



QUALITY MANAGEMENT PLAN OVERVIEW

OVERVIEW: MISSION, VISION, AND VALUES

It is the mission of the Beaver County Rehabilitation Center, Inc. to provide the opportunity for personal growth and independence while respecting the dignity and uniqueness of each individual. Through the continuum of quality assurance and improvement, our vision is to ensure that Everyday Lives and recovery are a reality for all people served by our agency. We believe that everyone is different, and that each person carries intrinsic value. We also believe that self-determination is for everyone, that everyone can make choices and have control over his or her life. As a result, however, supports need to be individualized as well as uphold the needs and desired outcomes of each individual. All those served by BCRC should have choice in the services that they receive. They should feel respected as individuals, and have the same rights that are afforded to all citizens. They should feel secure that all changes in their supports are made with their input, and that their records and personal information are held in the strictest confidence. Individuals served by BCRC should have the opportunity to grow and participate in meaningful activities that improve their quality of life and move them toward their desired outcomes.

From community participation to supported employment, and from in-home and community based supports to psychiatric rehabilitation, BCRC offers a wide variety of services and supports to those who walk through our doors. All programs are provided within the value framework established by the Office of Developmental Programs (ODP) [under the Department of Human Services], the Substance Abuse and Mental Health Services Administration (SAMHSA) [under the Department of Human Services], and the Office of Mental Health and Substance Abuse Services (OMHSAS) [under the Department of Health and Human Services].

ODP VALUES:

EVERYDAY LIVES

<ul style="list-style-type: none"> Control 	<p><i>I have control over all areas of my life. My family, supporters, and community know these are my decisions and work with me to achieve greater control.</i></p>
<ul style="list-style-type: none"> Choice 	<p><i>I decide everything about me life. My family, supporters, and community help me learn about opportunities and together we make them happen.</i></p>
<ul style="list-style-type: none"> Freedom 	<p><i>I have the same rights as all other members of the community and I can fully use them. My family, supporters, and community respect my rights.</i></p>

- Stability *Changes to my life are made only with my permission and input. My family, supporters, and community do “nothing about me without me.” They plan with me to meet my needs, now and for the future.*
- Health and Safety *I am healthy and safe in all areas of my life. I, my family, supporters, and community balance health, safety, and risk according to my wants and needs.*
- Connected *I am a full member of my community with respect, dignity, and status. My family, supporters, and community know me as a person, welcome and accept me.*
- Responsibility *I am dependable and honor my commitments. I keep my word. My family, supporters, and community are honest and fair, do what they’re supposed to do, and keep their word.*
- Communication *I am listened to and understood; my input is valued. My family, supporters, and community listen to me and communicate in ways that work for me.*
- Success *I am the best I can be in the goals that I decide. My family, supporters, and community learn how to support me to achieve my goals.*
- Employment / Meaningful Contribution *I want to want to work and/or have other ways to contribute to my community. My family, supporters, and community support me to find and keep a real job that I like with good wages and benefits or start and run my own business, and/or volunteer the way I want in my community.*
- Individuality *I am respected and valued for who I am and want to be. My family, supporters, and community treat me with dignity and support me in a person-centered way.*
- Relationships *I decide who is in my life: friends, family, partners, neighbors, pets, and others in the community. My family, supporters, and community respect the relationships I choose and support me to form new relationships.*
- Partnerships *I need people in my life who will honor my life’s journey. My family, supporters, and community work together with me to build bridges.*
- Quality *I want my life my way. I, my family, supporters, and the community make sure the services I choose are proved to be of high quality.*
- Advocacy *I am the best person to let others know what I want and need. My family, supporters, ad community listen to me and understand what I want and need, and assist me to be heard by others.*

ODP VALUES:

BUREAU OF AUTISM SERVICES

- *Support those living with autism throughout the lifespan*
- *Support those living with autism across the spectrum*
- *Support families of individuals living with autism*
- *Every person living with autism can have an improved quality of life given the right supports delivered by trained staff*
- *Increased independence and self-sufficiency of individuals living with autism*
- *Explore innovative, collaborative models of service delivery*
- *Professional and program accountability*

SAMHSA VALUES:

Substance Abuse and Mental Health Services Administration

- *There are many pathways to recovery*
- *Recovery is self-directed and empowering*
- *Recovery involves a personal recognition of the need for change and transformation*
- *Recovery is holistic*
- *Recovery has cultural dimensions*
- *Recovery exists on a continuum of improved health and wellness.*
- *Recovery is supported by peers and allies*
- *Recovery emerges from hope and gratitude.*
- *Recovery involves a process of healing and self-re-definition.*
- *Recovery involves rejoining and rebuilding a life in the community.*
- *Recovery is a reality. It can, will, and does happen.*

OMHSAS VALUES:

Office of Mental Health and Substance Abuse Services

Services should:

- *Facilitate recovery for adults and resiliency for children*
- *Are responsive to individuals’ unique strengths and needs throughout their lives*
- *Focus on prevention and early intervention*
- *Recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation*
- *Ensure individual human rights and eliminate discrimination and stigma*
- *Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family*
- *Are developed, monitored and evaluated in partnership with consumers, families and advocates*
- *Represent collaboration with other agencies and service systems*

QUALITY PLANNING: PLAN DEVELOPMENT

Essential for any agency’s accountability and improvement with regard to their mission, vision, and values, is the need for quality management oversight. Quality management gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure desired outcomes. Though this process looks different across agencies, BCRC operates under a written Quality Management Plan that is monitored regularly, predominately through data collection and committee activity.

BCRC’s Quality Management Plan was developed under the guiding principles set forth in ODP’s Quality Framework for Home and Community-Based Services (HCBS) and OMHSAS as seen below. Utilizing both participant-centered and system-centered focus areas, we were able to structure a comprehensive plan that not only ensures the quality of care provided to our clients, but also ensures that our agency’s overall functioning is efficient and effective.

SEVEN PARTICIPANT-CENTERED FOCUS AREAS

<ul style="list-style-type: none"> • Participant Access 	<p><i>Individuals have access to home and community-based services and supports in their communities.</i></p>
<ul style="list-style-type: none"> • Participant-Centered Service Planning and Delivery 	<p><i>Services and supports are planned and effectively implemented in accordance with each participant’s unique needs, expressed preferences and decisions concerning his/her life in the community.</i></p>

- **Provider Capacity and Capabilities**
- **Participant Safeguards**
- Participant Rights and Responsibilities
- **Participant Outcomes and Satisfaction**
- Participant Progress Toward Recovery

There are sufficient Home and Community-Based providers and they possess and demonstrate the capability to effectively service participants.

Individuals are safe and secure in their homes and communities, taking into account their informed and expressed choices. Individuals are also supported to achieve and maintain optimal health through Risk and Safety Planning, Critical Incident Management, Housing and Environment, Restrictive Interventions, Medication Management, Natural Disasters and other Public Emergencies.

Participants receive support to exercise their rights and in accepting personal responsibilities.

Participants are satisfied with their services and achieve desired outcomes.

Participants have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends

FOUR SYSTEM PERFORMANCE-CENTERED FOCUS AREAS

- Quality Management
- Human Resources Management
- Financial Management

Organizational performance is continuously measured, evaluated and improved. Individuals and other stakeholders are engaged in designing and improving services.

A stable, knowledgeable and effective workforce is developed and maintained.

Fiscal practices are state-of-the-art, accurate and efficient.

- Information Management

Information systems are state-of-the-art, cost-effective, efficient and support data-based management.

For this particular QM cycle for **Aurora Peer Support**, BCRC has elected to focus on the three areas highlighted above. Goals and objectives were selected in consideration of past performance data and the present QM initiatives maintained by the Department of Human Services. Though several goals only require an annual measurement, relevant data will be monitored on a quarterly and even monthly basis when necessary.

BCRC's Quality Management Plan for **Aurora Peer Support** is structured by focus areas that are then divided into goals. Next, outcomes and measurable target objectives are listed that support each goal. This particular portion of the plan allows staff to identify the extent to which goals are being achieved, and assists in evaluating overall performance. Target objectives are then followed by performance measures, which are numerical indicators of progress toward established goals. The final data set provides data source(s) for each performance measure and lists the person ultimately responsible for overseeing the goal, while the remaining portion of the plan lists the activities purposed to lead to its achievement.

QUALITY CONTROL AND IMPROVEMENT: PLAN MONITORING

Though BCRC's Quality Management Plan for **Aurora Peer Support** will be formally revised every three years along with our overall agency QM Plan, staff will quarterly monitor, review, and analyze target objectives and performance measures to provide accountability to our mission and vision, and to ensure progress toward desired outcomes within each participant-centered and system performance-centered focus area. Though our Executive Director has overall responsibility for agency direction, fiscal stability, and client welfare, the Quality Management Committee exists to oversee agency-wide adherence to the plan seen below. The committee consists of administrative staff, fiscal staff, and program staff to ensure comprehensive expertise and perspective when evaluating each dimension of the plan. This diversity will also foster a team-oriented approach that we hope will then generate a higher degree of compliance across all systems. Reviews and revisions will be supported with documentation and will demonstrate an overall commitment to the ongoing process of quality management within our organization.

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PROVIDER CAPACITY AND CAPABILITIES

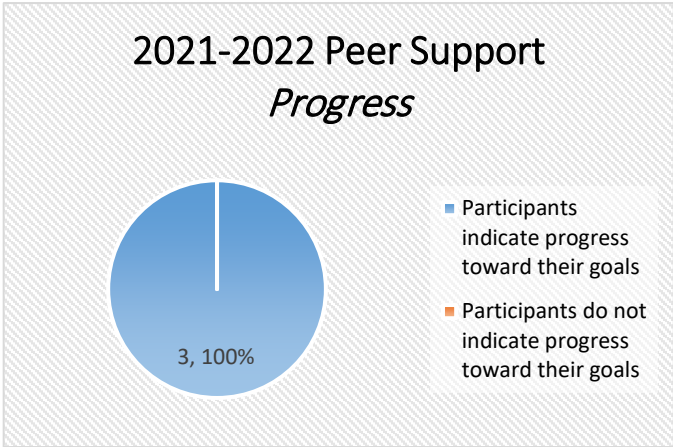
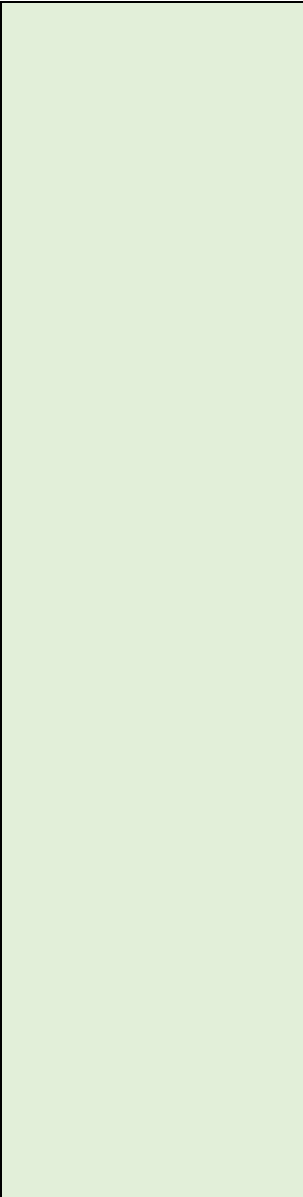
<i>(Annual Training)</i>	23
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QM Plan: 2020-2023

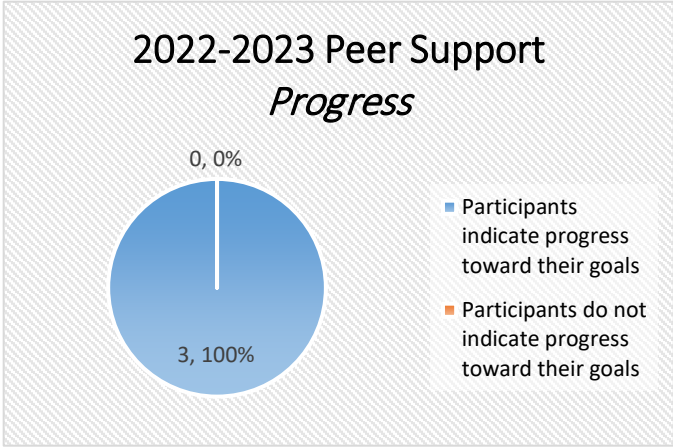
Focus Area: Participant Outcomes and Satisfaction

Service Provider: Beaver County Rehabilitation Center, Inc.

Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person									
Participants are satisfied with their services and achieve desired outcomes.	Aurora Peer Support provides for participants the opportunity to progress toward their personal and recovery goals.	<p>Using a full month's sample of daily entries, more than 50% of participants will indicate that progress was made toward their goals on the majority of entries</p> <div data-bbox="751 581 1421 1024" data-label="Figure"> <p style="text-align: center;">2020-2021 Peer Support Progress</p> <table border="1"> <caption>2020-2021 Peer Support Progress Data</caption> <thead> <tr> <th>Category</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Participants indicate progress toward their goals</td> <td>7</td> <td>100%</td> </tr> <tr> <td>Participants do not indicate progress toward their goals</td> <td>0</td> <td>0%</td> </tr> </tbody> </table> <p style="text-align: center;">Month under review: December 2020</p> </div>	Category	Count	Percentage	Participants indicate progress toward their goals	7	100%	Participants do not indicate progress toward their goals	0	0%	<p>Performance Measure: <i>% of Peer Support participants who indicate progress on the majority of entries for the month under review</i></p> <p>N: # of Peer Support participants who indicate progress on the majority of entries for the month under review</p> <p>D: # of Peer Support participants for the month under review</p> <p>Data Source: Peer Support daily entries</p> <p>Sample. All Peer Support daily entries for the month under review</p> <p>Frequency: Annually</p> <p>Responsible Person: Peer Support Supervisor, Aurora Secretary</p>
Category	Count	Percentage										
Participants indicate progress toward their goals	7	100%										
Participants do not indicate progress toward their goals	0	0%										



Month under review: November 2022



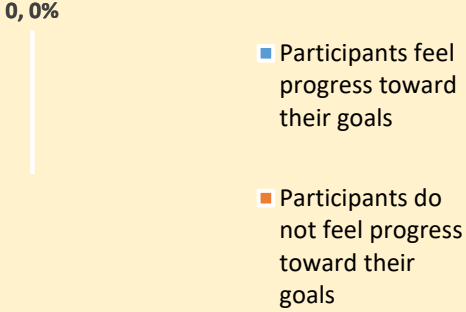
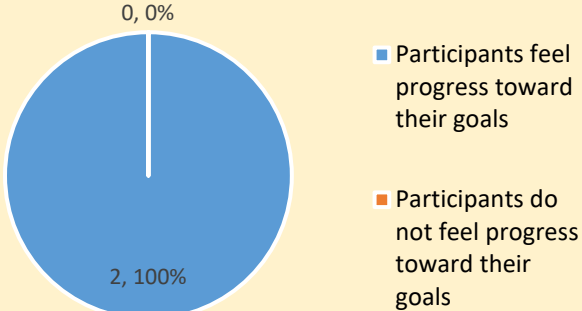
Month under review: April 2023

Action Plan: Goal #1		Focus Area: Participant Outcomes and Satisfaction		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Aurora Peer Support provides for participants the opportunity to progress toward their personal and recovery goals.				
Target Objective: Using a full month's sample of daily entries, more than 50% of participants will indicate that progress was made toward their goal on the majority of entries				
Performance Measure(s): <i>% of Peer Support participants who indicate progress on the majority of entries for the month under review</i>				
Data Source(s): Peer Support daily entries				
Responsible Person: Peer Support Supervisor, Aurora Secretary				
Action Item	Responsible Person	Target Date	Status	Completion Date
FY Report % for Jul 20 – Jun 2021	PS Supervisor, Aurora Secretary	7/31/2021	Complete	7/13/2021
FY Report % for Jul 21 – Jun 2022	PS Supervisor, Aurora Secretary	7/31/2022	Complete	7/15/2022
FY Report % for Jul 22 – Jun 2023	PS Supervisor, Aurora Secretary	7/31/2023	Complete	7/26/2023

QM Plan: 2020-2023 **Focus Area: Participant Outcomes and Satisfaction**


Service Provider: Beaver County Rehabilitation Center, Inc.

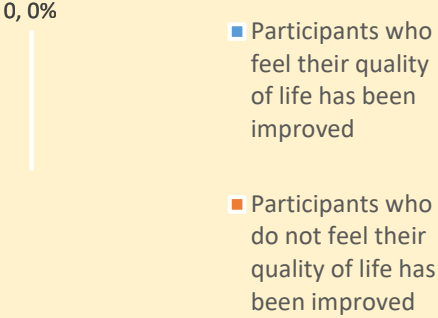
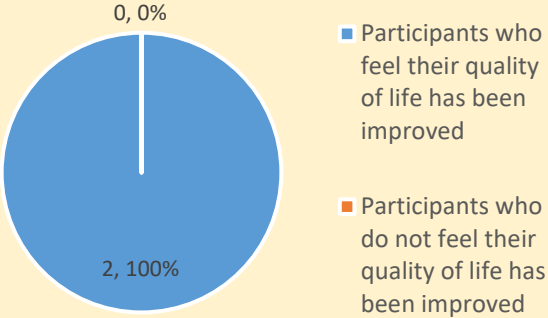
Goal #2	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person				
<p>Participants are satisfied with their services and achieve desired outcomes.</p>	<p>Aurora Peer Support provides for participants the opportunity to progress toward their personal and recovery goals.</p>	<p>Data collected from BCRC’s Participant Satisfaction Survey indicates that at least 80% of responding Peer Support participants either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals.</p> <div data-bbox="730 665 1398 1177" style="text-align: center;"> <p>2021 BCRC Annual Client Satisfaction Survey</p> <table border="1"> <tr> <td>Participants feel progress toward their goals</td> <td>2, 67%</td> </tr> <tr> <td>Participants do not feel progress toward their goals</td> <td>1, 33%</td> </tr> </table> </div> <p><i>Dates of Administration: March 1 - 12, 2021</i></p>	Participants feel progress toward their goals	2, 67%	Participants do not feel progress toward their goals	1, 33%	<p>Performance Measure:</p> <p><i>% of responding participants (identified with Peer Support) that either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals during the period under review.</i></p> <p>N: # of responding individuals (identified with Peer Support) that either agree or strongly agree that the services they are receiving are helping them reach their personal and recovery goals during the period under review</p> <p>D: # of responding individuals (identified with Peer Support) who completed the survey.</p> <p>Data Source: Annual Satisfaction Survey, Survey Monkey</p> <p>Sample: All annual satisfaction surveys (identified with Peer Support) for the 2020-2023 fiscal years</p>
Participants feel progress toward their goals	2, 67%						
Participants do not feel progress toward their goals	1, 33%						

		<p data-bbox="877 219 1255 300">2022 BCRC Annual Client Satisfaction Survey</p>  <p data-bbox="913 332 976 357">0, 0%</p> <ul data-bbox="1165 373 1375 641" style="list-style-type: none">■ Participants feel progress toward their goals■ Participants do not feel progress toward their goals <p data-bbox="730 714 1281 738"><i>Dates of Administration: March 30 – April 15, 2022</i></p> <p data-bbox="877 828 1255 909">2023 BCRC Annual Client Satisfaction Survey</p>  <p data-bbox="913 941 976 966">0, 0%</p> <p data-bbox="903 1201 987 1226">2, 100%</p> <ul data-bbox="1165 982 1375 1250" style="list-style-type: none">■ Participants feel progress toward their goals■ Participants do not feel progress toward their goals <p data-bbox="730 1339 1344 1364"><i>Dates of Administration: March 27, 2022 – April 26, 2022</i></p>	<p data-bbox="1428 138 1743 170">Frequency: Annually</p> <p data-bbox="1428 203 1963 316">Responsible Person: Transition Coordinator, Compliance Coordinator, Peer Support Supervisor</p>
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Action Plan: Goal #2		Focus Area: Participant Outcomes and Satisfaction		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Aurora Peer Support provides for participants the opportunity to progress toward their personal and recovery goals.				
Target Objective: Data collected from BCRC's Participant Satisfaction Survey indicates that at least 80% of responding Peer Support participants either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals.				
Performance Measure(s): <i>% of responding participants (identified with Peer Support) that either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals during the period under review.</i>				
Data Source(s): Annual Satisfaction Survey, Survey Monkey				
Responsible Person: Transition Coordinator, Compliance Coordinator, Peer Support Supervisor				
Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2023	Complete	4/26/2023

QM Plan: 2020-2023 **Focus Area: Participant Outcomes and Satisfaction**
Service Provider: Beaver County Rehabilitation Center, Inc.

Goal #3	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person				
Participants are satisfied with their services and achieve desired outcomes.	As a result of Peer Support services, participants feel as though their quality of life has improved.	<p>Data collected from BCRC’s Participant Satisfaction Survey indicates that at least 85% of responding Peer Support participants report an overall improvement in their quality of life since engaging with Aurora.</p> <div style="text-align: center;">  <p>2021 BCRC Annual Client Satisfaction Survey</p> <table border="1"> <tr> <td>Participants who feel their quality of life has been improved</td> <td>3, 100%</td> </tr> <tr> <td>Participants who do not feel their quality of life has been improved</td> <td>0, 0%</td> </tr> </table> </div> <p><i>Dates of Administration: March 1 - 12, 2021</i></p>	Participants who feel their quality of life has been improved	3, 100%	Participants who do not feel their quality of life has been improved	0, 0%	<p>Performance Measure: <i>% of responding Peer Support participants that report an overall improvement in their quality of life during the period under review.</i></p> <p>N: For the period under review, # of individuals (identified with Peer Support) who agree or strongly agree that they’ve experienced improved quality of life since the start of Aurora services</p> <p>D: For the period under review, # of individuals (identified with Peer Support) who completed the survey</p> <p>Data Source: Annual Satisfaction Survey, Survey Monkey</p> <p>Sample: All annual satisfaction surveys (identified with Peer Support) for the 2020-2023 fiscal years</p> <p>Frequency: Annually</p> <p>Responsible Person: Transition Coordinator, Compliance Coordinator, Peer Support Supervisor</p>
Participants who feel their quality of life has been improved	3, 100%						
Participants who do not feel their quality of life has been improved	0, 0%						

		<p data-bbox="869 201 1243 277">2022 BCRC Annual Client Satisfaction Survey</p>  <p data-bbox="747 691 1293 716"><i>Dates of Administration: March 30 – April 15, 2022</i></p> <p data-bbox="869 789 1243 865">2023 BCRC Annual Client Satisfaction Survey</p>  <p data-bbox="747 1279 1293 1304"><i>Dates of Administration: March 27 - April 26, 2023</i></p>	
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Action Plan: Goal #3		Focus Area: Participant Outcomes and Satisfaction		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: As a result of Peer Support services, participants feel as though their quality of life has improved.				
Target Objective: Data collected from BCRC's Participant Satisfaction Survey indicates that at least 85% of responding Peer Support participants report an overall improvement in their quality of life since engaging with Aurora.				
Performance Measure(s): <i>% of responding Peer Support participants that report an overall improvement in their quality of life during the period under review.</i>				
Data Source(s): Annual Satisfaction Survey, Survey Monkey				
Responsible Person: Transition Coordinator, Compliance Coordinator, Peer Support Supervisor				
Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator	4/30/2023	Complete	4/26/2023

QM Plan: 2020-2023		Focus Area: Participant Outcomes and Satisfaction										
Service Provider: Beaver County Rehabilitation Center, Inc.												
Goal #4	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person									
Participants are satisfied with their services and achieve desired outcomes.	Participant satisfaction with service provision is continually improved.	<p>85% of Peer Support participants completing BCRC’s annual satisfaction survey will indicate an overall satisfaction with the services they are receiving.</p> <div data-bbox="730 505 1316 1032" data-label="Figure"> <p>2021 BCRC Annual Client Satisfaction Survey</p> <table border="1"> <thead> <tr> <th>Satisfaction Level</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Participants who relay overall satisfaction</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Participants who do not relay overall satisfaction</td> <td>3</td> <td>100%</td> </tr> </tbody> </table> </div> <p><i>Dates of Administration: March 1 - 12, 2021</i></p>	Satisfaction Level	Count	Percentage	Participants who relay overall satisfaction	0	0%	Participants who do not relay overall satisfaction	3	100%	<p>Performance Measure: <i>% of Peer Support participants during the period under review who complete the satisfaction survey, and mark an overall satisfaction with the services they are receiving.</i></p> <p>N: # of responding individuals (identified with Peer Support) that either agree or strongly agree that they are satisfied with the services they are receiving</p> <p>D: # of responding individuals (identified with Peer Support) who completed the survey</p> <p>Data Source: Annual Satisfaction Survey, Survey Monkey</p> <p>Sample: All annual satisfaction surveys (identified with Peer Support) for the 2017-2019 fiscal years</p> <p>Frequency: Annually</p> <p>Responsible Person: Compliance Coordinator, Transition Coordinator, PS Supervisor</p>
Satisfaction Level	Count	Percentage										
Participants who relay overall satisfaction	0	0%										
Participants who do not relay overall satisfaction	3	100%										

2022 BCRC Annual Client Satisfaction Survey

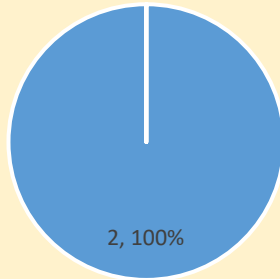
0, 0%

- Participants who relay overall satisfaction
- Participants who do not relay overall satisfaction

Dates of Administration: March 30 – April 15, 2022

2023 BCRC Annual Client Satisfaction Survey

0, 0%



- Participants who relay overall satisfaction
- Participants who do not relay overall satisfaction

Dates of Administration: March 27 – April 26, 2023

Action Plan: Goal #4		Focus Area: Participant Outcomes and Satisfaction		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Participant satisfaction with service provision is continually improved.				
Target Objective: 85% of Peer Support participants completing BCRC's annual satisfaction survey will indicate an overall satisfaction with the services they are receiving.				
Performance Measure(s): % of Peer Support participants during the period under review who complete the satisfaction survey, and mark an overall satisfaction with the services they are receiving.				
Data Source(s): Annual Satisfaction Survey, Survey Monkey				
Responsible Person: Transition Coordinator, Compliance Coordinator, Peer Support Supervisor				
Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator, Peer Support Supervisor	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator, Peer Support Supervisor	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Satisfaction Survey	Transition Coordinator, Compliance Coordinator, Peer Support Supervisor	4/30/2023	Complete	4/30/2023

QM Plan: 2020-2023		Focus Area: Participant Safeguards	
Service Provider: Beaver County Rehabilitation Center, Inc.			
Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
Participants are safe when attending BCRC services as a result of risk management activity, incident management review, and accurate and thorough documentation.	Participant information is safely secured and routinely updated.	<p>100% of Peer Support participant folders are reviewed semi-annually for the presence of ISPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information</p> <p>During FY 2020-2021, 100% of participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.</p> <p>During FY 2021-2022, 100% of participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.</p> <p>During FY 2022-2023, 100% of participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.</p>	<p>Performance Measure: <i>% of Peer Support participant folders reviewed for the following during the period under review: the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information</i></p> <p>N: # of Peer Support participant folders reviewed as described above for the period under review</p> <p>D: # of Peer Support participant folders for the period under review</p> <p>Data Source: Review Checklist Spreadsheet</p> <p>Sample: All Review Checklist information for the 2020-2023 FY</p> <p>Frequency: Track Semi-Annually; Report Annually</p>

			Responsible Person: Aurora Secretary, PS Supervisor
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Action Plan: Goal #1		Focus Area: Participant Safeguards		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Participant information is safely secured and routinely updated.				
Target Objective: 100% of Peer Support participant folders are reviewed semi-annually for the presence of ISPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information				
Performance Measure(s): % of Peer Support participant folders reviewed for the following during the period under review: the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information				
Data Source(s): Review Checklist Spreadsheet				
Responsible Person: Aurora Secretary, Peer Support Supervisor				
Action Item	Responsible Person	Target Date	Status	Completion Date
Semi-Annual update of <i>Review Checklist Spreadsheet</i>	Aurora Secretary, Peer Support Supervisor	1/31/2021	Complete	1/15/2021
FY Report % of folders reviewed for Jul 20 – Jun 2021	Aurora Secretary, Peer Support Supervisor	7/31/2021	Complete	7/1/2021
Semi-Annual update of <i>Review Checklist Spreadsheet</i>	Aurora Secretary, Peer Support Supervisor	1/31/2022	Complete	1/15/2022
FY Report % of folders reviewed for Jul 21 – Jun 2022	Aurora Secretary, Peer Support Supervisor	7/31/2022	Complete	7/15/2022
Semi-Annual update of <i>Review Checklist Spreadsheet</i>	Aurora Secretary, Peer Support Supervisor	1/31/2023	Complete	1/15/2023
FY Report % of folders reviewed for Jul 22 – Jun 2023	Aurora Secretary, Peer Support Supervisor	7/31/2023	Complete	7/25/2023

QM Plan: 2020-2023		Focus Area: Provider Capacity and Capabilities	
Service Provider: Beaver County Rehabilitation Center, Inc.			
Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
BCRC possesses and demonstrates the capability to effectively serve participants.	Peer Support staff are routinely trained to ensure the highest quality of service provision for participants.	100% of all Peer Support staff will receive 18 hours of training annually (Jan 1 – Dec 31), with 12 of these hours being in recovery oriented practices.	<p>Performance Measure: <i>% of Peer Support staff that receive 18 hours of training (with 12 being in recovery oriented practices) for the period under review</i></p> <p>N: # of Peer Support staff that receive 18 hours of training (with 12 being in recovery oriented practices) for the period under review</p> <p>D: # of Peer Support staff for the period under review</p> <p>Data Source: Relias Training</p> <p>Sample: All training summary data for all PS staff for the period under review</p> <p>Frequency: Semi- annually</p> <p>Responsible Person: Peer Support Supervisor, Compliance Coordinator</p>
		During 2020, 100% of peer support staff received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	
		During 2021, 100% of peer support staff received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	
		During 2022, 100% of peer support staff received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	

Action Plan: Goal #1		Focus Area: Provider Capacity and Capabilities		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Peer Support staff are routinely trained to ensure the highest quality of service provision for participants.				
Target Objective: 100% of all Peer Support staff will receive 18 hours of training annually (Jan 1 – Dec 31), with 12 of these hours being in recovery oriented practices.				
Performance Measure(s): <i>% of Peer Support staff that receive 18 hours of training (with 12 being in recovery oriented practices) for the period under review</i>				
Data Source(s): Relias Training				
Responsible Person: Peer Support Supervisor, Compliance Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
Report on training for 2020 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2021	Complete	1/15/2021
Report on training for 2021 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2022	Complete	1/31/2022
Report on training for 2022 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2023	Complete	1/31/2023

QM Plan: 2020-2023		Focus Area: Provider Capacity and Capabilities	
Service Provider: Beaver County Rehabilitation Center, Inc.			
Goal #3	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
BCRC complies with all service standards and seeks to continually improve its practices	Peer Support services reflect adherence to all service descriptions	<p>Aurora Peer Support participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan.</p> <p>Audits for FY 2020-2021: Aurora participated in all requested audits for this period under review. The findings of all audits resulted in zero CAPs; therefore, nothing was integrated into the QM plan.</p> <p>Audits for FY 2021-2022: Aurora participated in all requested audits for this period under review. The findings of all audits resulted in zero CAPs; therefore, nothing was integrated into the QM plan.</p>	<p>Performance Measure: <i>% of requested Peer Support audits that Aurora participated in <u>AND</u> % of CAPs integrated into the QM Plan for the period under review.</i></p> <p>N: # of requested Peer Support audits that Aurora participated in for the period under review D: # of requested Peer Support audits for the period under review</p> <p>N: # of Peer Support CAPs for the period under review integrated into the QM Plan D: # of Peer Support CAPs for the period under review</p> <p>Data Source: Audit letters, QM Plan</p> <p>Sample: All PS audit requests and findings for the period under review</p> <p>Frequency: Semi-annually</p>

		<p>Audits for FY 2022-2023: The PSS audit is scheduled for 8/15/2023. The findings of audits throughout the year resulted in zero CAPs for this program; therefore, nothing was integrated into the QM plan.</p>	<p>Responsible Person: Peer Support Supervisor, Aurora Secretary, Compliance Coordinator</p>
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Action Plan: Goal #3		Focus Area: Provider Capacity and Capabilities		
Service Provider: Beaver County Rehabilitation Center, Inc.				
Desired Outcome: Peer Support services reflect adherence to all service descriptions				
Target Objective: Aurora Peer Support participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan.				
Performance Measure(s): % of requested Peer Support audits that Aurora participated in <u>AND</u> % of CAPs integrated into the QM Plan for the period under review.				
Data Source(s): Audit letters, QM Plan				
Responsible Person: Peer Support Supervisor, Aurora Secretary, Compliance Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
No action steps needed apart from routine monitoring	PS Supervisor, Aurora Secretary, Compliance Coordinator		Ongoing	