
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Beaver County Behavioral Health

December 6, 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 Beaver County Behavioral Health (BCBH) completed, review of the core sample that ODP selected for BCBH, and information gathered and shared during the on-site portion of the process. As discussed during BCBH'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 BCBH demonstrates to promote 3 of the recommendations the Information Sharing Advisory Committee (ISAC) made, also included in ODP's Everyday Lives Values in Action: Improve Quality, Employment and Communication.

Summary of Beaver County Behavioral Health

Beaver County Behavioral Health (hereafter referred to as BCBH) is located in Beaver Falls, PA, at 1040 Eighth Avenue.

As of July 1, 2017, BCHS is serving approximately 850 people from Beaver County.

According to their website: www.beavercountypa.gov

“Our Mission and Vision Statement

Beaver County Behavioral Health and Developmental Services (formerly known as Beaver County MH/MR/D&A/HC) is charged with the responsibility to encourage a seamless system of care that is accessible, continuously available and emphasizes health promotion, prevention, early intervention, resiliency, recovery and rehabilitation.

- To create opportunities and environments that empower those we serve to succeed in the accomplishment of their goals and reconnect themselves with family, friends and community
- To ensure the availability of a workforce and provider network, sufficient in size and skill, to meet the behavioral health needs of Beaver County residents
- To ensure care that is safe, person-centered, effective, efficient, equitable and timely

- To employ evidence-based treatment and the latest technology in the pursuit of this mission”

During QA&I activities, Carole Yuhasz, Intellectual Disabilities (ID) Compliance Officer provided the following information to ODP, about activities and accomplishments for BCBH:

1. Quality Management Plan

- a. Collaborated with 3 other local counties on focus areas within the plan. The desire is to impact these focus areas on a larger than 1 county scale and to support ODP’s identified priorities (Ex. Medication Errors)

2. Communication

- a. As *“Assuring Effective Communication”* was the #1 recommendation by the ISAC, Beaver County Behavioral Health identified it as a priority.
- b. It is one of the 7 focus areas within the Quality Management Plan for both the AE and SCO; collectively this should bring the greatest positive impact on our desire to help our Beaver County participants communicate effectively.

3. Employment

- a. Beaver County Behavioral Health AE is an active participant on the Employment Coalition Committee. The committee meets quarterly and is comprised of a diverse group of members (ID, MH, Provider, Parents/Family, School, and OVR representation.)

4. Lifecourse Framework

- a. Specific target area is our Early Intervention program with children transitioning to pre-school. Our LICC Family Engagement Committee and parent co-chair have agreed on the Lifecourse Framework as the family training focus area for this year’s planning. The EI SC's received training for the Lifecourse framework at their annual SC training at Slippery Rock on 5/23/2017.

QA&I Summary

BCBH completed a self-assessment in FY 17-18, which was finalized on August 28, 2017. BCBH's self-assessment sample included 6 people who are enrolled in the waiver, 2 people who are not, and a review of BCBH's data and policies.

The Office of Developmental Programs pulled a core sample of 13 people for review. There were an additional 10 records selected for a level of care review only. These two records were chosen because they had been enrolled by BCBH 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 BCBH on November 22, 2017.

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

On December 6, 2017, the onsite portion of the QA&I process was completed at the BCBH offices with Carole Yuhasz, ID Compliance Officer. Other BCBH staff were available during the QA&I onsite, to provide information on AE functions (i.e. registration). 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 visit, were invited to, and participated in the entrance and exit meetings which were held on December 6, 2017.

The thirteen people selected in the ODP core sample were offered the opportunity to participate in a face to face interview with either ODP or regional

IM4Q staff. 9 people agreed, and those interviews were completed on or before October 25, 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, or were unable to verbally communicate their satisfaction. In two cases, parents provided answers.

All ODP QA&I activities were completed by December 6, 2017.

Data Analysis

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

The ODP QA&I activities were completed on December 6, 2017. The core sample, the additional 10 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 BCBH reveals the following:

BCBH SELF-ASSESSMENT:

Of the sample selected by BCHS 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. A portion of the self-assessment included a review of BCBH's compliance with ODP's eligibility requirements, and enrollment expectations. BCBH reported no areas of concern in this area, however this finding is not supported by the QA&I level of care sample reviewed by ODP. It should be noted that this may be a product of differing sample sizes. Another portion of the self-assessment included a review of Individual Support Plan (ISP) quality and timeliness. Again, no areas of non-compliance noted by BCBH. Finally the self-assessment included a review of BCBH's policies and procedures.

The final results of BCBH's self-assessment reveal a less than satisfactory performance in the area of Health Evaluations being current at the time of the ISP approval. All other areas were reported to be 100% compliance with current Department issued directives.

ODP CORE and LEVEL OF CARE SAMPLE:

The ODP QA&I core sample review revealed results similar to those that BCHS indicated in their self-assessment. The QA&I Core sample did not include anyone who met the criteria of newly enrolled, but there were 10 level of care records reviewed to satisfy the requirement to assessment BCBH's waiver enrollment procedures, and validate the results of their self-assessment. The LOC sample review indicates that BCBH demonstrates a practice for enrolling people into the ID waivers that does not meet the standards set by that waiver. Two of the ten records reviewed had unacceptable documentation. One record had a physical

that did not have the correct level of care indicated, and the other record had a psychological that did not indicate onset prior to the age of 22. The disparate nature of these documents confirms that the enrollment process as a whole must be re-assessed by BCBH. Technical assistance on the enrollment process is available from the Regional ODP, and should be considered as a resource.

The Core sample desk review revealed findings that support those reported by BCBH in their self-assessment, i.e. at the time of ISP approval, health evaluations are not consistently up to date.

Finally, BCBH cannot demonstrate that there is an effective method in place to track those consumers who are in/out of medical environments, and potentially ineligible for waiver services. BCBH has a tracking spreadsheet in place, but the review by ODP shows a communication breakdown between the Supports Coordinators, and the AE. During the on-site on December 6, 2017, ODP recommended a bi-weekly meeting to communicate about the status of people that may be entering or leaving a medical environment (i.e. hospital or nursing home).

Other noteworthy findings include the following:

- Jym Sledziewski, ID Specialist (and QM certified) was able to speak at length and in depth about the Quality Management Plan (QMP), and how it is being used. It is a comprehensive plan, and is being used to promote quality improvement. It should be noted that both Communication and Employment (Year 1 Focus Areas) are addressed directly in the QMP.
- The AE reviews and authorizes plans that have evidence that the individual is provided with on-going opportunities and support necessary to participate in community activities of the person's choice. This is a new requirement, but BCBH has been pro-active in implementing it.
- The AE promotes experiences and services that enables participants to obtain and benefit from competitive integrated employment. Again, this is a new requirement, but BCBH has been pro-active in its implementation.

- BCBH has a consistent and efficient approach with completing both provider qualification and provider monitoring.

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. While all non-compliances must be remediated, only three areas were determined to be systemic, and consequently require a Plan to Prevent Recurrence. Those areas are:

- Monitoring of people into/out of medical environments, and the subsequent changes that may be required if they become ineligible for waiver.
- Assuring people are given choice both at initial registration, and at waiver enrollment.
- Assuring health evaluations are current at the time of ISP approval.

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 Report

Appendix B: Level of Care (LOC) sample spreadsheet

Appendix C: CAP and PPR

