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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

ARMSTRONG-INDIANA  
BEHAVIORAL AND DEVELOPMENTAL HEALTH PROGRAM

*October 11, 2017*

## Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide both information and data collected during the self-assessment Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) completed, review of the core sample that ODP selected for AIBDHP, and information gathered and shared during the on-site portion of the process. As discussed during AIBDHP's onsite visit, this year's focus areas have been related to ODP's mission, vision and values to promote and achieve an Everyday Life for everyone. Additionally the QA&I examined more closely the efforts AIBDHP demonstrates to promote 3 of the recommendations the Advisory Committee (ISAC) made, also included in ODP's Everyday Lives Values in Action: Improve Quality, Employment and Communication.

### Summary of Armstrong-Indiana Behavioral and Developmental Health Program

Armstrong-Indiana Behavioral and Developmental Health Program (hereafter referred to as AIBDHP) is located in Kittanning, PA, at 124 Armsdale Road, Suite 105.

As of July 1, 2017, AIBDHP is serving approximately 710 people from both Armstrong and Indiana Counties combined.

According to their website: <http://www.aibdhp.org>

### **Mission Statement**

*"The Armstrong-Indiana Behavioral and Developmental Health Program dedicates its efforts to the initiation, development and maintenance of a broad and comprehensive spectrum of quality community oriented behavioral and developmental health services and supports that are readily accessible, efficiently managed and provided without discrimination in a recovery and resiliency based environment."*

During QA&I activities, Shari Montgomery, Intellectual Disabilities Coordinator provided the following information to ODP, about activities and accomplishments for AIBDHP:

### QUALITY MANAGEMENT PLAN 2015-2017 and 2017-2019

The Quality Management Plan for AIBDHP Intellectual Disabilities Program continues to be a priority. Highlighted goals and outcomes from the FY15-17 plan include:

1. Increasing Employment- 100% of OVR referrals were made.
2. Eliminating/Decreasing Restraints- Restraints were reduced for our top 5 individuals being restrained by 37%. This was done through team collaboration, risk management and positive corrective action.
3. Decreasing Individual to Individual (I to I) Abuse- AIBDHP reduced I to I abuse by 25% using team collaboration, risk management and positive corrective action. In a majority of situations, individuals were moved to different homes or providers to find the right fit.

The following are our Quality Management goals for the next 2 years (FY 2017-2019):

1. Reduction/elimination for medication errors, specifically omissions.
2. Reduction/elimination for individual to individual abuse.
3. Reduction/elimination of restraints.
4. Individuals interested in employment will complete the assessment process with the Office of Vocational Rehabilitation.
5. Progress made for those individuals identified as hearing impaired.

### HUMAN RIGHTS COMMITTEE

AIBDHP has developed a Human Rights Committee. This committee has the following mission: To review any restrictive plan, behavior support plan, safety plan and social emotional plan to ensure the use of positive practices and least restrictive techniques to protect individual human rights, health and safety and to promote Everyday Lives. Members of this committee include AIBDHP, Community Guidance Center (SCO), Family Counseling Center (SCO), the HCQU and service providers Lifesteps, Superior Human Services, CLL, Evergreen,

Lifestyles Support Services, and PDCS. There are also behavior specialists, program specialists, supports coordinators and management staff sitting on the current committee. In the end, the individuals served by AIBDHP receive the best possible care.

### Clinical Care Manager Position

In December 2016 AIBDHP hired a Clinical Care Manager (CCM). The CCM is responsible for assessing and coordinating the clinical care needs for individuals identified in one of the following groups who present with complex behavioral health, medical and/or other life care needs.

- 1) Being discharged from psychiatric inpatient or state hospitals;
- 2) Admissions to a long term care facility (i.e. LifeCare and extended acute care units);
- 3) At risk for multiple inpatient readmissions;
- 4) Seriously Mentally Ill (SMI) consumers experiencing reoccurring acute episodes;  
or
- 5) A member of a priority or special needs population (i.e. ***Intellectually Disabled***, Aging, Forensic, etc.)

The CCM has begun to assist the ID staff with complex cases. This knowledge base has been a missing component in AIBDHP. Having a clinical care manager available to discuss difficult dually-diagnosed cases makes AIBDHP stand out and is resulting in better outcomes for the individuals we serve.

### INTAKE PROGRAM

AIBDHP has moved forward with the Alliance for Non Profit Resources (ANR) to begin doing all Intellectual Disability intakes in both counties. All intakes are completed by this independent agency. The ANR intake worker is mobile and

available to do intakes in the community or the individual's home. The creation of the standardized intake process has been extremely beneficial for AIBDHP individuals and families.

#### SCO/Provider COMMITMENT AND TRAINING/Technical Assistance

AIBDHP continues to see the hard work and dedication our Support Coordinators and Provider Agencies provide to the individuals we serve. We value this commitment and in turn, are making an effort to acknowledge it by providing ongoing training in areas as requested or needed.

#### Communities of Practice

AIBDHP, through the Communities of Practice Collaborative with Butler, Beaver and Lawrence counties, has held multiple trainings for SCOs and providers to begin approaching services in a differently than in the past. We are using the Life Course framework to identify community supports that can be life-long. Support Coordinators are encouraged to complete Life Course framework for individuals on the waiting list, transition age and aging out of early intervention, as well as exploring individuals with hearing deficits.

#### [QA&I Summary](#)

AIBDHP completed a self-assessment in FY 17-18, which was finalized on August 24, 2017. AIBDHP's self-assessment sample included 6 people who are enrolled in

the waiver, 2 people who are not, and a review of AIBDHP's data and policies as well.

The Office of Developmental Programs pulled a core sample of 14 people for their review. There were an additional 7 records selected for a level of care review only. These seven records were chosen because they had been enrolled by AIBDHP between the dates of April, 2016 and April, 2017. The names of those selected in both the core and level of care sample were shared with AIBDHP on September 27, 2017.

Prior to the onsite, a desk review of both the core sample, and level of care participants was completed.

On October 11, 2017, the onsite portion of the QA&I process was completed at the AIBDHP offices with Shari Montgomery, Intellectual Disabilities Coordinator. Other AIBDHP staff were available during QA&I activities, to provide information on AE activities (i.e. level of care review). Alliance for Non Profit Resources (ANR) was also represented as they complete both Intake and Certification/Recertification activities for AIBDHP. During the on-site visit, documentation was reviewed that is at the office, and ODP spoke with Intellectual Disabilities staff about certain activities which are contractually required to be completed every year, and assessed the performance for those activities. All aforementioned staff involved in the on-site activities, as well as Administrator, Tammy Calderone were invited to, and participated in the entrance and exit meetings which were held on October 11.

Nine of the thirteen people who agreed to a face to face interview with ODP or IM4Q Program Staff, had an interview completed on or before November 15, 2017. The purpose of this activity was to evaluate overall satisfaction, and to provide an opportunity for people to comment on recommendations for system improvement. Results show that all 9 are satisfied with the services they receive.

All ODP QA&I activities were completed by November 15, 2017.

## Data Analysis

AIBDHP's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and AIBDHP's performance has been evaluated.

The ODP QA&I activities were completed on November 15, 2017. The core sample, the additional 7 level of care records, and results of participant interviews have been reviewed.

Please see [Results and Performance Evaluation](#) section for findings.

## Results and Performance Evaluation

The comprehensive review of AIBDHP reveals the following:

Of the sample selected by AIBDHP for their self-assessment, one person was identified as being enrolled between the dates of July 1, 2016 and June 30, 2017. This person is considered newly enrolled for the purposes of the Self-Assessment. It is worth noting that AIBDHP contracts with ANR for intake/waiver enrollment activities. Based on the review of their self-assessment, AIBDHP demonstrates a thorough knowledge of policy development and implementation. Their data and policy review was 100% compliant, not only for their self-assessment, but for the ODP QA&I review as well. This review includes an evaluation of provider monitoring and qualification as well as a review of AIBDHP's adherence to the Operating Agreement with ODP. Notable among their many strengths, AIBDHP has shown a quality approach to managing consumer records, overall organizational skills, and a timely and thorough review of Individual Support Plans as submitted.

The ODP QA&I core sample review revealed results similar to those that AIBDHP indicated in their self-assessment. The QA&I Core sample did not include anyone who met the criteria of newly enrolled, but there were 7 records reviewed to satisfy the requirement to assessment AIBDHP's waiver enrollment procedures, and the effectiveness of that process. 6 were enrolled using the proper procedures for ensuring waiver eligibility. There was one person that was improperly enrolled in waiver. Using the SIS Assessment for initial waiver enrollment is not an allowable practice. Consequently, AIBDHP must remediate this record. That consists of demonstrating to ODP that this person meets the criteria established by the Department, and did at the time of initial enrollment. In the event the person does not meet the criteria, he must be immediately disenrolled from the Consolidated waiver.

Other noteworthy findings were the inclusion of the SIS in the ISP document. Shari Montgomery indicated an office focus on reviewing ISP's for inclusion of SIS recommendations, that was in place well before QA&I activities began. AIBDHP is very aware of needs and expectations, and frequently self-identifies those areas. AIBDHP is very effective in developing strategies to address operational needs, and monitoring progress those strategies to completion.

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, is it clear that AIBDHP is providing a quality service to those supported by your organization. The Quality Management plan addresses several of the ISAC recommendations directly (i.e. employment and communication). Additionally, AIBDHP is working on promoting Everyday Lives by developing a robust network between AIBDHP, service providers, and community resources (i.e. OVR) to not only support everyone, but to promote supporting those with complex needs.



Both assessments were reviewed for any systemic concerns that may need an improvement plan. You are required to complete remediation for the QA&I Core Review, as well as the aforementioned Level of Care sample. Additionally there are several areas that have been identified as systemic, and require a Corrective Action Plan, and a Plan to Prevent Reoccurrence.

Thank you for your ongoing support during this process, and for the quality work you do every day.

### Appendices

Appendix A: QA&I Core Sample Score and Detail Reports

Appendix B: Level of Care (LOC) sample spreadsheet with remediation

Appendix C: Core Sample Corrective Action Plan and Plan to Prevent Reoccurrence

Appendix D: LOC Corrective Action Plan and Plan to Prevent Reoccurrence

