Georgia Department of Behavioral Health & Developmental Disabilities

FY 2022 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   enterprise 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. 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. 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. 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, Strategy, Technology and Performance (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.
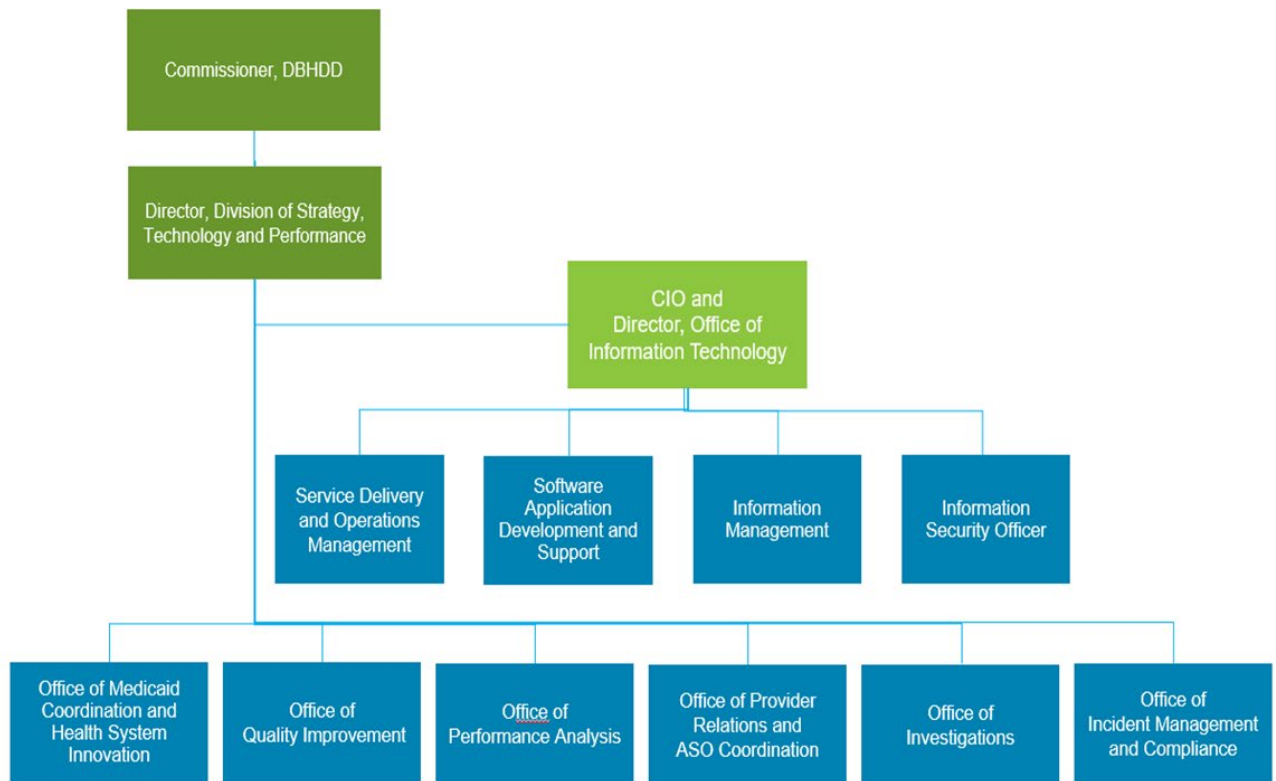

Figure 1 STP Structure

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 August 2019, Commissioner Fitzgerald shared four strategic objectives with the management team. A fifth strategic objective has been created due to COVID-19's public health emergency impact. See figure 2 below. This set of five objectives crystallizes the most important activities of our department.

DBHDD Objectives

| Successfully fulfill the principles of ADA Settlement Extension | Influence the design and direction of the health care environment in Georgia | Manage a network of providers | Be a team of individuals who are effective, engaged, empowered, and recognized | COVID-19 Public Health Emergency Response |
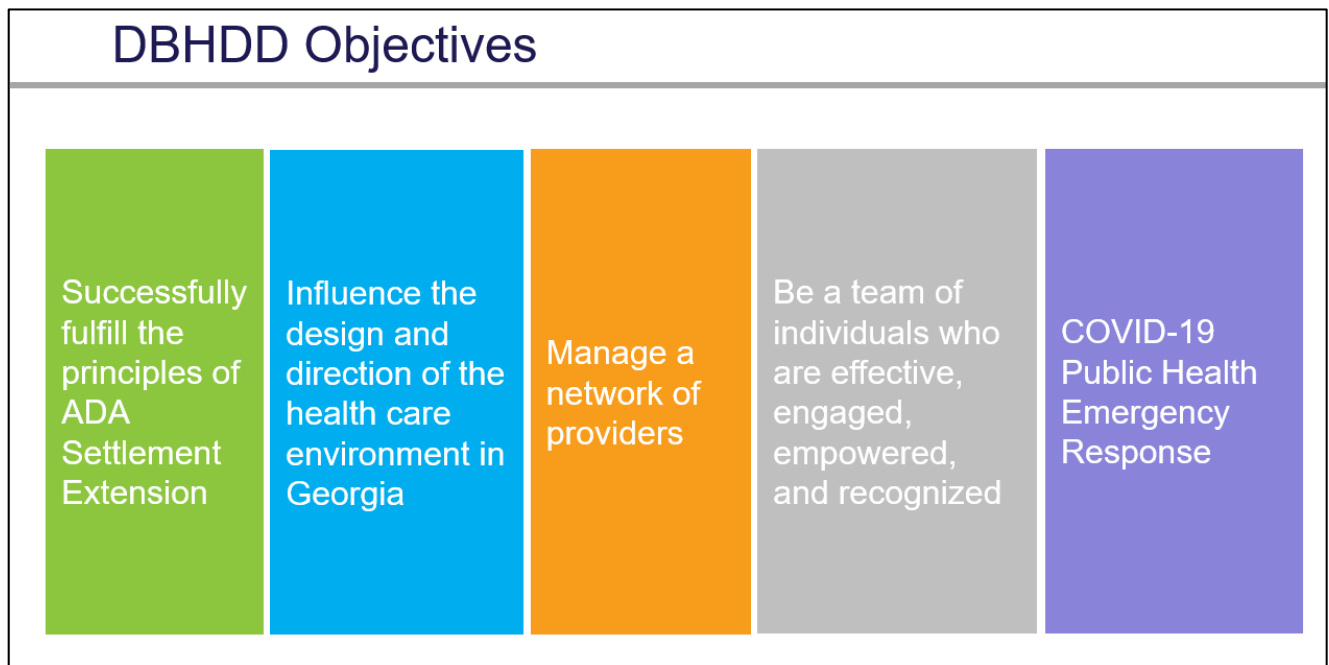
Figure 2 DBHDD Strategic Objectives

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 3 for a non-exhaustive listing of potential project sources.
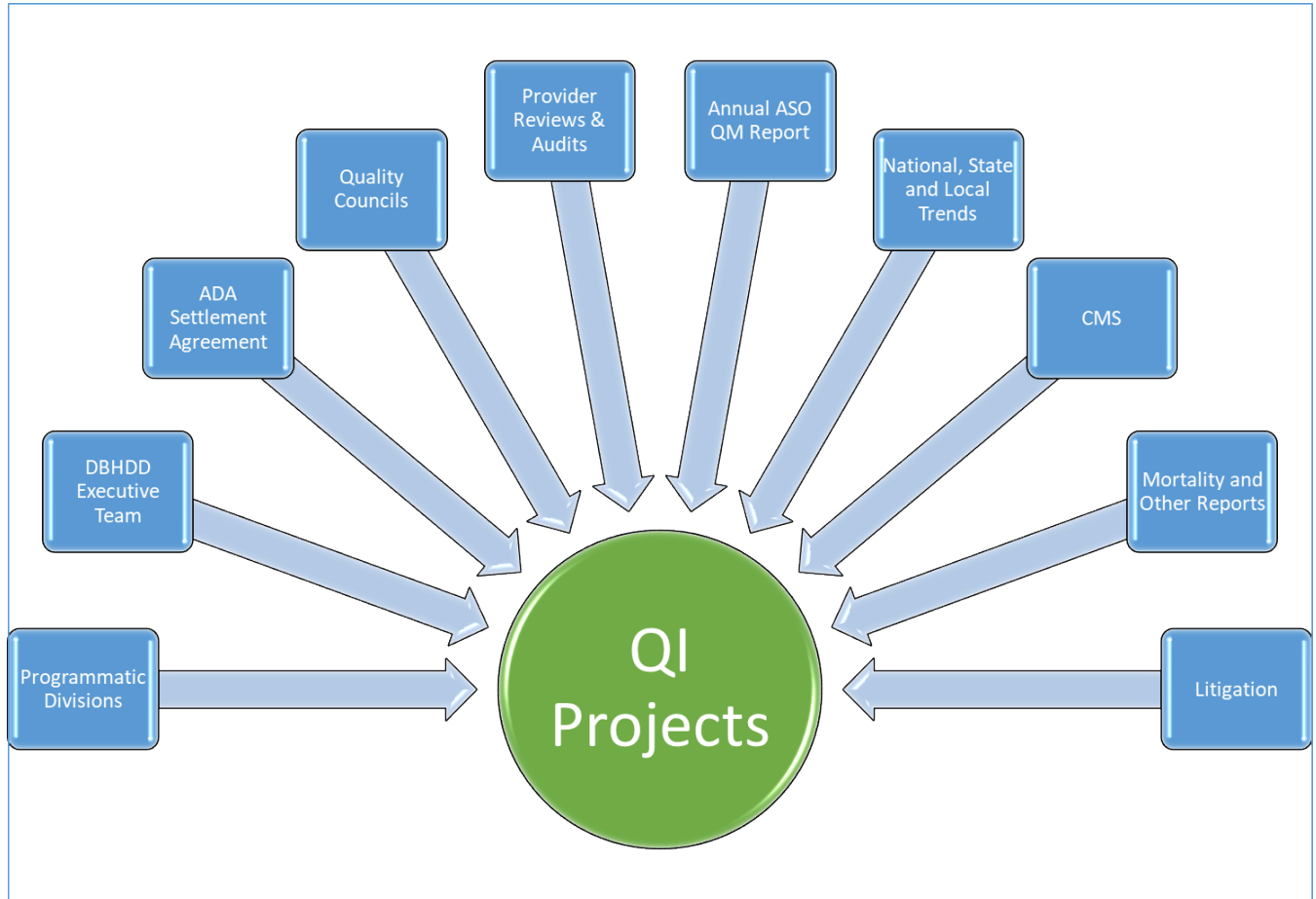
Figure 3 Sources of QI Projects

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 4 below for a visual depiction of this process.

How does a Potential QI opportunity become a project?

- **External to Process:** Potential Quality Improvement Opportunity is identified and presented to Programmatic Leadership
- **Programmatic Leadership:** Does Programmatic Leadership recommend moving forward? — No → End; Yes, to Quality Council for consideration
- **Programmatic QI Councils:** Does QI Council recommend moving forward? — No → End; Yes, to QI Work Group for action; Yes
- **QI Workgroup:** Workgroup is constituted; project work begins.
- **Executive Quality Council**

Recurring process until completion:
- QI Council receives report; asks questions, provides direction as needed.
- Workgroup reports out periodically to EQC and programmatic QC
- QI Workgroup receives and incorporates feedback.
- QI Council receives report; asks questions, provides direction as needed.
- Project Completion End

Figure 4 Decision to Accept a Project

National, State, and Local Trends

The Office of Performance Analysis (OPA) is strategically aligned with the OQI within the Division of Strategy, Technology and Performance. This office uses DBHDD and external data to 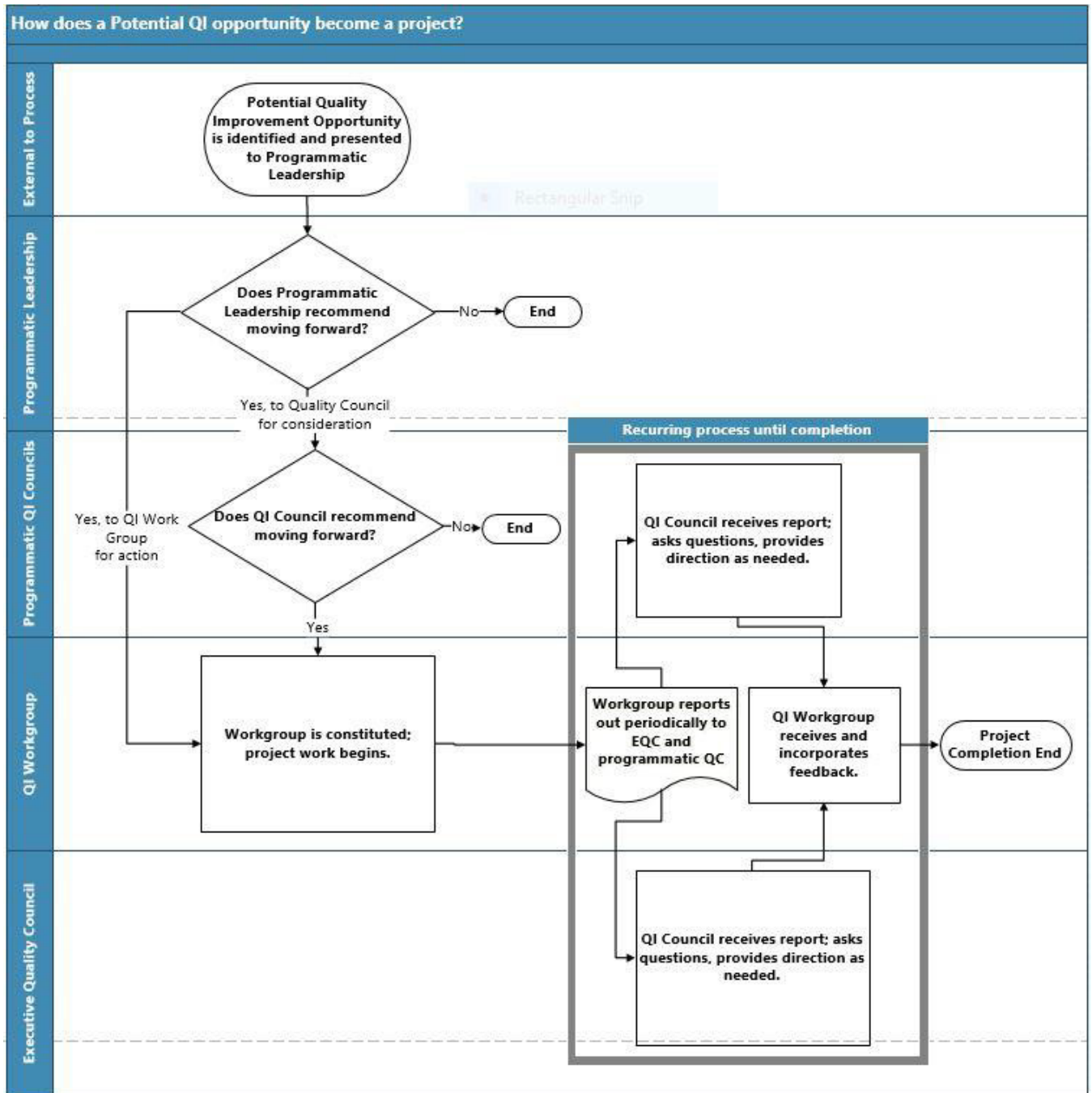drive performance improvement initiatives and demonstrate outcomes of these initiatives. This is achieved through a variety of activities:

- 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 generally provides on-site review of providers and subsequent quality improvement activities at both the system and provider level. During the COVID-19 public health emergency, these quality reviews are conducted remotely using teleconferencing and other technology. 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 2 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 follow, 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 Office of Quality Improvement (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 recently published fiscal year 2020 Annual Mortality Report, as well as historical reports. This report 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 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 addressed twelve domains –
- Identification of Complex Needs
- Alert Notification System for Change in Condition
- Assessment
- Treatment, Supports and Intervention Planning
- Whole Health Promotion
- Monitoring and Surveillance
- Intervention
- Risk Mitigation
- Resolution of Issues
- Training and Development
- Health and Safety
- 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. Future steps for this project include data system enhancements and continuous quality improvement efforts based on data reviews.

A guiding component of the supportive housing program has been the development of a **Supportive Housing (SH) Strategic Plan***. The following project initiatives depicts the operational efforts deployed to support and provide homeless individuals with housing

stability:
- **SH Fidelity Monitoring Tool*:** Improved the Provider's knowledge of the supportive housing program based on SAMSHA evidence-based practice.
- **SH Forms Inventory*:** Identified pertinent paper-based forms for digital automation of Georgia Housing Voucher process.
- **SH Inspection Data Region 3*:** Identified inspection process areas for continuous improvement.
- **DCA Inspection Implementation*:** Assigned DCA as the HQS inspection provider for DBHDD Regions outside of Region 3
- **NSH Dashboard:** Provided improved visibility and understanding of Need for Supportive Housing (NSH) Survey and Referral system data.
- **Request for Tenancy Approval (RFTA) Protocol:** Enhanced lease processing, reduced documentation errors, and prevented payment delays to landlords.
- **Adoption of the Atlanta Housing Payment Standards Tool (R3) *:** These standards increased the maximum rental amounts allowed within the City of Atlanta and thereby augmented available housing options.

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

Network Provider CSU and BHCC staff were presented with a series of **CSU/BHCC Suicide Prevention/Consultation Trainings*** to enhance their knowledge and continued expertise in this area. Topics included a refresher on the suicide prevention policies, best practices, screening and assessment, safety planning, treatment and monitoring, care coordination and case studies.

The following supportive housing project initiatives were designed to shape and foster enhanced managerial and operational efficiency throughout the Supportive Housing program network for homeless individuals served in Georgia:
- **New DBHDD Hospital Pre-Screening:** Improved pre-screening for supportive housing opportunities at DBHDD hospitals, reduced manual efforts, enhanced quality of data collection, policy compliance, and tracking.
- **State Contracted Bed (SCB) Workflow Process Flowchart*:** The process workflow allowed Beacon Case Management to conduct Need for Supportive Housing assessments for potential housing placement with greater efficiency for individuals who were in SCBs.
- **PATH Coverage Program:** Developed a plan to implement a competitive application process for PATH in FY23.
- **PATH Technical Assistance for SAMHSA Audit:** PATH Providers were better equipped for future annual SAMHSA audits because of third-party PATH technical assistance received to meet the desired outcome of the PATH program service.
- **Pathways Institute for Technical Assistance and Consulting Services:** The Office of Supportive Housing received valuable technical assistance surrounding the

implementation of the Housing Support Program.

- **Recovery Oriented System of Care Training Phase 1**: Internal DBHDD teams volunteered and were educated and trained around SH 2.0 in Recovery Oriented and Person-Centered principles to recognize opportunities for growth and change within every level of the agency.
- **GHVP-5 Statewide Payment Standards*:** Increased available subsidy options for program participants across the state which enhanced access to tenant housing.

Initiatives that addressed "Manage a Network of Providers"

The Office of Quality Improvement (OQI) participated in the Behavioral Health Symposium by presenting a workshop titled "**In God We Trust: All Others Must Bring Data - The Power of an Effective Quality Improvement Plan"** *. Providers were educated on the benefits and requirements for creating a Quality Improvement (QI) Plan as outlined in the Behavioral Health (BH) Provider Manual.

The Office of Deaf Services, in collaboration with the Office of Information Technology (OIT), created the automated **Deaf Services Management System (DSMS)*.** Existing processes were flowcharted, and gaps and inefficiencies were identified throughout the DSMS application development process. The completed DSMS application enhanced areas such as appointment scheduling, data collection, communication assessment, interpreter scheduling, billing, and data review.

Planning List Administrator (PLA) Redesign work focused on improving processes and customer service to operate with greater efficiency and consistency and to communicate more effectively with consumers and families to maximize the number of individuals that have been served. The initial work for this project has been completed. Future steps will focus 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.

Ongoing are additional systems integration, validation, and post-liveenhancements. 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 system is currently operational, and updates are being made continuously. Training for Support Coordination Agencies to address the nuances of service delivery descriptions was initiated in April of 2021 and will continue biweekly on the functionality of the IDD Connects system.

CYAF also implemented the **High-Fidelity Wraparound (HFW)** project. This initiative focused on addressing an identified need for guidance, evaluation, and training for providers. Wraparound Essentials training provided supervisors and care coordinators with an initial orientation to the Wraparound process and highlighted how it fits within Georgia's System of Care. The attendees

were educated through the Wraparound Foundational Training curriculum content to increase their knowledge of how Georgia Wraparound should be delivered with fidelity and quality. Providers were able to be prepared and meet the growing demand for these services and achieve positive outcomes for children and youth.

In early 2020, it became apparent that some high-utilization individuals connected to community behavioral health services were unable to maintain those connections and were contacting the High Utilizer Management (HUM) program to re-establish a connection to services. The **HUM Individual Engagement Analysis*** initiative began by identifying the root causes for individuals disengaging from services. HUM leadership and staff addressed this by developing reengagement strategies with providers and other stakeholders. Key performance indicators were established for this work and ongoing monitoring is occurring to determine the effectiveness of those quality improvement strategies.

The following supportive housing project initiatives were designed to provide support to the Supportive Housing network of providers:
- **ZenDesk Implementation:** Successful implementation of an online customer service platform and help center that centralized statewide communications and critical documents and resources for individuals, landlords, and providers surrounding supportive housing services.
- **PATH Training Opportunities Survey*:** Enhanced the providers' understanding of the PATH model and best practices.

The **Performance Management Report (PMR) Buildstat Workshop*** was a collaborative effort between the OPA, OIARM, and OQI where a process map was created that outlined responsibilities, timeframes, and identified improvement opportunities for PMR data collection and validation. The process map helped identify opportunities to eliminate inefficiencies and to improve the processing and reporting of this information. The process has been revised and initial results indicate that the improvements are having the desired result.

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

The following supportive housing project initiatives highlights the continued operational engagement and management of the Supportive Housing program process:
- **Staffing Inventory SH 2.0*:** The Office Supportive Housing streamlined job duties and identified areas of workload vs. the capacity of staff. A plan was also developed to provide additional supports and resources from the ASO/Georgia Collaborative.
- **SH/GHVP Forms Automation Research*:** Successfully cataloged and analyzed pertinent forms that will be used in the implementation of a digital application portal.

Initiatives that addressed "COVID-19 Public Health Emergency Response"

The COVID-19 public health emergency drastically changed the way many parts of our agency operated. Many offices that have always operated face to face were 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, concentrating on preparation for the need to work remotely. As a result, OQI was able to offer technical assistance as needed to help our various internal colleagues master this unfamiliar technology. This initiative promoted an easier and more effective way to communicate within the DBHDD organization and eased the transition to remote working.

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

Due to the impact of the COVID-19 public health emergency, ASO/Georgia Collaborative Reviews were changed from in-person to remote reviews. 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 providing a safe, robust, and meaningful quality review process.

DBHDD and the Georgia Department of Community Health (DCH) submitted an **Appendix K** to the Centers for Medicare and Medicaid Services (CMS) to request temporary service flexibility during the COVID-19 public health emergency. The flexibilities allowed by this appendix include modified training requirements for providers, the allowance of telehealth services, alternate settings for service delivery, exceeding limitations for certain services, and rate increases.

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"

DBHDD prepares an **Annual Mortality Report** which summarizes, analyzes, and trends consumer deaths occurring in the previous calendar year. Click here for copies

of previous Mortality Reports. These reports have primary source data for identifying and creating actionable intelligence useful in designing and performing QI projects improving the health and safety of the individuals we serve. This important work will be ongoing.

The following supportive housing project initiatives depict the continuing efforts to support homeless individuals seeking housing stability:

- **Implementation of "Launch of Housing Support Program":** Developing a new specialty tier service called Housing Support Program to provide ongoing housing supports to all GHVP participants, conduct procurements, and initiate contracts for providers in 5 of 6 regions.
- **Development of the Georgia Housing Voucher Program (GHVP) Manual:** Development of the GHVP manual continues in identifying necessary tools and techniques needed to help guide providers, clients, and landlords navigate through the entire GHVP process.
- **Implementation of the Emgage Digital Application Portal*:** Great progress has been made in the advancement of a digital solution platform that will improve the application approval, tracking, and reporting of GHVP system process.
- **Program Notice Letters:** Building a reminder notice framework for clients and landlords alike, that allows the time needed to prepare supportive housing lease renewal(s) prior to a lease expiration.
- **SH Results Oriented Performance Evaluation (ROPE) Implementation Process*:** SH ROPE implementation work continues defining the program objectives, identify those responsible for managing it, ascertain the data points for assessing program performance, and communicating program performance to internal and external stakeholders.
- **Development of a Georgia Housing Voucher Program (GHVP) Incident/Appeals Review Board Decision Making Process*:** The Office of Supportive Housing and the Office of Recovery Transformation are working collaboratively on standardizing processes and protocols for GHVP to review and adjudicate complex client cases seeking supportive housing.
- **Integration of SSI/SSDI, Outreach, Access, and Recovery (SOAR) Program into Housing Support Program*:** Secured the creation of two Medicaid Eligibility Specialists to be dedicated to GHVP and continuing work to integrate a SOAR referral process into the Housing Support Program and digital portal.
- **GHVP Jail Pilot (R6) project initiative:** Efforts are underway to establish a process to transition individuals with Severe and Persistent Mental Illness (SPMI) and have a history of chronic homelessness, quickly and efficiently into supportive housing, with access to community adult mental health services that is intended to reduce the number of inmates with high recidivism.

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

The following supportive housing project initiatives depict the continuous strides being made to enhance managerial and operational efficiency throughout the program network for homeless individuals served in Georgia:

- **Supportive Housing Assessment Tool*:** Work continues with the development of a single, unified application process powered by a decision engine that can direct individuals to supportive housing resources for which they qualify across multiple state and local systems.
- **DBHDD audits for PATH Providers:** OSH worked with Office of Internal Audits and Risk Management to successfully return all PATH contracted agencies to a regular internal audit schedule.
- **Recovery Oriented System of Care Training Phase 2:** Development of this project initiative continues with the focus on attaining greater recovery-oriented approaches and strategies across the system of care for individuals served in consultation with enhanced third-party vendor trainings.
- **Hospital Transition Data Initiative*:** Use of hospital transition data is part of the work involved with building a mechanism that will track, manage, and enhance the performance of Hospital Transition Specialists while conducting supportive housing pre-screening surveys for individuals in State Hospitals.

The **Office of Recovery Transformation (ORT)/the Department of Families & Children's Services (DFCS) Partnership*** initiative is a project that involves designing and creating a cross-agency Recovery Oriented System of Care (ROSC). The ROSC offers individuals who have an open DFCS case and are living with a substance use disorder with additional peer support services. In addition, some of these parents may have a child or children who are currently in care or are at risk of out of home placement. This partnership with DFCS will help impact the SPMI population that also receive DFCS services through recovery-oriented trainings and peer support. Work continues to identify pertinent deliverables that have the potential for the development of key performance indicators around this initiative.

The **National Center on Advancing Person-Centered Practices and Systems (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. This project entails 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 and assessing the State's existing training resources

related to 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.

At present, two community service boards have been selected by SAMHSA to receive two years of SAMHSA block grant funding to achieve this goal. The DBHDD Division of Behavioral Health is also receiving SAMHSA block grant funding and 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 the continuation in achieving CCBHC status and the application development of a CCBHC Performance Monitoring Tool that aligns with performance monitoring report and CCBHC data.

Initiatives that Address "Manage a Network of Providers"

Landlords Communication Materials: Work is ongoing with the initial project objective to refresh, update, and improve the quality and content of the Landlord packet given to providers that is also used in recruiting new landlords to serve in our supportive housing network.

The **New Provider Orientation Training*** is a partnership between DBHDD and the Georgia Collaborative (ASO) that aims to develop new guidelines for providers. The intention is registering and publishing four modules on the Georgia Collaborative website. As a result, the expectation is to strengthen the orientation process for new or existing staff at current providers, as well as supporting the transition to becoming a DBHDD provider. The modules are being reviewed and vetted.

In the Office of Crisis Coordination, there is an overarching aim to enhance the efficiency and data collection practices to support the standardization of Bed Board activity. **The Georgia Crisis Access Line (GCAL)** is in the process of enhancing the bed board to support data collection and reporting capabilities. DBHDD is currently assessing future improvements needed to support the implementation of 9-8-8.

Through a **Partnership with Sister Agencies to Address Autism*** in conjunction with the Departments of Community Health (DCH), Public Health (DPH) and Human Services (DPH), DBHDD is working to expand the range of services available to children with autism payable by Medicaid. Implementation benchmarks completed so far include CSB staff capacity grants, telemedicine capacity grants, mobile crisis teams, and autism crisis support homes. Autism Crisis Stabilization Units (CSUs) are now accepting admissions.

DBHDD is currently carrying out several projects related to improving performance at Behavioral Health Crisis Centers (BHCC) and Crisis Stabilization Units (CSU). Specifically related to BHCC is the **CSU/BHCC Discovery Team Exploration*** project initiative. The project addresses the greatest challenges posed to our provider partners who provide a BHCC or a CSU as part of their offerings to individuals. Work is ongoing to identify issues such as physical plant, staff training, admission, and discharge process, and use of the bed board. Thus far, data sources have been identified and an initial set of metrics has been defined.

The **CSU/BHCC Targeted Technical Assistance (TA)*** project which targets the provider self-auditing process and other areas of focus. TA will also incorporate some of the CSU/BHQR findings. The intended outcome is to improve the self-auditing process. Beacon, BH staff, and Office of Incident Management (OIM) staff are providing the necessary training required. To appropriately review incident reports for all CSU/BHCCs, quarterly post-training and TA practices are in place.

The **CSU/BHCC Sustainability/Closing the Loop*** project is focusing on improving monitoring, tracking, and reporting of CSU/BHCC incidents activities.

The mission of the **BHCC Transition Re-Entry Committee** is to design and develop a process to transition inmates with a Mental Health (MH) classification (Level 3, 4) who are not able to be released due to lack of an approved housing plan. In partnership with the Department of Correction (DOC) and Department of Community Services (DCS), it is the intent to reduce the number of inmates remaining incarcerated due to lack of housing with a connection to supportive housing and adult community-based MH services. Currently the work group is meeting regularly; each agency is documenting their requirements and a comparative analysis is underway.

In collaboration with DCH, DBHDD has been conducting 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. DBHDD has developed processes to maximize timely data collection and analysis and to ensure that quality improvement initiatives are developed for performance measures that fall below performance thresholds. Currently, DBHDD is preparing for revised waiver performance measures and data elements as part of the COMP waiver renewal.

There are several projects specifically relating to CSUs and addressing improvements in the management of the provider network, including the CSU Policy Revision, CSU Advisory Group Meeting, and the CSU Certification Tool Crosswalk. To begin with is the **CSU Policy Revision*** initiative which focuses on DBHDD policy CSU: Program Description, 01-329; CSU: Provision of Individualized Care, 01-331; Discharge Planning for Crisis Stabilization Units and Behavioral Health Crisis Centers, 01-352 to provide clarity to existing policy.

Establishing **CSU Advisory Group Meetings*** to offer insight into operational challenges and mortality study findings; as well as bring about mortality awareness. Lastly, the **CSU**

Certification Tool Crosswalk* objective is to examine the Crisis Stabilization Unit (CSU) Certification tool and the Administrative Service Organization (ASO) Crisis Stabilization Unit Quality Review tool items to identify areas of similarity and difference. The crosswalk evaluation work is complete and draft versions of the analysis report are in the process of Subject Matter Expert (SME) final review and feedback.

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

The DBHDD Office of Human Resources (HR) is actively working on several projects to improve the effectiveness and engagement of the workforce. One of the initiatives is the **Intelligent Automation project.** The objective of this project is to identify manual processes within Human Resources that can be improved or automated. This work has been reviewed with DBHDD senior leadership, the State Accounting Office, Department of Audit Services and Department of Human Resources Administration. This inter-agency work is subject to the demands of COVID-19 efforts and budget constraints. We did present an overview of work to date and to come at a DOAS/HRA statewide HR Community Meeting focused on HR technology.

Another meaningful initiative led by HR is the **Kronos Workforce Scheduler** project. This project's goal is to increase efficiency and effectiveness in employee scheduling, tracking, and reporting. This project is the implementation stage and has been deployed at two state hospitals. Full completion is anticipated by 12/31/2022 at all 5 hospitals.

HR is also actively involved with the **Job Classification and Career Path** project. The objective of this initiative is to increase market competitiveness and provide career paths for critical positions being impacted by recruitment and retention issues.

Initiatives that Address "COVID-19 Public Health Emergency Response"

Due to the impact of the COVID-19 public health emergency, DBHDD and partner stakeholders are adapting and finding dynamic ways to fulfill its service delivery obligations to individuals we serve throughout the State of Georgia.

The following DBHDD initiatives were created because of the COVID-19 pandemic to support DBHDD's employees, providers, and the individuals we serve throughout the State of Georgia.

2 x 2 Series: Self-Care Tips and Support for Managing Life are WebEx events designed to provide self-care tips and support for managing life during these unprecedented times for DBHDD employees and external stakeholder partners. The 2x2 Series is held live twice weekly, on Tuesdays and Thursdays, and each session provides attendees with mental health tips about managing stress, grief, work/life balance, and wellness.

The Georgia COVID-19 Emotional Support Line provides free and confidential

assistance to callers needing emotional support or resource information because of the COVID-19 pandemic. The **Georgia Emotional Support Line** is staffed by mental health professionals and others who received training in crisis counseling.

Conclusion

This FY 2022 Community Quality Improvement Plan is a living document reflective of a dynamic process and describes the guiding principles, environment, philosophy, structure, and processesfor 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.