
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Cameron Elk Counties MH/MR

September 13, 2017

Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide you with both information and data that has been collected during the self-assessments you have completed, the review of the core sample that has been selected for your organization, and information both gathered and shared during the on-site portion of the process. As we discussed during your onsite visit, this year's focus areas included ensuring everyone has an Everyday Life, and promoting the following ISAC recommendations: Improve Quality, Employment and Communication.

[Summary of Cameron Elk Counties MH/MR](#)

Cameron Elk Counties MH/MR (hereafter referred to as CE) is located in Ridgway, PA, at 4 Hospital Drive.

As of July 1, 2017, CE is serving approximately 170 people from both Cameron and Elk Counties combined.

According to their website: www.cemhmr.org

Vision Statement

Cameron and Elk Counties Behavioral and Developmental Programs will work collectively with all stakeholders to assist with support and services so that individuals and families can reach their fullest potentials

Mission Statement

CE, as the managing authority under Pennsylvania statute for Mental Health and Intellectual/Developmental Disabilities and Early Intervention Services, will promote a holistic approach for individuals and families that request our services to help achieve personal growth, recovery, and an everyday life.

During QA&I activities, Mary Haskins, Intellectual Disabilities Program Director provided the following information to ODP, about activities and accomplishments for CE:

- Extensive collaboration with and provision of technical assistance to providers and SCOs through regular meetings and individualized interaction.
- Outreach to individuals and families through an extensive intake and eligibility process and individualized interaction as needed.
- Membership in a local seven county/joinder Communities of Practice collaborative
- Implementation of the Life course tools at the point of intake into the IDD program as well as encouraging use of the tools in each of the programs in the county agency
- Membership in a joint three county/joinder Administrative Entity Quality Management/Networking Council since 2008
- Promotion of Everyday Lives and Person Centered service delivery practices
- Quality Management plan is driven by IM4Q data, the annual self-assessment, daily review of incident reports, cumulative knowledge from review of Individual Support Plans and daily interactions with SCOs.

- Conducts provider Quality, Assessment, and Improvement oversight of provider activity and assists them with quality improvement of service delivery per ODP requirements

QA&I Summary

CE completed a self-assessment in FY 17-18, which was finalized on August 21, 2017. CE's self-assessment sample included 4 people who are enrolled in the waiver, 2 people who are not, and a review of CE's data and policies as well.

Additionally, the Office of Developmental Programs pulled a core sample of 3 people for their review. The names of those selected in the core sample were shared with CE on August 30, 2017.

All 3 people in the Core Sample were offered the opportunity to participate in a face to face interview with ODP staff. The purpose of this activity was to evaluate overall satisfaction, and to provide an opportunity for people to comment on recommendations for system improvement. All 3 agreed to, and had their interview completed on September 12, 2017.

On September 13, 2017, the onsite portion of the QA&I process was completed at the CE offices primarily with Mary Haskins, Intellectual Disabilities Program Director, however Mental Health/Intellectual Disabilities Administrator, Kathy Kroeger participated in both the entrance and exit meetings.

Data Analysis

CE's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and CE's performance has been evaluated. Of the sample selected, 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. Based on the review, CE demonstrates quality

oversight of both eligibility for waiver documentation, and ensures that services start within 45 days of the eligibility determination. Additionally, CE has shown a quality approach to managing consumer records, office activity records (i.e. Provider Monitoring), overall organizational skills, and review of Individual Support Plans as submitted. That level of quality work is reflected in the scores in the self-assessment.

On September 13, 2017, ODP staff met with CE Intellectual Disabilities Program Director, Mary Haskins to complete the final step of the QA&I process, which was the onsite visit. Prior to the onsite, a desk review of the aforementioned core sample participants was completed. 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.

An exit conference was conducted when onsite activities were completed. During that conference, the results of the entire QA&I process were shared with CE. The results are as follows: CE consists of 1 staff person, Mary Haskins, ID Program Director. She is responsible for all day-to-day activities for this organization in regards to review of ISP's, and ensuring contractual compliance with ODP per the AE Operating Agreement. Overall, CE demonstrates a dedication to the support of people in Cameron and Elk counties. They promote an Everyday Lives approach daily, and encourage others to do the same.

When speaking with the 3 people who chose to complete a face to face interview, all three expressed a personal attachment to the service providers, especially the Supports Coordinators who were invited to attend the interviews. All three indicated that they felt supported, and were happy.

Results and Performance Evaluation

Finally, the comprehensive review of CE reveals that the results of the QA&I completed by ODP indicate a few areas that are currently being developed. For

example, “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”. When speaking with CE, the discussion centered on the rural nature of the Cameron/Elk area, and the limited opportunities for some people, depending on where they live. CE is aware of this barrier, and is strategizing ways to manage it. For this year, while this measurement of “opportunities being provided” is being assessed by ODP, it is not being scored for each person in the sample. Instead, it is being used as a tool for CE to begin problem-solving.

As for the self-assessment, CE was responsive to their findings about community resources and access as well. Once the self-assessment was complete, they immediately updated their Quality Management Plan to include a Focus Area entitled “Participant Access/Information and Resources”. The objective of this focus area is to ensure individuals and their families receive information about community resources.

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, it is clear that CE 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, CE is working on promoting Everyday Lives by ensuring community resources are both identified and accessed.

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, however neither your self-assessment nor the QA&I Core review completed by ODP reveal any systemic concerns. You are not required to complete a correction action plan.

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

Appendices

Appendix A: AE Self Review Score and Detail Reports

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

