



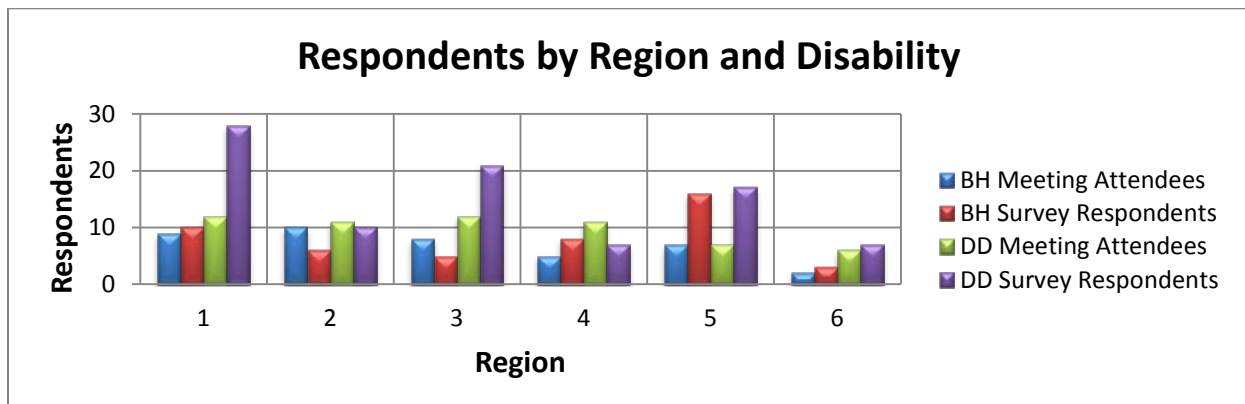
DBHDD Access and Quality Engineering Project

Stakeholder Report

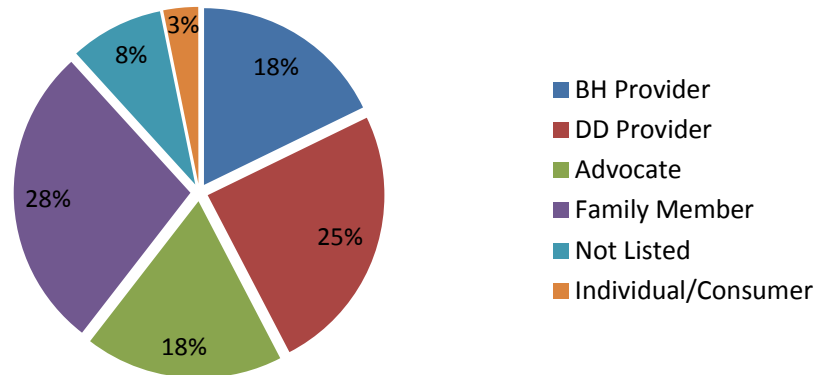
I. Executive Summary

A key goal of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD, “the department”) is to improve access to high-quality and effective services for individuals with developmental disabilities (DD) and/or behavioral health (BH) conditions. To help achieve this goal, the department is evaluating possible ways that an administrative services organization (ASO) may assist in improving access, quality, and effective care throughout the statewide service delivery system. As the department assesses the strengths and challenges within the current system and works to provide better access to improved quality services, the experience and perspective of consumers, family members, providers, and advocates provides invaluable information and critical guidance.

To obtain stakeholder feedback on the current system, the department solicited responses through a series of regional meetings and an online survey. The focus of the meetings was to gain insights from consumers, family members, providers of DD and BH services, and advocates regarding opportunities for improvement to the DBHDD service system. The department held twelve “listening sessions” throughout Georgia. One hundred people participated in these listening sessions, held in Atlanta, Cartersville, Columbus, Forsyth, Savannah, and Thomasville from September 11, 2013 through September 20, 2013. Separate sessions covering BH and DD services were held in each location. The department provided an online survey as an additional avenue for stakeholders to offer feedback. One hundred and four survey responses were received during the survey period of September 9, 2013 through September 27, 2013.



Meeting and Survey Respondent Types*



* Respondent types are based on self-report. In some instances, individuals selected more than one option. All reported selections were included for this report.

Both the survey and the meetings provided opportunities to collect insights from DBHDD's stakeholders. The department is greatly appreciative of all the feedback provided and will use this information for two purposes. First, the department will consider how the issues and solutions identified during the stakeholder sessions can be incorporated into the ASO procurement. This integrated (BH/DD) system will be used to provide a platform to improve many aspects of both behavioral health and developmental disability services that were identified during these sessions. In addition to those issues that are clearly related to the ASO procurement, the department received feedback regarding suggested improvements to the overall system. These included opportunities for improved communications, efficiencies, and increased input from consumers and family members. These items will be included in the larger strategic planning by the department's leadership. The input provided in both the survey and listening sessions is invaluable, and the department looks forward to working with stakeholders on an ongoing basis as partners in improving BH and DD services.

Key recommendations that emerged from the feedback include:

Accessibility	<ul style="list-style-type: none"> ❖ Increase availability of both BH and DD services. ❖ Provide additional communication and information regarding how to access services. ❖ Ensure faster access to crisis services. ❖ Improve processes for authorization of services.
Coordination	<ul style="list-style-type: none"> ❖ Coordinate transition of care between systems and/or levels of care (e.g. hospital to community, BH and DD). ❖ Share data and information systems to contribute to coordination of care. ❖ Focus on transition and discharge planning. ❖ Provide supports specific to individuals transitioning from school-age to adulthood.

	<ul style="list-style-type: none"> ❖ Streamline processes to reduce bureaucracy.
Communication	<ul style="list-style-type: none"> ❖ Continue to solicit and follow-up on input from consumers and families. ❖ Hold regular local meetings with diverse stakeholders. ❖ Train providers in evidence-based practices. ❖ Offer clear and consistent communication from the department's central and regional offices.
Transparency	<ul style="list-style-type: none"> ❖ Use qualitative and quantitative outcome measures for services. ❖ Provide clear and meaningful information to consumers and their support systems so they are better able to self-advocate. ❖ Create an online system which lists all providers and services.
Funding	<ul style="list-style-type: none"> ❖ Use resources effectively to maximize funds for services.

In addition to the trends noted above, stakeholders also provided feedback related to the larger system, including the department's overall processes. The following suggestions emerged from this area:

- A. Increase and improve communications, and clarify roles between the department, regional office staff, support coordinators, providers, consumers, and families;
- B. Streamline the process for accessing services and monitoring the system to be more efficient and focused on outcomes rather than paperwork; and
- C. Provide regular opportunities for input from stakeholders in evaluating the system and designing improvements.

Information regarding the process for the meetings and surveys and additional recommendations can be found on the following pages.

II. Background

Currently, the department holds contracts with three vendors to provide essential services to both BH and DD populations. Those services include supporting the service delivery infrastructure and system monitoring; direct collaboration with service providers; and the provision of services and supports to the clients the department serves. The three contracted vendors are: Behavioral Health Link (BHL), which provides the Georgia Crisis and Access Line (GCAL); APS Healthcare, the external review organization for BH; and Delmarva, which acts as

the DD quality management system. During Fiscal Year 2014, the department will re-procure these services under a single, comprehensive contract as an ASO.

To guide decisions as DBHDD considers the ways an ASO could improve BH and DD services, the department sought input from stakeholders regarding access to and quality of the current system. A broad range of stakeholders responded to the following questions:

1. What are some barriers to timely access of high quality BH and/or DD services and supports? What are solutions to increase access?
2. Consider examples in which BH and/or DD care is not well coordinated. What strategies would you recommend to enhance coordination at an individual, provider, and/or regional level?
3. As the state strives to improve the quality of care, please describe indicators that would assure that high quality services are delivered. Do you have suggestions regarding the use of evidence-based practices, outcomes tracking, and measurement activities that would enhance quality?
4. In what meaningful ways should the department involve recipients and participants, family members, providers, and other stakeholders in formal quality assurance and improvement processes?

III. Recommendations

The following offers a summary of the identified issues and suggested solutions. While some individuals provided feedback on both BH and DD issues, others provided input in only one area. Although some of the feedback overlapped, the information is broken out by BH and DD to offer greatest insight into each specific area.

A. Behavioral Health

Services

- Increase funding to provide access to BH services throughout the state.
- Provide for increased transportation resources.
- Improve crisis services by providing a better assessment and triage process; increasing access to crisis stabilization services; expanding crisis services for children and adolescents, streamlining the authorization process; and developing a coordinated referral process.
- Increase funding to further develop substance abuse services and adequately address the needs of individuals and families.
- Expand telehealth to increase access to BH services.
- Improve access to services by creating a single process for both BH and DD services.

- Coordination should occur across all BH services and should include physical health and DD services.
- Improve discharge planning by: offering strategies to increase communications between inpatient and outpatient providers; ensuring that discharge plans include adequate supports; and establishing provider referral protocols to ensure timely follow-up care in the community.
- Increase use of electronic medical records and other technology to facilitate support care coordination.
- Expand recovery-based services and workforce: Wellness Recovery Action Plan (WRAP), certified peer specialists (CPS), and certified addiction recovery empowerment specialists (CARES) are needed throughout the state.
- Develop community integration practices across BH and DD that can be modeled statewide.

Provider Network

- A shortage of BH providers, particularly psychiatrists, across the state, creates significant barriers to accessing services. While this workforce shortage impacts the entire state, rural communities have the greatest difficulty accessing BH services and supports.
- Create incentives that help agencies retain staff to minimize disruption to an individual's treatment. Suggested incentives include: offering competitive salaries; lowering caseloads; offering free continuing education units; and providing training in evidenced-based practices.
- Expand the use of nurse practitioners, licensed clinical social workers, licensed clinical counselors, and other staff to help address workforce shortage issues.

Quality

- Provide training to increase the quality and expertise of clinical staff. Train-the-trainer programs could be effective in providing ongoing training throughout the state.
- Cross-train BH and DD staff support an integrated model of care.
- Provide training to develop more peer support services and specialists.
- Implement trauma-informed care to enhance quality.
- Increase training for law enforcement and hospital staff.
- Use findings from consumer satisfaction surveys to improve the quality of service and identify gaps in care.
- Measure outcomes and conduct statewide benchmarking. Target improvements in performance and outcomes that reflect effective services, such as decreased homelessness, increased employment, and reduced hospitalizations.
- Publish provider reports cards that provide information on the quality of care.

Education and Outreach

- Provide community training, education, and outreach to increase awareness and understanding of mental health conditions and substance abuse disorders.

- Broadly advertise available services, including the Georgia Crisis and Access Line (GCAL), to help families and individuals access the services and supports they need.
- Create a website that lists all available BH service providers and their contact information by county. Distribute information widely.
- Use simple and easy-to-understand language in educational and outreach materials. The information is not useful if the language is bureaucratic and not easily understood.

Additional Suggestions and Issues Raised

- Continuously provide opportunities for input from consumers, family members, advocates, and providers. This could be accomplished in a variety of ways, including community forums, town halls, focus groups, online surveys, and the establishment of quality councils.
- Travel to areas outside Atlanta to talk to stakeholders.
- Ensure transparency regarding decisions by the department that impact services.

B. Developmental Disabilities

Services

- Increase funding to provide access to an adequate and effective level of services and supports for individuals with DD. This includes funding to provide more Medicaid waivers and to increase services and supports (e.g., emergency placements, respite services, services to address BH needs, and services within the person's community).
- Specifically address services in rural communities and smaller towns, which have a tremendous need for increased services.
- Focus services on the patient. Increase training and require patient-centered care in order to provide services that meet the individual's needs.
- Provide incentives and training to providers to increase expertise in treating individuals dually diagnosed with DD and BH concerns.
- Provide more information, assistance, and services to help young people transition from a school setting to adulthood. Suggestions include:
 - Provide education to families and caregivers on how to access services and supports to facilitate independent living. Examples include information on job training and housing options;
 - Increase funding for services and supports for individuals as they transition out of school; and
 - Provide early education for families and caregivers on service options beyond the school setting.
- Improve crisis response system-wide.
- Expand supported employment and other best practices.
- Increase services and supports for individuals with autism.
- Address transportation needs, which are a barrier for many individuals and families.

Provider Network

- Increase access to services by contracting with additional providers. Consider offering incentives, increasing training, and streamlining regulations and procedures to reduce the administrative burden on providers and encourage participation in Medicaid.
- Expand and train staff. Increase reimbursement rates for providers.
- Consider innovative strategies to increase supports for individuals, such as utilizing the knowledge and skills of parents and other family members who have cared for individuals with DD.
- Improve coordination of care between the various healthcare systems, (i.e., DD, BH, and physical health) via increased education and communication protocols.

Quality

- Increase provider training to expand quality services.
- Include families in the evaluation of the service system in order to obtain a comprehensive, thorough assessment of the provider and overall system performance.
- Use individual and family satisfaction surveys to drive quality improvements. Individuals and families also should be given the opportunity to provide feedback on their satisfaction with the DBHDD's regional offices and support coordinators and offer suggestions for improvements.
- Simplify the process for accessing services to improve the overall quality of the system.
- Focus quality assessments on evidence-based practices to determine whether effective care is being provided to meet the needs of individuals and families.
- Publish audit results prominently and within a timely period.
- Establish a single set of standards that are consistent and encompass all requirements of monitoring agencies. Provide training on the standards to establish shared knowledge of requirements and set expectations of quality care.
- Adopt and expand evidence-based practices. Consider adoption of clinical practices and services that have been proven to be effective in other states.

Education and Outreach

- Increase training for caregivers and family members, and simplify information on available services and how to access them.
- Increase availability of information on access to services in rural areas.
- Present information on accessing services in an easy-to-understand format and in a variety of ways.
- Work with providers to educate school staff on community-based services and supports, as schools are an important resource for families and can play a critical role in providing information regarding available services.
- Collaborate with local advocacy groups to help provide current and comprehensive information to families.

- Create a clearinghouse of information that is easy to access and understand to provide information on available resources and supports.
- Use technology to provide information, including web-based services and access to frequently asked questions.
- Provide an orientation program to individuals and families when they enter the system.

Additional Suggestions and Issues Raised

- Streamline processes and procedures to enable families and caregivers to provide better care for individuals.
- Improve coordination between regional offices and providers in order to create an efficient and streamlined system.
- Establish effective and regular communication between regional staff, support coordinators, and families.
- Coordinate with other states to facilitate continuity of services for individuals and families who move.