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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Beaver County Behavioral Health (Supports Coordination)

*December 7, 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 Supports Coordination (BCBHSC) completed, review of the core sample that ODP selected for BCBHSC, and information gathered and shared during the onsite portion of the process. As discussed during BCBHSC'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 BCBHSC 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, a Supports Coordination Organization

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

According to their website: [www.beavercountypa.gov](http://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”

Additionally, Kelly Nardone, DSU Director provided the following information to ODP on BCBHSC's accomplishments and goals:

- BCBHSC has an extremely low turnover with the majority of Supports Coordinators working over ten year years in the department.
- BCBHSC employees create detailed and descriptive ISP's that accurately paint a picture of people's lives.
- BCBHSC has a strong focus on advocating for Everyday Lives for every individual on their caseload.
- All Supports Coordinators are trained in medication management in order to assist in reducing medication errors.
- The Supports Coordinators work hand-in-hand with HCQU in order to make sure all individuals needing assistive communication devices and other communication alternatives receive them.

### QA&I Summary

BCBHSC completed a self-assessment in FY 17-18, which was finalized on July 6, 2017.

The Office of Developmental Programs pulled a core sample of 13 people for review.

The names of those selected in the core sample were shared with BCBHSC on November 23, 2017.

Prior to the onsite, a desk review of the core sample was completed.

On December 7, 2017, the onsite portion of the QA&I process was completed at the BCBHSC offices with Kelly Nardone, DSU Director and Stephen Vesolich, ID Supports Coordinator Supervisor.

During the onsite visit, documentation was reviewed that is at the office. All aforementioned staff involved in the onsite visit, were invited to, and participated in the entrance and exit meetings which were held on December 7, 2017.

All ODP QA&I activities were completed by December 7, 2017.

### Data Analysis

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

For the core sample, first a desk review of the sample participants was completed, by the ODP record reviewer. Second, on December 7, 2017, ODP staff met with BCBHSC staff to complete the final step of the QA&I process, which was the onsite visit.

Once onsite activities were complete, an exit conference was held on December 7, 2017 with ODP staff, Kelly Nardone and Stephen Vesolich. During that conference, the results of the entire QA&I process were shared with CGC.

See [Results and Performance Evaluation](#) section of this report.

## Results and Performance Evaluation

### *Highlights and Organization Strengths:*

- i. BCBHSC demonstrates good staff retention.
- ii. Service notes written by the Supports Coordinators routinely meet quality standards.
- iii. A focus on health and safety is evident. BCBHSC has a strong training component on incident management. The resulting review of SC's activities around reviewing reportable incidents and ensuring follow up is completed, shows 100% compliance for the core sample.
- iv. ISP's are well written, and participants routinely receive services in the scope, amount, duration and frequency identified in the ISP.

### *Recommendations for System Improvement:*

- i. Providing information to participants about reporting abuse, neglect and exploitation at a time OTHER than a monitoring visit or meeting is a vital change, as this ensures a potential abuser is not in the room. BCBHSC is

not implementing this change in a consistent manner. Because this is a health and safety concern, BCBHSC must immediately correct their process, and complete a Plan to Prevent Recurrence to ODP.

In the area of employment, per BCBHSC's self-assessment, "The previous and current Quality Management Plan includes a goal with the objective of establishing employment for participants who want to work. The following are some of the actions used to promote employment during annual ISP meetings: The assigned SC will document discussion of employment in the employment section of the ISP and create an employment outcome if the individual would like to be competitively employed. The SC Supervisor and AE will review the employment section of the ISP to determine that employment was discussed, and those seeking employment have an employment outcome."

There are a few areas in the QA&I process that are in development, as they are new requirements. They are not being measured in this report, but reviewed to ensure there is a plan in place with BCBHSC to execute. An example of that is promoting Everyday Lives by having SC's facilitate conversations about community activities of the person's choice and ensuring that BCBHSC is promoting information sharing of community resources with individuals, families, and providers of service. BCBHSC's self-assessment reports "The SC's present information to families during annual ISP's and monitors, mail out needed information regarding services, and offer opportunities for training when they occur."

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. While there were a few areas that were less than

100%, (which require remediation), the only systemic areas that was identified has already been discussed in *Recommendations for System Improvement*.

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

### [Appendices](#)

Appendix A: QA&I BCBHSC Cycle 1 Year 1 SCO spreadsheet

Appendix B: CAP and PPR

