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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Center for Community Resources, Inc.

*September 28, 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 Center for Community Resources, Inc. (CCR) completed, review of the core sample that ODP selected for CCR, and information gathered and shared during the onsite portion of the process. As discussed during CCR'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 CCR 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 Center for Community Resources, a Supports Coordination Organization

Center for Community Resources (hereafter referred to as CCR) is located in Butler, PA, at 212-214 South Main Street.

According to their website: [www.ccrinfo.org](http://www.ccrinfo.org)

“The Mission of Center for Community Resources is to make a positive difference in everyday lives by connecting people to a network of supports and services essential for actively learning, working and living in the community.

The agency’s goal is to coordinate supportive services for individuals and families seeking information & referral for mental health, intellectual disabilities, substance abuse and other human service needs.

We are an integrated point of contact working in collaboration with other human service agencies to identify needs in the community and effectively respond to assist anyone seeking help.”

### QA&I Summary

CCR completed a self-assessment in FY 17-18, which was finalized on August 30, 2017.

Additionally, the Office of Developmental Programs pulled a core sample of 10 people for their review. The names of those selected in the core sample were shared with CCR on September 14, 2017.

On September 28, 2017, the onsite portion of the QA&I process was completed at the CCR offices with Ashlee Hershberger, Senior Manager of Programs.

All QA&I activities were completed on December 8, 2017.

### Data Analysis

CCR's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and CCR'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 September 28, 2017, ODP staff met with Ashlee Hershberger, Senior Manager of Programs 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 September 28, 2017 with ODP staff, and CCR staff. During that conference, the results of the entire QA&I process were shared with CCR.

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

### Results and Performance Evaluation

During the onsite review portion of the QA&I process, CCR made available all the required records. Ms. Hershberger, while new in her position, has an extensive knowledge of SCO functions and requirements. CCR was very enthusiastic about the new QA&I process, and the focus on Quality Improvement. Overall it was a positive experience for all.

#### *Highlights and Organization Strengths:*

- i. CCR exhibits proficiency in writing quality service notes.
- ii. Individual Support Plans are not only timely when then they are submitted for approval, but CCR is responsive to changes in people's needs, and SC's update the ISP's in a timely and comprehensive fashion.
- iii. Monitoring people at the required location and frequency is another strength exhibited by CCR. There is a demonstrated understanding of the importance of timely and varied monitoring.
- iv. The sampling methodology used in QA&I suggests that CCR supports a large population of people with complex needs. The entire core sample was identified as having complex needs, and upon review, all ten of those ISP's have information included to support those needs.

*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. CCR is not implementing that change in a consistent manner. Because this is a health and safety concern, CCR must immediately correct their process, and complete a Plan to Prevent Recurrence to ODP.
- ii. CCR must evaluate their procedure to ensure Supports Coordinators review initial incident reports for evidence that health, safety and rights were safeguarded, and that the SC subsequently documents that review.
- iii. CCR must develop a process to ensure SC's receive not only any ODP required trainings, but meet the number of training hours per year.

Applying the focus areas identified in the Introduction, CCR reports the following:

In the area of employment, "SCs review employment opportunities during the annual review process. SCO also implemented new procedures for exploring employment in the Quality Management Plan."

In the area of Communication, CCR reports, "There are times when a Limited English Speaker calls CCR and is in need of service. CCR has a contract with Optimal Phone Interpreters (OPI) to provide language interpreting for these callers. Access to services by Limited English Proficiency Persons 1. CCR will make waiver documents available in different languages upon request, at no charge 2. Language assistance will be provided without charge 3. Sign language services will be available, at no charge, to individuals who are deaf or hard of hearing."

There are a few areas in QA&I 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 CCR 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 CCR is promoting information sharing of community resources with individuals, families, and providers of service. CCR's self-assessment reports "The SCO has a staff member who's title is Family information specialist (FIS). This staff person attend monthly SCO staff meetings and provided information on community activities and programs that would benefit the individuals served by CCR. The FIS sends at least bi-weekly emails to SCs regarding information to be shared with families. The SCO along with the Administrative Entity has a Family Support Group quarterly in which parents get together at the library and share information and resources. A quarterly newsletter is sent to all participants in the SCO. This is completed in collaboration with AE, FIS, AWC programs, a member of the SCO is also on the planning team."

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. The results of the self-assessment and ODP's core sample were similar. All non-compliances will need to be remediated, but the following areas have been identified as systemic issues, and will require a Plan of Correction and a Plan to Prevent Recurrence:

- i. Ensuring training curriculum is comprehensive, and that all SC's meet the required number of training hours for the year.
- ii. Providing information about reporting abuse/exploitation/neglect to participants as required.

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

## Appendices

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

Appendix B: CAP and Plan to Prevent Recurrence

