Georgia Department of Behavioral Health & Developmental Disabilities

FY 2021 Community Quality Improvement Plan

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DBHDD Vision, Mission, and Commitment to Quality

Vision and Mission

The Quality Improvement Plan supports the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) Vision and Mission.

Vision:

> "Easy access to high-quality care that leads to a life of recovery and independence for the people we serve."

Mission:

> "Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment."

Quality Improvement (QI) Plan

Characteristics of the QI Plan

The QI Plan serves as an overarching, high-level organizational framework for DBHDD's community clinical and operational quality improvement activities. The QI Plan describes a systematic approach to identify and pursue opportunities to improve services and resolve identified problems.

The QI Plan is a living document reflective of a dynamic process that is responsive to opportunities for improvement, priorities, and resources. The plan is reviewed annually at the Fall meeting of the Executive Quality Council.

Quality Improvement Organization and Leadership

Organization

The Quality Improvement process is deployed and distributed throughout the organization, with the Office of Quality Improvement (OQI) serving as a hub for many QI projects, initiatives, the QI plan, and overall QI process. The OQI is organized as a separate office under the leadership of the director of DBHDD's Division of Strategy, Technology and Performance (STP).

Office of Quality Improvement

Vision Statement

The Office of Quality Improvement embraces the following quote by W. Edwards Deming:

> "We are here to make another world."

The Office of Quality Improvement considers its primary purpose to be serving as a valuable partner with the programmatic and other support divisions and offices in effecting changes to our agency and provider partners that ultimately benefit the people we serve.

Scope of Service

The Office of Quality Improvement (OQI) provides quality and process improvement support and service primarily to the Divisions of Behavioral Health and Developmental Disabilities. The programmatic divisions retain ultimate responsibility for and control over the quality improvement work occurring in their respective divisions. The goal of the OQI is to partner with and assist these divisions in improving the lives of the people we serve. The work of the OQI is structured to be:

- Aligned with the goals and priorities of DBHDD;
- Focused on making improvements that benefit the people we serve;
- Collaborative;
- Guided by established quality improvement techniques and principles; and
- Informed by best practices and peer-reviewed information.

The broad strokes of this collaborative work include:

- Strengthening and broadening of the provider network, resulting in greater effectiveness and access;
- Detecting and eliminating non-value-added effort, resulting in higher efficiency; and
- Leveraging information technology and systems to improve efficiency and facilitate reporting, which supports better informed decision making.

Leadership

Quality Improvement Leadership is provided by several internal councils, DBHDD partners, and the people we serve. Quality initiatives are governed through quality councils that meet quarterly.

Executive Quality Council

The Executive Quality Council is comprised of senior leadership from the Commissioner's office and the Divisions of Behavioral Health, Developmental Disabilities, Hospital Services, Strategy, Technology and Performance, and Finance, Accountability and Compliance. The Executive Quality Council meets quarterly in March, June, September, and December and is the highest-level quality committee at DBHDD. The Executive Quality Council sets priorities and direction for areas to be addressed, receives periodic updates on existing projects, and provides input from external stakeholders as needed.

Behavioral Health Quality Council (BHQC)

The BHQC meets quarterly in January, April, July, and October and includes representation from the Divisions of Behavioral Health, Strategy, Technology and Performance, and Finance, Accountability and Compliance. It is chaired by the director of the Division of Behavioral Health. This council reports on ongoing and planned QI initiatives and evaluates potential new projects.

Intellectual/Developmental Disabilities Quality Council (I/DDQC)

The I/DDQC meets quarterly in January, April, July, and October and includes representation from the Divisions of Developmental Disabilities, Strategy, Technology, and Performance, and Finance, Accountability and Compliance. It is chaired by the director of the Division of Developmental Disabilities. This council reports on ongoing and planned QI initiatives and evaluates potential new projects.

Division Director, STP

The division director is a member of the leadership team and enjoys high visibility throughout the organization. The division director provides advanced strategic, operational, and administrative oversight to the OQI with the goal of maximizing the coordination between offices within STP and partnership with other offices and divisions. See figure 1 for a visual depiction of the STP structure.

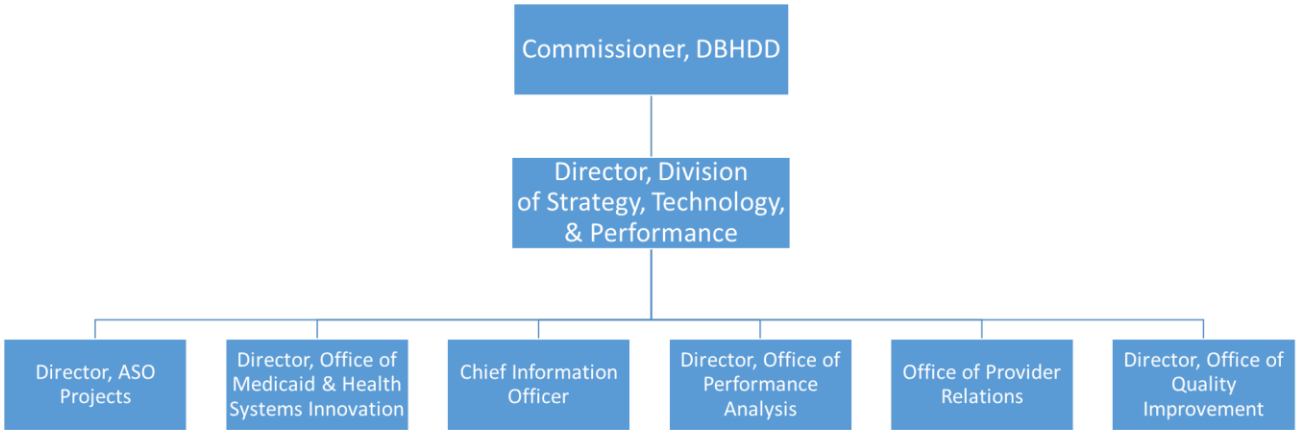

Figure 1 STP Structure

Director, OQI

The director occupies a senior management position with high visibility throughout the organization. The director provides functional and administrative leadership to the OQI team in addition to providing organizational leadership to the overall quality process.

Quality Improvement Process

Key Characteristics of the QI Process

Key characteristics of the DBHDD Community QI process include:

- Alignment with DBHDD strategic, communication, and enterprise priorities;
- Use of a systematic process with identified leadership, accountability, and dedicated resources;
- Use of data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks;
- Formalized QI Plan which is reviewed annually with the Executive Quality Council and revised if needed; and
- Routine project status reporting at the programmatic and Executive Quality Council levels

Alignment with DBHDD Priorities

It is vitally important to DBHDD's mission that quality improvement projects are aligned with agency priorities. In January 2017, DBHDD Commissioner Judy Fitzgerald shared a graphic outlining DBHDD's priorities with the leadership team. This graphic was developed by DBHDD senior leadership and is shown below as figure 2. It has been a foundational guiding document when potential projects were being considered and evaluated. As our agency has evolved in further refining our priorities and objectives, the Quality Improvement Plan has been updated to consider the additional learnings and thinking. In August 2019, Commissioner Fitzgerald shared a graphic of four strategic objectives, shown below as figure 3, with the management team. Rather than replacing the original graphic, this set of four objectives augments and crystallizes the most important activities of our Department.

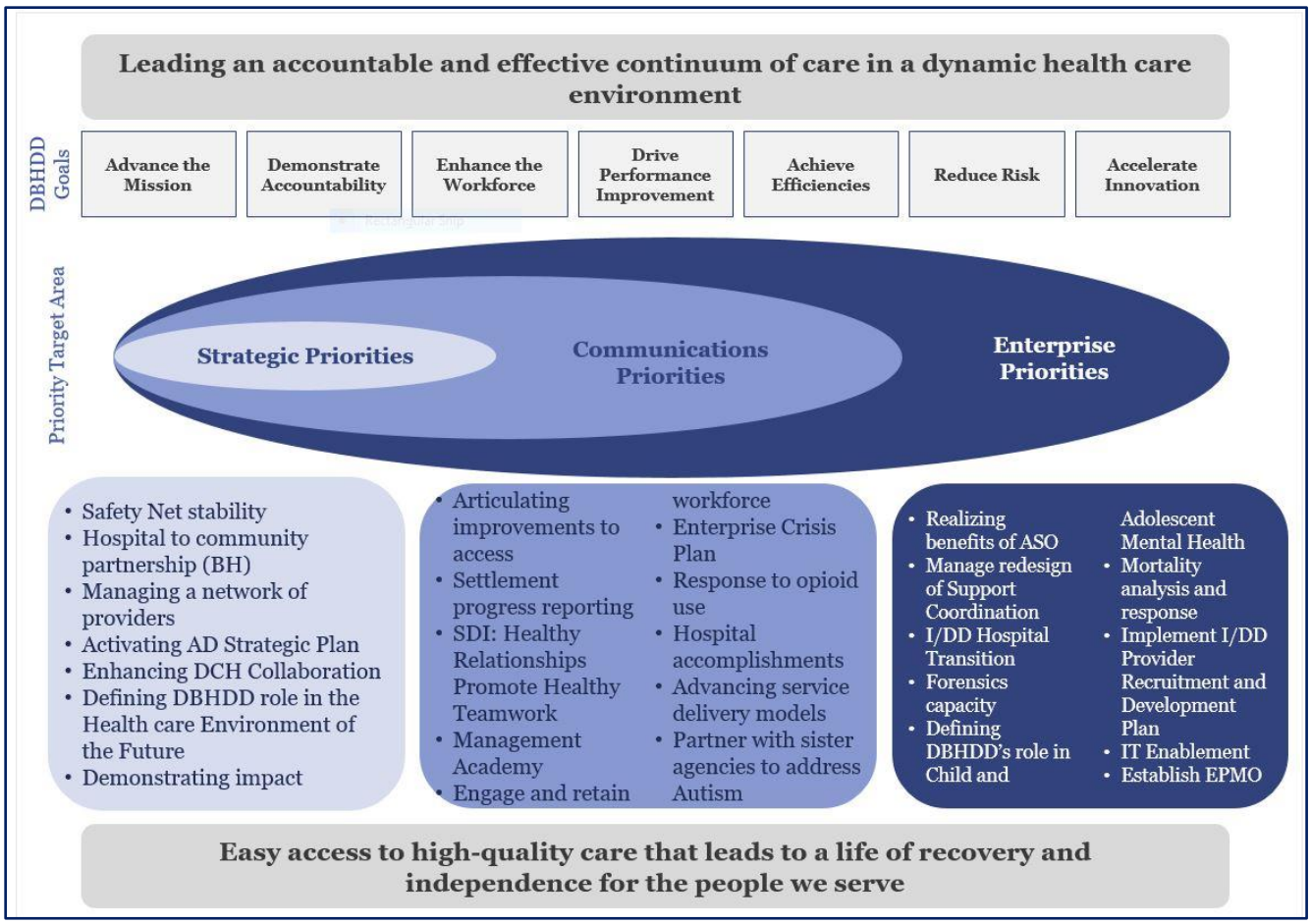

Figure 2 DBHDD Priorities

Figure 3 DBHDD Strategic Objectives

Sources of Quality Improvement Projects

Ideas for quality improvement projects may be initiated from many sources and are then evaluated, selected, and prioritized by the relevant programmatic division(s) with assistance from the OQI as needed. Those deemed most vital are selected to become QI initiatives, subject to time and resource constraints. See figure 4 for a non-exhaustive listing of potential project sources.

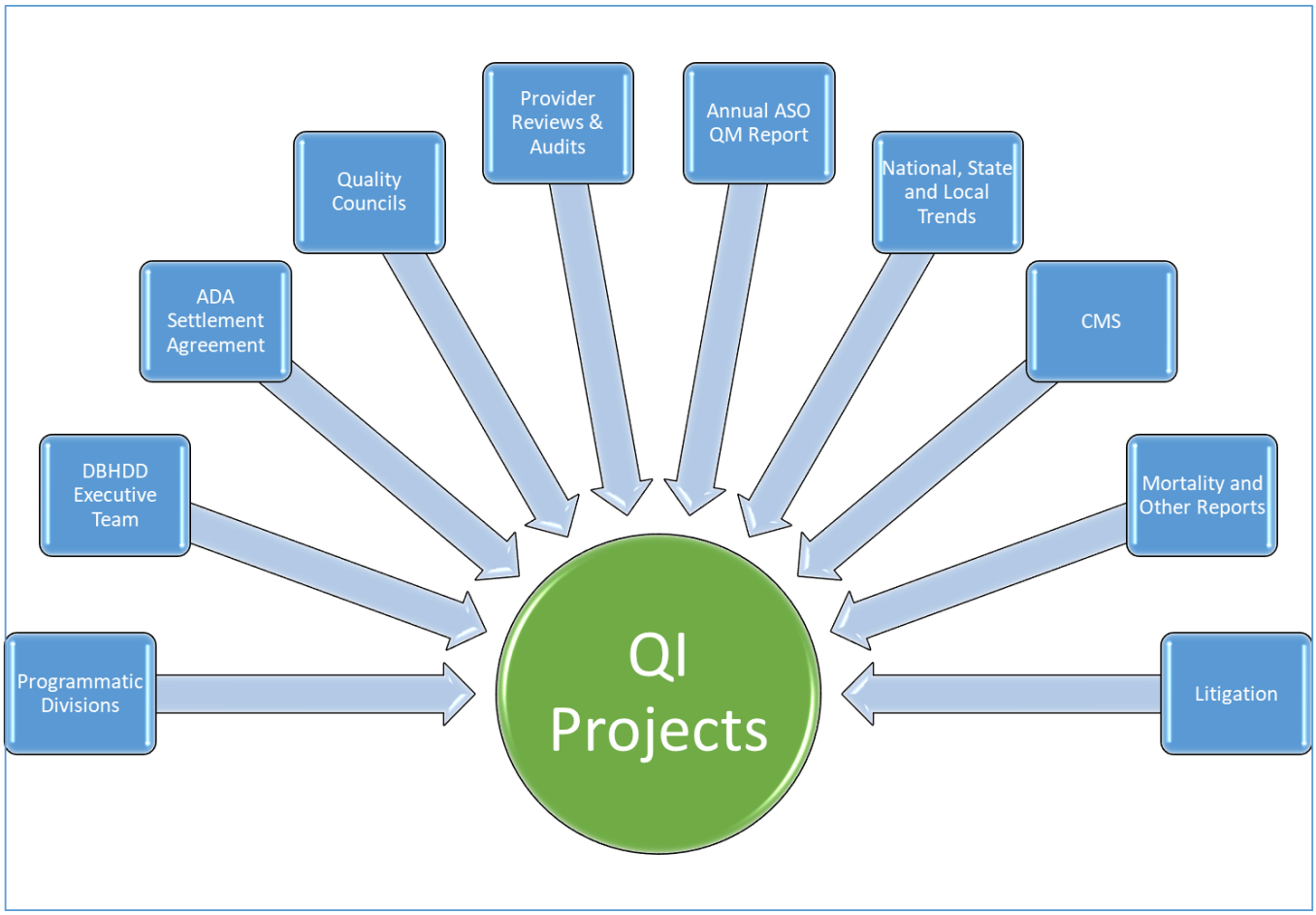

Figure 4 Sources of QI Projects

Once the performance of a selected process has been measured, assessed, and analyzed, the information gathered is used to identify possible quality improvement initiatives. The decision on whether to undertake the initiative is based on DBHDD priorities and resource availability and is generally made by the programmatic division either directly via the division director, or through divisional quality councils. Please see figure 5 below for a visual depiction of this process.

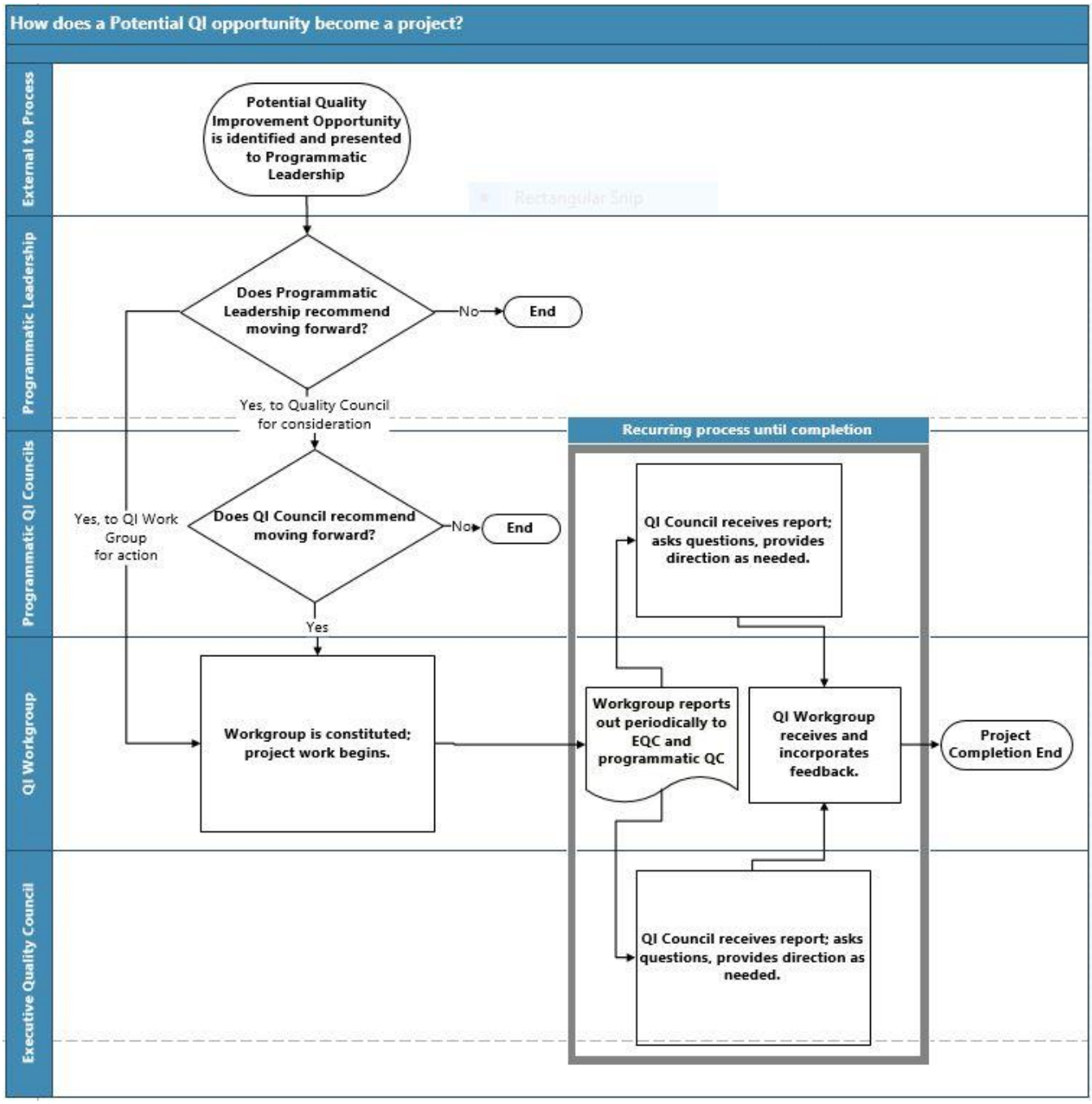

Figure 5 Decision to Accept a Project

National, State, and Local Trends

In 2015, DBHDD created a new office dedicated to the analysis of performance data, the Office of Performance Analysis (OPA). Strategically aligned with the OQI within the Division of Strategy, Technology and Performance, this office uses DBHDD and external data to drive performance improvement initiatives and demonstrate outcomes of these initiatives. This is achieved through a variety of activities:

- Identification, development, testing, and analysis of performance metrics
- Scientific literature review/research necessary to identify research hypotheses, study design, data collection, and analytic models
- Outcomes analysis to determine impact of a program, modification, or intervention
- Provision of analytic reports and results using understandable language while retaining scientific foundation
- Consultation on developing impactful, data-driven studies

Georgia Collaborative ASO (ASO)

The Georgia Collaborative Administrative Services Organization (ASO) is an external partner of DBHDD. It is comprised of three partner companies: the Georgia Crisis and Access Line (GCAL), Beacon Health Options (Beacon), and Qlarant, formerly the Delmarva Foundation. Among the many services the ASO provides on behalf of DBHDD are quality improvement services. This important function provides on-site review of providers and subsequent quality improvement activities at both the system and provider level. Under the direction of the OQI, the Quality Improvement arm of the ASO is charged with:

- Assessing and reviewing services rendered to individuals across the state;
- Providing a preliminary and final scored report to both provider agencies and DBHDD of summarized findings;
- Providing technical assistance and training to the providers, based on the review and overall findings; and
- Analyzing, tracking, and trending the data collected in these reviews to make recommendations to providers, stakeholders and to DHBDD regarding areas that are doing well or those that could benefit from some type of performance improvement initiative.

Quality Improvement Initiatives

Overview

In general, Quality Improvement initiatives should align with at least one of the priorities noted in figure 3 on page 7, and many QI projects address more than one goal or target area. Quality improvement processes may also take several forms. The OQI noted areas where we are partnering to create changes or provide a direct intervention to spur improvement; we describe these as **partnered initiatives**. In other cases, we may be using our findings to **improve processes** in incremental steps. Finally, we may be pursuing additional research or knowledge related to a subject matter to **advance sophistication**. A non-exhaustive list of completed, current, and planned initiatives follows, attached to the priority target with which they are most closely associated.

Completed Initiatives

Completed initiatives are grouped according to the strategic objective with which they are most closely associated, although a single initiative may address more than one objective. Those initiatives denoted with an asterisk (*) have been actively supported by the OQI.

Initiatives that addressed "Successfully Fulfill the Principles of the ADA Settlement Agreement"

DBHDD prepares an **Annual Mortality Report** that summarizes, analyzes and trends consumer deaths occurring in the previous calendar year. Click here to see a copy of the most recent published Mortality Report, as well as historical reports. This report is very rich and robust and is a primary source for identifying and creating actionable intelligence useful in designing and performing QI projects. Informed by the mortality report, DBHDD has implemented several initiatives aimed at improving the health and safety of the individuals we serve. This important work will be ongoing.

A major focus of quality improvement effort over the last year has been in the Supportive Housing arena. Several projects have been completed in support of this extensive initiative. The **Supportive Housing Functions Inventory*** analyzed functions, duties and resources to identify efficiencies and eliminate waste and redundancies. This resulted in better alignment of resources with areas of need. Supportive Housing also partnered with an external provider of housing services, which required that a **Supportive Housing/Step Up process flow*** outlining the responsibilities, dependencies, and workflows of this new partnership be generated.

The **Unified Referral Housing Project*** created and documented a standard, recurring process for obtaining information about the housing status of individuals served through unified referral processes. In conjunction with this project, **Supportive Housing Fidelity Monitoring*** is using IT resources to automate a manual process. Expectations are geared towards thoughtful planning and implementation of automation which will lead to greater process efficiency, easier tracking and reporting of outcomes, and in partnership with the Department of Community Affairs (DCA), more individuals served. The initial IT application has been developed and is being used; enhancements to reporting, survey, a DCA module and **Georgia Housing Voucher*** module is underway. A **Housing Choice Voucher Application (HCV)*** project to reduce inefficiencies in the HCV tracking process and reduce the number of required documents was also completed. Another housing initiative is the **Housing ITR/CRR Project*** which evaluated and refined Intensive Treatment Residential (ITR) processes as the service was transitioning to Community Residential Rehabilitation (CRR).

Initially, data on supportive housing was being maintained in a very large excel spreadsheet. As a preliminary step toward automation, the **Supportive Housing Master Spreadsheet Transition initiative*** analyzed which data points would be necessary going forward and transitioned the repository for this work to SharePoint. This enhanced reporting capabilities and provided a stable, secure platform for colleagues to collaborate in this work.

A **Pilot Study of Housing Inspections*** took place in Region 3. DBHDD selected a new vendor to perform housing inspections and the customized process has been mapped and communicated to stakeholders including the vendor and providers. Data from the inspections has been analyzed and is expected to yield additional improvements. After the pilot, Supportive Housing evaluated two potential housing inspector vendors. A **SWOT Analysis of Inspection Vendors*** was undertaken, which included comparative metrics around finance, procedures, reporting and timeliness.

Payment rates for supportive housing assistance are a combination of many factors; the size apartment the individual qualifies for, the county of residence, and sometimes even city or zip code within a county, depending on local market conditions. The **Supportive Housing Payment Standards*** project consolidated and validated this data across the state to provide a single repository for the rates of all 159 counties and their subsets in Georgia. This improved accuracy and efficiency for those working with individuals to be able to query the data easily about available subsidies.

With the COVID-19 public health emergency, 'healthy hotels' were designated for individuals who were COVID-19 negative and experiencing homelessness until they could be referred to the Georgia Housing Voucher Program (GHVP) and be permanently housed. As this was a new process, a job aid and **Process Map for the Healthy Hotel Referral Process*** was developed to train stakeholders on their role in referring individuals to the GHVP from the 'healthy hotels'.

Initiatives that addressed "Influence the Design and Direction of the Health Care Environment in Georgia"

What began as an **IFI Tool Review Cross Reference*** project to compare tools from ASO Quality, ASO Compliance, and Georgia Medical Care Foundation (GMCF) Pre-Payment Review to identify similarities and differences resulted in a wider effort to update the provider manual and policy. These updates provided greater consistency in review and audit standards across services, tools and agencies.

Results of the Recovery Self-Assessment Survey identified providers' need for **Cultural Competence Trainings***. In response, the Office of Recovery Transformation developed a series of trainings focusing on spirituality, recovery language, sexuality/gender, age, socioeconomic

status, and race/ethnicity. These trainings are being delivered to providers and are intended to positively impact them through education opportunities in the area of diverse treatment options and consumer involvement.

Initiatives that addressed "Manage a Network of Providers"

The **Suicidal Ideation Special Study*** was commissioned by DBHDD and administered by the Georgia Collaborative ASO. The overarching goal of this study was to learn information that will help reduce suicide rates in Georgia. This study used a tracer methodology to follow individuals who completed suicide or presented with suicidal ideation to determine what risk and protective factors were identified, as well as what services, evaluations, assessments and treatments were provided to the individual. Preliminary results are being shared internally and it is anticipated that several additional projects will result from the findings.

The Office of Information Technology, in collaboration with the Office of Budget and Finance built a **Contract Management Application (CMA)*** to reduce paperwork associated with DBHDD Accounts Payable contracts and reduce the turnaround times required for Accounts Payable contract approval. The goal is to automate all aspects of contract management and create a centralized platform for all contract management processes for both internal and external users.

Several initiatives occurred around revision and updating of the quality review tools used by the Georgia Collaborative ASO to conduct quality reviews on behalf of DBHDD**. Intensive Case Management (ICM) reviews*** were added to the behavioral health quality reviews. Additionally, both the **Crisis Service Unit and Behavioral Health quality review tools were evaluated*** and revised to ensure conformance with provider manuals and eliminate overlap and questions that did not provide information about the quality of a provider's performance.

DBHDD also completed a **Child and Adolescent Quality Review Tools Enhancement*** to update the ASO's tools and reporting mechanisms that evaluate child and adolescent services. This process carved out provider performance on child and adolescent services separately from services to adults, so that trends and possible improvement opportunities specific to this population could be more easily identified.

The COVID-19 public health emergency disrupted the existing quality review process, which is conducted face to face at the provider's location. This led to the development of the **Quality Remote Review Process*** which allowed reviews to resume without face to face contact between the Georgia Collaborative ASO and the providers, while still providing a robust and meaningful quality review process.

The **Enhanced Supports and Services Project*** sought to identify and remediate gaps and inefficiencies, create accountability, and enhance communication regarding requests for enhanced supports and services for individuals with intellectual and developmental disabilities. Workflows for current and future state have been created, potential policy changes identified, and job aids have been created. Project will not move forward due to budget constraints.

DBHDD attended and contributed to the **DCH Quality Review Committee Meetings***. The committee is responsible for assisting Medicaid in prioritizing, facilitating, and monitoring performance activities within the Home and Community Based Services/Waivers Programs to improve and strengthen the health, welfare, and the quality of care for members.

Initiatives that Addressed "Be a Team of Individuals who are Effective, Engaged, Empowered, and Recognized"

The COVID-19 public health emergency drastically changed the way many parts of our agency conduct business. Many offices which have always operated face to face were now being asked to conduct business remotely, using teleconferencing technology such as WebEx, Microsoft Teams, and Zoom. The Office of Quality Improvement was an early adopter of Microsoft Teams and **developed and conducted 1:1 Teams training*** as needed to help colleagues master this unfamiliar technology.

Human Resources/Learning has deployed the **Cisco WebEx distance learning platform** across the organization. This platform provides on-demand collaboration, online meeting, web conferencing and videoconferencing applications. This platform extended the reach, improved the quality, and reduced the cost of providing training across the agency and the DBHDD network of providers.

DBHDD has for the last three years embarked on a mission to embed self-awareness and understanding into the culture of our entire organization through the use of the Strengths Deployment Inventory (SDI). With the rebranding to **SDI/Core Strengths 2.0,** additional functionality and tools to support these goals were added and deployed throughout the organization. Through this enterprise-wide commitment we continue to be a team of individuals who are effective, engaged, empowered and now recognized. DBHDD has become a national model for rollout of SDI/Core Strengths 2.0 within an organization of any type, especially the public sector.

Ongoing and Planned Initiatives

Ongoing initiatives are grouped according to the strategic objective with which they are most closely associated, although a single initiative may address more than one objective. Those initiatives denoted with an asterisk (*) are being actively supported by the OQI.

Initiatives that Address "Successfully Fulfill the Principles of ADA Settlement Agreement"

Supportive Housing continues to be a significant focus area for quality improvement efforts. A **Supportive Housing Forms Inventory*** is being performed to identify all forms currently in use, what data fields are collected multiple times in multiple forms, and what data fields are necessary to the program. This is preliminary work that will inform the digitizing of the remaining forms to improve the timeliness, efficiency and accuracy of the process. Supportive housing assistance is available through multiple agencies and programs across the state, although each program may have different eligibility criteria and different definitions of homelessness. **The Supportive Housing Tool Assessment project*** aims to bring these different agencies and programs together to agree on a single, unified application process with a decision engine that can direct individuals to resources for which they qualify. Currently, an individual must apply to each program separately. Thus far, all data fields in use by the programs have been identified and crosswalked for overlap. Next steps will involve the stakeholders' meeting to determine if a common set of eligibility criteria can be developed.

A guiding component of the supportive housing work has been the development of a **Supportive Housing Strategic Plan***. This work has been thoughtfully executed with opportunities for input and feedback from internal and external stakeholders via forums, surveys and presentations. The **collection, aggregation, categorization and interpretation*** of this feedback has provided DBHDD with valuable insight into provider and other stakeholder ideas and concerns.

Another significant area of interest and focus is Developmental Disabilities Clinical Oversight, with many ongoing projects that fall under the umbrella of **Identification and Treatment of Individuals with Complex Needs***. This highly complex, multi-year project addresses twelve domains – Identification of Complex Needs, Alert Notification System, Assessment, Treatment, Supports and Intervention Planning, Whole Health Promotion, Monitoring and Surveillance, Intervention, Risk Mitigation, Resolution of Issues, Training and Development, Health and Safety, and Outcomes. Work completed to date includes defining the domains, identifying performance indicators and their data sources, collecting performance indicators (where available), identifying expected milestone completion dates, and documenting quality improvement tasks associated with each domain. Next steps involve pursuit of missing performance indicators, reviewing and validating the data, and designing and scheduling monitoring reports. Training development is underway, and a communication plan for informing community providers of the upcoming training will be developed.

Initiatives that Address "Influence the Design and Direction of the Health Care Environment in Georgia"

Identification of data sources for performance data, determination of best use of data, and standardization of practices through the Projects for Assistance with Transition from Homelessness (PATH) Data Project will assist DBHDD with gaining insight into provider housing practices and improve DBHDD's system performance to house homeless individuals. A **PATH Data Automation*** project will also enhance DBHDD's housing practices by reducing administrative paperwork associated with PATH. This project is on hold due to competing priorities with the COVID-19 public health emergency.

The **NCAPPS project*** is a grant funded, collaborative effort among several Georgia state agencies and other stakeholders to enhance our state's "No Wrong Door" system of care. The focus is on creating a systematic and holistic approach to weaving person-centered practices with one voice across networks and systems to strengthen this approach. Some of the project tasks include establishing a common definition of person-centered practice across systems, establishing metrics that evaluate person centered practice across systems, and working to ensure that person centered training, standards, and practices are consistent. Currently, the workgroup is engaged in developing the metrics that each agency will use to evaluate their person-centered practices.

The **CCBHC project*** is a multiyear project designed to help qualified Community Service Boards (CSBs) achieve Certified Community Behavioral Health Clinic (CCBHC) status. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. The standards are high for this special class of provider. Currently, the project team is evaluating the readiness of interested CSBs by reviewing financial, systems, staffing, and other factors. The team is also reviewing DBHDD policies, provider manuals, funding sources, and reporting capabilities, among others. Based on information provided by these evaluations, next steps will include a road map for DBHDD and providers to achieve CCBHC status.

Initiatives that Address "Manage a Network of Providers"

Bed Board Revision is resulting in better and more timely data collection. This information will drive future KPIs and dashboards where program managers will see in real time how well the system is functioning. Next steps include an update to the underlying data source of this information. Expected project completion is summer of 2021.

Planning List Administrator (PLA) Redesign work has focused on improving processes and customer service in order to operate with greater efficiency and consistency and to communicate more effectively with consumers and families. This has resulted in greater numbers of individuals being served. Work now is focused on the partnership with the Georgia

Tech Research Institute in the validation and training for the needs assessment tool, which contains the four needs assessments used to prioritize the planning list. The objective is to be able to determine "most in need" status in real time.

Through a **Partnership with Sister Agencies to Address Autism** in conjunction with the Departments of Community Health, Public Health, and Human Services, DBHDD is working to expand the range of services available to children with autism payable by Medicaid. Implementation benchmarks complete thus far include: CSB Staff Capacity Grants, Telemedicine Capacity Grants, Mobile Crisis Teams, and Autism Crisis Support Homes. Autism Crisis Stabilization Units are expected to be live in December 2020.

In collaboration with DCH, DBHDD has been conducting routine analysis and review of the **CMS Waiver Assurances*.** Where opportunity for improvement is identified, DBHDD and DCH collaborate to improve processes, data collection, and outcomes. Currently in process is ongoing work to update the performance measures that will be submitted to CMS as the waivers come up for renewal. The focus of this work is to ensure alignment between DCH and DBHDD in the selection, aggregation and reporting of performance measures. Another improvement taking place is to examine current waiver performance and collaboratively develop a quality improvement plan for indicators that fall below 86%.

"The **Intellectual and Developmental Disability Case Management Information System (IDD Connects)** is an integrated system supported by the Georgia Collaborative ASO. The system went live in August 2019. Ongoing are additional systems integration, validation and post-live enhancements. Also connected to this project is the **ISP revision and QI Directives initiative***, designed to provide greater clarity to support coordinators and other stakeholders. Functionality within the IDD Connects system related to ISPs is currently being addressed to support this initiative. The process has been flowcharted, gaps identified, and training is in development. This project is currently on hold due to the demands of addressing the COVID-19 public health emergency. "

The Office of Deaf Services, working with IT, is creating an automated **Deaf Services Management System (DSMS)***. Thus far, the existing processes have been flowcharted, and gaps and inefficiencies identified. Appointment scheduling, data collection onboarding, communication assessment, interpreter scheduler and billing are areas that will be covered in the IT build. DSMS system audit and review process are currently in development.

Earlier this year, it became apparent that some high utilization individuals who were connected to community behavioral health services were unable to maintain those connections and cycled back through the High Utilizer Management (HUM) program to reestablish a connection with services. The **HUM Individual Engagement Analysis*** was undertaken to understand the causes for this and to work with HUM navigators and other stakeholders to address this. Education

and strategies were delivered to providers and other stakeholders, and next steps will include establishing key performance indicators for this work and then further analysis to determine the efficacy of the quality improvement strategies.

The **BHCC/CSU Discovery Team Exploration*** is a project designed to address the greatest challenges identified by our provider partners who provide a Behavioral Health Crisis Center or a Crisis Stabilization Unit as part of their offerings to individuals. Issues such as physical plant, staff training, admission and discharge process, and use of the bed board have been identified. Thus far, data sources for tracking have been identified and an initial set of metrics are being reviewed. This project is expected to generate multiple projects as additional mitigation efforts are identified.

Initiatives that Address "Be a Team of Individuals who are Effective, Engaged, Empowered, and Recognized"

The purpose of the **Intelligent Automation project** is to identify manual processes within Human Resources that can be improved or automated. To date, Human Resources has identified and prioritized the manual processes that need attention. This work has been reviewed with DBHDD senior leadership, the State Accounting Office, Department of Audit Services and Department of Human Resources Administration. Next steps will be interagency work subject to the demands of COVID-19 efforts and budget constraints.

The **Kronos Workforce Scheduler project** has as its goal, efficiency and effectiveness in employee scheduling, tracking and reporting. This project is being implemented in stages and has been deployed at two state hospitals. Consideration of the next implementation site is underway. Full completion is anticipated by 2022 and has been delayed by COVID-19 resource demands.

The **Job Classification and Career Path** project's purpose is to increase market competitiveness and provide career paths for critical positions being impacted by recruitment and retention issues. The program has been outlined and next steps are to gain budgetary approval.

Conclusion

This FY 2021 Community Quality Improvement Plan is a living document reflective of a dynamic process and describes the guiding principles, environment, philosophy, structure, and processes for DBHDD. This plan describes the major roles played by various individuals, teams, and councils in the deployment and conduct of QI initiatives. It also contains a brief synopsis of many current QI initiatives completed, occurring, and planned across the agency.