#3 Quality Improvement Plan:

After completion of the Southeastern Partnership's environmental scan related to active engagement, the PIHP identified three areas as weaknesses or challenges. Based largely on stakeholder input, the first area speaks to a lack of a consistent culture that supports active engagement. While there is a wide variety of community based opportunities offered in the affiliation through different services and programs, CLS (which is a key service that should support active engagement) is viewed as being mostly focused on health, safety and activities of daily living within a residential setting.

The second area identified came to light in reviewing the PPG responses. Although the response to the number of adults who have an average of one activity outside their home or less varied from affiliate to affiliate, the overall average of roughly 20% presents itself as a weakness.

Lastly, based on stakeholder feedback, the PIHP identified the lack of understanding among community mental health staff (i.e. supports coordinators) and CLS staff of what individual communities have to offer as a challenge in achieving satisfactory active engagement.

Improving Culture / Professional Development

The PIHP believes that in order for active engagement to truly take hold, we must focus our efforts in key areas. First and foremost, the PIHP must fully embrace and foster a culture that values individuals as whole people at every level of the system. Only when individuals are viewed as whole people by those who help support them can we genuinely identify what kind of participation is "meaningful" at an individual level. Our core strategy in achieving this culture will be through professional development efforts for all CMHSP staff as well as direct care staff, particularly the CLS providers. Trainings will provide staff with the basic principles of gentleness and support staff in being mentors in teaching others these principles. Additional training will be developed to provide technical assistance for recruitment and hiring practices for direct care providers. The specific strategies for these efforts can be found in the quality improvement plans of sections 2 and 10 respectively and will also include CLS providers working with all populations.

Enhance Person Center Planning

The PHIP must direct efforts in assuring that excellent person center planning is being provided by bolstering the person center planning process. Recently, the PIHP has implemented the use of a DD Outcomes Scale. The scale measures nine different domains that collectively measure

quality of life in the context of the community mental health system. One domain of the scale specifically addresses community life and measures to what degree an individual is participating in community activities of their choice and frequency. Other domains that may impact active engagement include relationships (the degree to which an individual has friends and caring relationships) and choice and decision making (the degree to which an individual makes their own choice in several areas of their life). The PIHP will explore the possibility of integrating the DD Outcomes Scale directly into the pre- planning process to assure that these domains are addressed and that specific goals are developed accordingly. The PIHP will use the DD Outcomes Scale to measure baseline data on active engagement, analyze data, make recommendation for improvement and monitor progress.

Increase Knowledge of Community Resources and Mobilizing Communities

Stakeholder input revealed that there is a need to bolster knowledge of what individual communities within the individual counties have to offer at the support coordination and CLS provider levels. The PIHP recognizes that CMH staff and CLS staff are not always from the individual communities in which the consumers they support reside. This presents a barrier to effectively identifying community activities and resources for individuals. In addition, given the limited funding and the typical financial status of persons with developmental disabilities, identifying and mobilizing community resource is critical. The PIHP will explore two strategies to improve knowledge of community resources and mobilizing communities.

First, the PIHP will share the experience of one CMHSP's use of a "Community Specialist". In this model, the role of the Community Specialist is to two fold. First, the Community Specialist investigates what events and activities are occurring in each local community through local newspapers, fliers, listing, web sites, etc. on a monthly basis and provides this information to supports coordinators and CLS provider staff. The second function of the Community Specialist is to work closely with supports coordinators, CLS providers and individuals with the most profound of impairments. The Community Specialist assists in developing specific individualized community participation goals, monitors progress, trouble shoots barriers, and reports outcomes to the PIHP, CMHSP and directors of CLS provider agencies. The PIHP will explore potential replication or adaptation of this model across the affiliation.

A second strategy of the PIHP will be to explore implementation of community mapping/ building strategies. Literature shows that effective community mapping/ building is based on an understanding or map of a community's assets, capabilities, and abilities. When performed effectively, the ability to create productive and meaningful relationships between person with developmental disabilities and their communities is enhanced. The PIHP will facilitate the review of literature on community building/ mapping strategies and assist in evaluating what strategies may be most effective for each of the CMHSPs. The PIHP will evaluate what

resources are needed and available to implement effective community mapping/ building strategies throughout the affiliation.

ATTACHMENT A TEMPLATE

Milestones and Timeframes

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ARR Section Number: 3

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
95% of Adult DD Consumers will have their community participation measured through administration of DD Outcomes Scale in Encompass (Electronic Health Record)	TBD	Begin: 4/09 End: 10/09	Full Implementation of DD Outcomes Scale in Encompass 4/09 Systems tracking of Implementation 7/09
Create and refine reports to analyze data pertaining to Community Life Domain	TBD	Begin: 11/09 End: 1/10	Consensus needed on what data element in addition to Community Life will be analyzed (i.e. residential type, diagnosis, provider, etc.)
Convene meetings with representation from consumers, CMH staff and providers to analyze reports and make recommendations for improvement	TBD	Begin: 2/10 End: 7/10	Develop ongoing process to communicate progress
Convene group to look at feasibility and effectiveness of integrating use DD Outcomes Scale as part of Pre-Planning/ PCP Process		Begin: 6/10	Group to meet after implementation of Encompass 2.0
Convene meetings to evaluate implementation of Community Specialist Model within each affiliate		Begin: 2/10 End: 7/10	Determine if use of Community Specialist improved active engagement with person with profound impairments based on DD Outcome Scale drill down
Convene meetings to evaluate implementation of Community Mapping/ Building		Begin: 8/10 End: 11/10	Review literature for EBP community mapping/ building models and make recommendation