarterly data to Quality Council.	Children's Program Coordinator	7/2020 & ongoing		