

FACT SHEET

Single Point of Accountability: Establish County Wide Standards

April 2014

BACKGROUND

In 2009, Beaver County Behavioral Health (BCBH) began a countywide Single Point of Accountability (SPA) initiative that would establish consistent standards and expectations for blended case management (BCM) and Assertive Community Treatment (ACT). The aim is to assure that clients have access to the treatment and natural supports they need to achieve recovery with a quality and satisfying life in the community. SPAs have knowledge of all components of the system and serve as the primary “hub” for consumers, facilitating planning and connections to services, family members, purchasers, stakeholders, communication among providers/caregivers to increase continuity and collaboration of care and the general community.

SPA STAFF RESPONSIBILITIES

- **Establish enduring relationships**
- Provide **service coordination and linkage** to behavioral health services and resources, including leveraging natural supports and advocacy
- Work with consumers to develop **recovery-oriented service plans**
- Assure there is a **safety net**
- **Assure transition planning**
- **Communicate plans** within the agency and across the provider continuum
- Develop with the consumer a complete, comprehensive, and proactive **crisis prevention plan**, and serve as a resource during times of crisis
- Be **proactive**, not reactive
- Assure **cross systems assessment, planning, and coordination**
- Provide **feedback on systems barriers and problems**
- **Promote hope and a positive outlook for future**

ACCOMPLISHMENTS TO DATE

- A mechanism to involve SPA in any call to crisis
- Trainings on Voluntary Commitments
- Trainings on engagement with Co-Occurring disorders
- Work with residential providers to involve SPA prior to a crisis
- Development of countywide standards and competencies on engagement, crisis prevention, and transitioning
- Implementation of an electronic Service Plan (eSP)
- Increased connection with the local emergency rooms, including providing the emergency rooms access to the crisis plan on each eSP
- Partnering with Value Behavioral Health to establish and measure best practice standards.

EXAMPLES OF ASPECTS THAT ARE MEASURED

UTILIZATION OF THE eSP¹

Total Number of Consumers in the System (In the eSP)	Total Number with a SPA Assigned # (%)	Total Number with a Crisis Plan # (%)
731	722 (99%)	692 (95%)

ACHIEVEMENT OF CORE COMPETENCIES

Over the past year, County SPA providers have met as a group to develop consistent countywide standards of practice and improve client outcomes. The following lists each of the competencies and status to date. Competency training is posted on the Beaver County System of Care website, www.bc-systemofcare.org. A competency exam is completed at the end of the training. Table 2 provides a breakdown of the number of individuals achieving competency by topic.

Table 1: Status of Competency Achievement by Type

Competency	Number Trained to Date
Crisis Prevention Plan	56
Outreach and Engagement ²	3
Emergency Department (ED) Diversion Protocol	54
Crisis Response Protocol	53

BEST PRACTICE MEASURES

A 3-month pilot study with Value Behavioral Health began on February 1, 2014 to measure two best-practice standards:

1. **Average number** of any type of **contacts** made to consumers **within 14 days of inpatient** discharge across a 6-month period
2. **Average number** of any type of **contacts** made and the **average number of units dedicated to a new SPA consumer** during the first month of SPA

Each SPA received training on the measures to be collected. The pilot will continue through April, 2014. If effective, it could continue for another three months and additional standards could be added.

¹ As of 03/15/2014

² Outreach and Engagement was recently posted.