Georgia Department of Behavioral Health & Developmental Disabilities

FY 2023 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 Performance Analysis and Quality Improvement (OPAQI) serving as a hub for many QI projects, initiatives,the QI plan, and overall QI process. The OPAQI is organized as a separate office under the leadership of the director of DBHDD's Division of Strategy, Technology and Performance (STP).

Office of Performance Analysis and Quality Improvement

Vision Statement

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

> "We are here to make another world."

The OPAQI considers its primary purpose to be serving as a valuable partner with the programmatic and enterprise offices in providing analysis to support decision making and effecting changes to our agency and provider partners that ultimately benefit the people we serve.

Scope of Service

The OPAQI provides analytical, 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 OPAQI is to partner with and assist these divisions in improving the lives of the people we serve. The work of the OPAQI 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, and 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 and 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 and 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 senior leadership team and enjoys high visibility throughout the organization. The division director provides advanced strategic, operational, and administrative oversight to the OPAQI 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
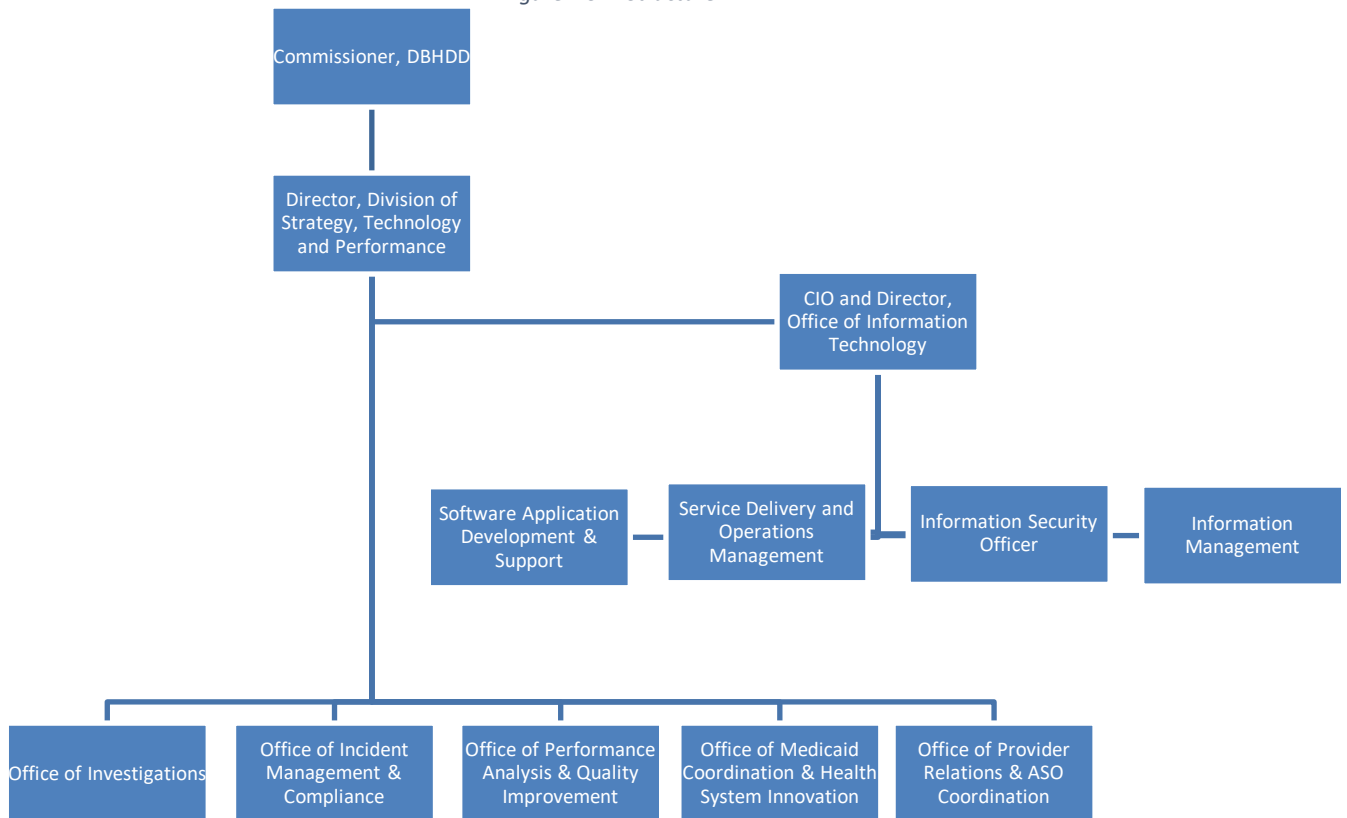
The director occupies a senior management position with high visibility throughout the organization. The director provides functional and administrative leadership to the OPAQI team in addition to providing organizational leadership to the overall quality process.

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, DBHDD leadership identified 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.
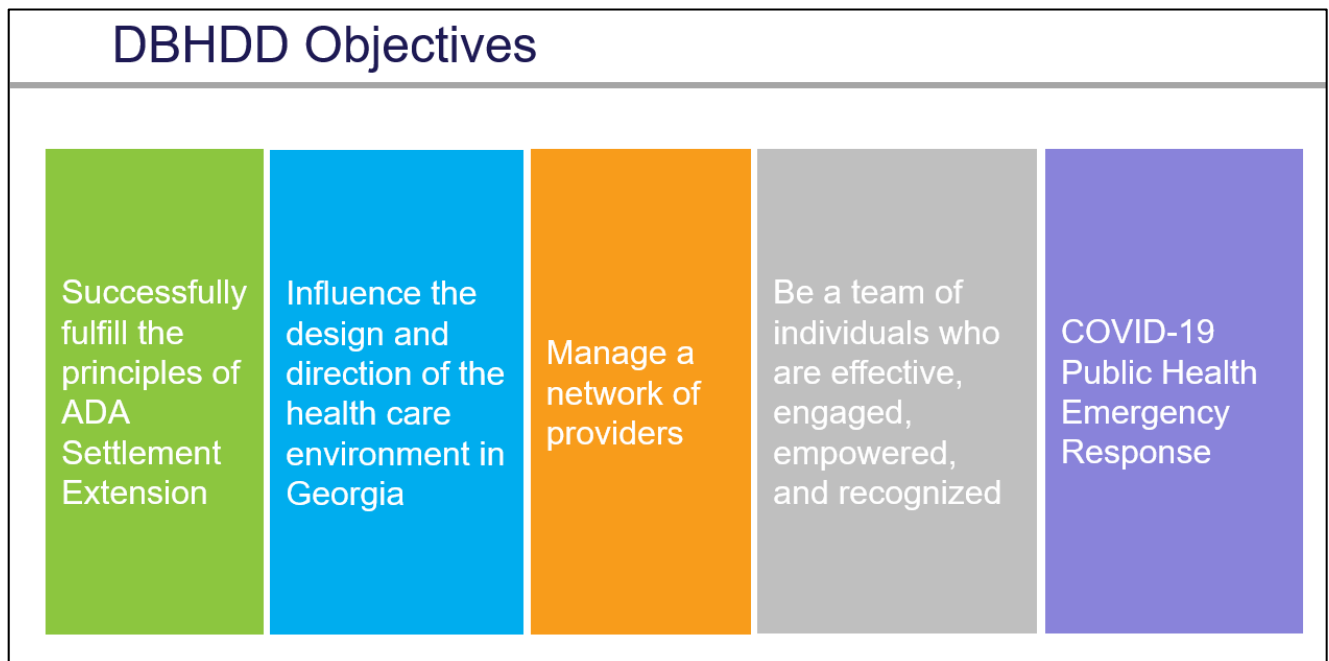
Figure 2 DBHDD Strategic Objectives

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 OPAQI 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.
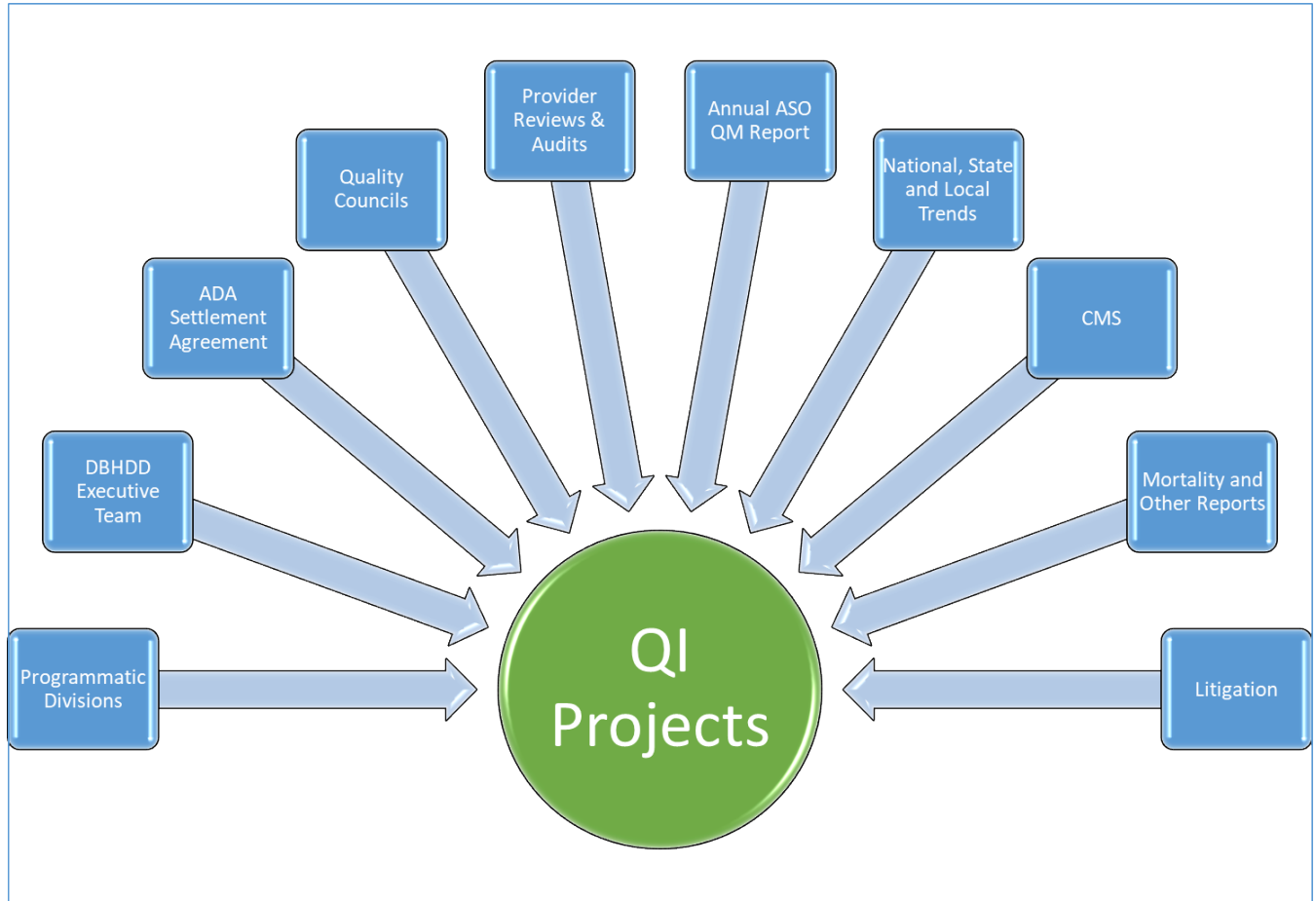
Figure 3 Sources of QI Projects

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.
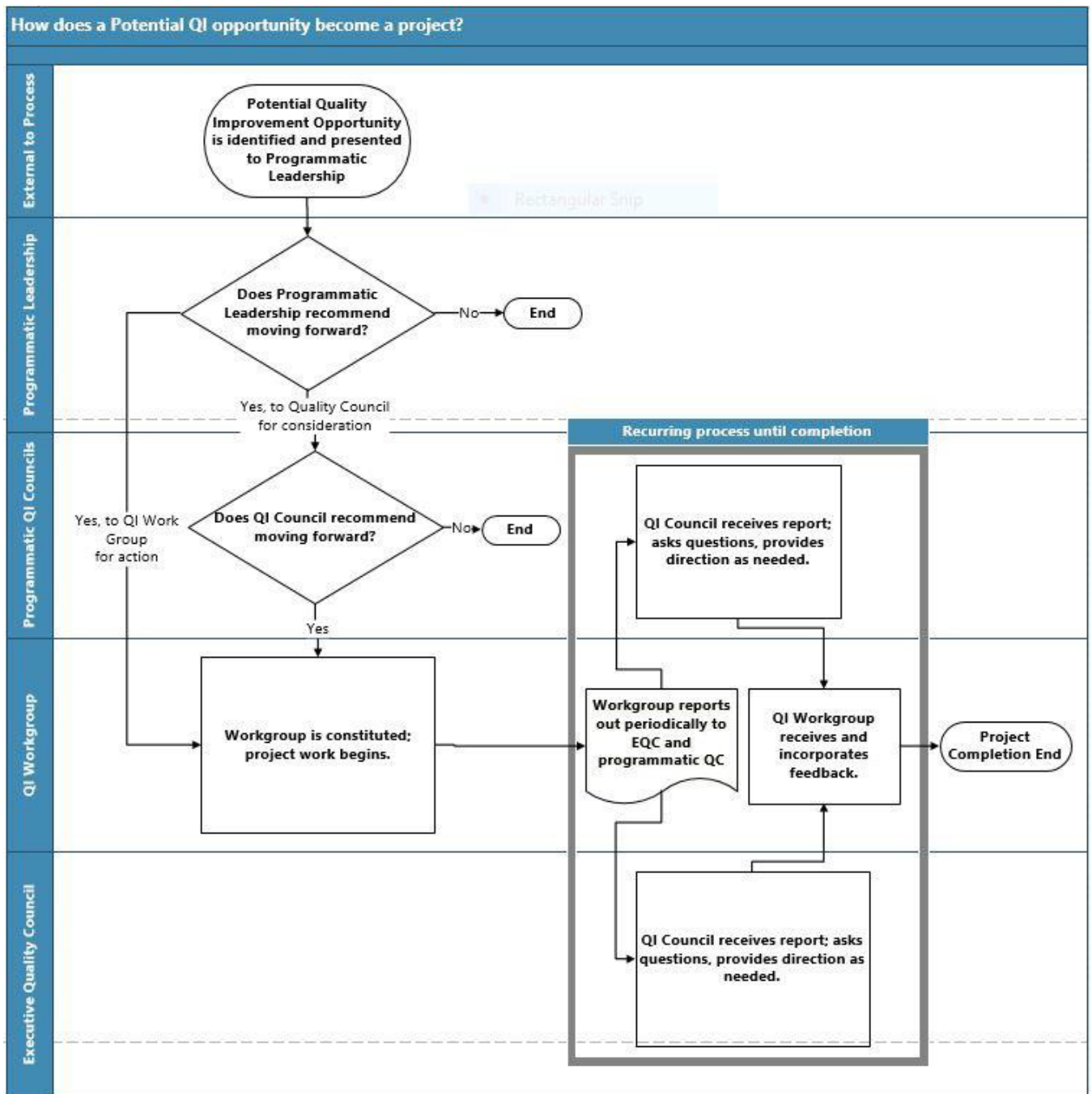
Figure 4 Decision to Accept a Project

National, State, and Local Trends

The OPAQI has two distinct, yet interrelated bodies of work – the analysis work which supports decision making, and the quality improvement work which supports improvements to DBHDD and its providers. Part of the analysis work of this office includes using 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; Beacon Health Options (Beacon) is the primary contractor and maintains sub-contracts with Behavioral Health Link for GCAL services and with Qlarant for IDD-specific quality services. 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 OPAQI Director, 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 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 OPAQI 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 OPAQI.

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

DBHDD prepared an **Annual Mortality Report** that summarized, analyzed, and recorded trends of consumer deaths occurring in the previous calendar year. Click here to see a copy of the most recently published fiscal year 2021 Annual Mortality Report, as well as historical reports. This report was 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. Ongoing work for this project includes data system enhancements and continuous quality improvement efforts based on data reviews.

A guiding component of the supportive housing program continued to be the development and implementation of the **Supportive Housing (SH) Strategic Plan***. The following project initiatives depict the operational efforts deployed to support and provide homeless individuals

with housing stability and access to other services during their recovery journey:

- **Integration of SSI/SSDI, Outreach, Access, and Recovery (SOAR) Program into Housing Support Program*:** Secured the creation of two additional Medicaid Eligibility Specialist positions dedicated to the Georgia Housing Voucher Program for continued integrated work of the SOAR referral process into the Housing Support Program and digital portal.
- **Georgia Housing Voucher (GHVP)-5 Statewide Payment Standards*:** Increased available subsidy options for program participants across the state which enhanced access to tenant housing.
- **Eliminate GHVP Grid Process utilized in Regional Field Offices (RFO):** Several RFOs adopted a short-term approach developed by Office of Supportive Housing (OSH) called a "grid" prior to implementation of ZenDesk. As a result of the implementation of ZenDesk, procedures were reworked to eliminate the workaround and take full advantage of the ZenDesk ticketing system functionality.

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

The **Office of Supportive Housing (OSH) DBHDD Audits for Projects for Assistance in Transition of Homelessness (PATH) Providers project** was designed to put in place mechanisms to ensure consistent and timely internal audits for PATH agencies. The OSH collaborated with Office of Internal Audit and Risk Management and successfully returned all PATH contracted agencies to a regular internal audit schedule.

Initiatives that addressed "Manage a Network of Providers"

The Certified Community Behavioral Health Clinic (CCBHC) project is the development of a new provider type designed to provide a comprehensive range of services and supports to vulnerable individuals. In Georgia, this project is focused on developing this model with our safety net, selected Community Service Boards (CSBs), achieve CCBHC status. OPAQI provided support in completing the **CCBHC Quality Data Items project***. The work required identifying and analyzing existing Performance Management Report (PMR) data elements against CCBHC required data elements to identify any overlapping requirements. The analysis determined that there was no overlap between PMR and CCBHC data elements, and thus an entirely new process combining both sets of data elements was created.

The Behavioral Health Division hosted a **Behavioral Health Standards/Key Performance Indicators (KPIs) Virtual Webinar*** for Tier 1 & Tier 2/2+ Providers. This annual event provided the Behavioral Health network of providers with the latest BH standards/KPIs updates and policy driven guidelines concerning BH core service programs for individuals served.

The **Office of Recovery Transformation and Georgia Council on Substance Abuse (GCSA) Contract Deliverables Review project*** identified and incorporated appropriate and relevant programmatic deliverables contained in the FY2022 GCSA renewal contract. This work ensured that there were no overlaps in deliverables between the GCSA contract and the Addiction Recovery Support Centers (ARSC) contracts.

The following supportive housing project initiatives were designed to provide support to the Supportive Housing (SH) network of providers:

- **The Office of Supportive Housing (OSH)/Department of Community Affairs (DCA) Unit Inspection Collection Data Project*:** OPAQI assisted OSH and created a standard format template for collecting SH unit inspection data via DCA that covered regions 1, 2, 4, 5 and 6. The template was deployed to DCA in June 2022 and data collection commenced in July 2022. Creation of this standard for data gathering and measurement allows comparison between regions and between DCA and McCright housing unit inspections.
- **McCright Unit Inspection Request SOP project*:** An SH Unit Inspection Request standard operational procedures (SOP) document was completed in collaboration with the OSH, McCright & Associates (3rd party vendor), and OPAQI that detailed step-by-step instructions on how to submit a request for an initial housing unit inspection via the McCright & Associates portal site. The document was published on the SH system's ZenDesk Help Center for provider access and unit inspection request initiation.

There were several projects specifically related to the CSUs/BHCCs' operations that addressed improvements in management operations and efficiencies. The following appended below, detailed and described the completed projects and initiatives:

- **CSU/BHCC Targeted Technical Assistance (TA) initiative*:** This project targeted the provider self-auditing process. Beacon Health Options, the Behavioral Health staff, and Office of Incident Management staff provided the necessary TA. Overall, the completed project initiative resulted in an enhanced and improved self-auditing process for all CSU/BHCCs related to incident reports; as well as established quarterly post-trainings being implemented.
- **CSU/BHCC Sustainability (Closing the Loop) initiative*:** The completed project saw improved monitoring, tracking, and reporting of CSU/BHCC incidents activity.
- **CSU Policy Revision*:** The initiative provided clarity to existing policy language. Areas of particular focus were Program Description, 01-329; CSU: Provision of Individualized Care, 01-331; Discharge Planning for Crisis Stabilization Units and Behavioral Health Crisis Centers, 01-352, which have been updated in Behavioral Health policy guidelines.
- **CSU/BHCC Design Law Enforcement/Judges Survey project*:** The Behavioral Health division Subject Matter Experts (SMEs) and the Division of Strategy Technology and Performance staff actively worked to design a survey to gather information from Law Enforcement and Judges about their knowledge of the CSU/BHCC program and operational supports for individuals impacted within the community. Survey results

were shared with the BH division SMEs & Regional Service Administrators. Next steps include outreach to the survey respondents who requested it and identification of additional projects that will improve engagement with Law Enforcement and Judges to better serve those in the community.

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. Ongoing 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-live enhancements. Also connected to this project is the Individual Service Plan (**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 was addressed to support this initiative. The system is currently operational, and updates are being made routinely. Training for Support Coordination Agencies to address the nuances of service delivery descriptions have been created and delivery will be scheduled.

DBHDD implemented an **Enhanced Supports Service Request (ESSR) project*** to identify and remediate gaps and inefficiencies, create accountability, and enhance communication around requests for enhanced supports and services for individuals with I/DD. A training on ESSR was developed and presented to the provider network in December of 2021.

Through a **Partnership with Sister Agencies to Address Autism*,** DBHDD in conjunction with the Departments of Community Health (DCH), Public Health (DPH) and Human Services (DHS), has worked 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.

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

The following supportive housing project initiatives highlight the continued operational engagement and management of the Supportive Housing program process:

- **RFO Beacon System Training project:** The OSH contracted with Beacon Health Options (BHO)/ASO and initiated regularly occurring BHO/ASO system training for DBHDD Regional Field Office (RFO) staff. Staff were trained on the virtual BHO platform to accurately make changes surrounding the referral process and competently conduct research related to referrals appropriately when needed. BHO/ASO now administers

and manages the referral review process for all RFOs.

- **Housing Support Program Hospital Transition Project*:** The DBHDD Hospital Social Work Chiefs requested a workflow illustrating the process for GHVP referrals at hospitals under the presence/operation of the Housing Support Program. OPAQI assisted OSH with this initiative and completed a process map. This allowed a detailed streamlined process for referrals into the HSP program to be developed. The workflow process defined the roles and responsibilities between the hospital social workers, regional staff, and providers.
- **Housing Specialist Providers (HSP) Contact List*:** A HSP contact list was created to include HSP, GHVP providers, and PATH Teams in each region. The list has contributed to enhanced care coordination for participants in the GHVP between HSP and the Community Provider Network in each region.

In collaboration with DCH, DBHDD conducted analysis and review of the **CMS Waiver Assurances*.** Where opportunity for improvement was identified, DBHDD and DCH collaborated to improve processes, data collection, and outcomes. DBHDD 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.

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

2 X 2 Series: DBHDD staff, State government agency staff, and network provider staff were provided supports for managing life during the public health emergency. The 2 X 2 Series was an online, live presentation delivered by various subject matter experts and designed to provide self-care tips. These short courses were held live twice weekly, and each session provided attendees with mental health tips about managing stress, grief, work/life balance, and wellness.

There are **COVID-19 guidance available on the DBHDD website**. Click this link for additional information. Detailed material surrounding the State Opioid Treatment Authority, Mobile Crisis Response Service, GHVP Bridge Funding, PATH Providers, Residential Services, Housing Outreach Coordinators, and the reporting of confirmed COVID-19 cases in DBHDD hospitals are contained in the website.

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 OPAQI.

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. During this year, findings from the mortality report led to four areas of special focus. These four areas were selected based upon their importance in positively impacting people served. They are:

- Increasing sophistication in use of the HRST
- Choking and aspiration risk for the IDD population
- Aggression – Self
- Aggression toward others and property

DBHDD has made solid progress in addressing all 4 focus areas, and responses to findings often impacted more than one of the 4 areas. DBHDD will continue to study the impact of these responses and build upon them to further refine and improve positive impacts for the people we serve.

The following supportive housing project initiatives depict the continuing efforts to support homeless individuals seeking housing stability in an efficient manner:
- **Implementation process "Launch of Housing Support Program":** The Office of Supportive Housing (OSH) is developing a new specialty tier service called the Housing Support Program. The objective is to provide ongoing housing supports to all GHVP participants, conduct procurements, and initiate contracts for providers in 6 regions.
- **Development of the Georgia Housing Voucher Program (GHVP) Manual:** The OSH continues in partnership with Pathways Housing First Institute to produce the program manual for GHVP. This manual will include pertinent information on identifying necessary tools and techniques needed to help guide providers, clients, and landlords as they navigate through the entire GHVP process.
- **Implementation of Supportive Housing Digital Application Portal*:** Significant progress has been made in the advancement of a digital platform that will improve the application approval, tracking, and reporting of the GHVP system process. Completion of this initiative is expected by the end of 2022.
- **Supportive Housing (SH) "Results Oriented Performance Evaluation" (ROPE) Implementation Process*:** Work continues to define the program's objectives, identify those responsible for managing ROPE, identify the data points for assessing program

performance and subsequent trend analysis, and communicator 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 (OSH) and the Office of Recovery Transformation (ORT) are working collaboratively on standardizing processes and protocols for GHVP to review and adjudicate complex client cases for those seeking supportive housing.
- **Re-Entry Innovation Partnership:** The OSH in partnership with the Department of Corrections (DOC) and Department of Community Supervision (DCS), is working to reduce the number of inmates remaining incarcerated due to lack of housing with a connection to supportive housing and adult community based BH services.
- OPAQI is aiding in developing GHV **Pilot Mapping *** by gathering feedback from all stakeholders to finalize the interagency process flowchart touching different areas of the State.

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 Community Coordination Partnership*:** Collaborative work continues with the development of a single, unified application process powered by a decision engine that directs individuals to supportive housing resources for which they qualify across multiple state and local agency systems. Presently, discussions are underway with the Georgia Health Information Network (GaHIN) about available state resources that could be used for this type of interagency statewide solution opportunity.
- **Recovery Oriented System of Care (ROSC) Training Phase 2**: ORT is contracting for a ROSC training program for all GHVP, PATH, SOAR, and HUM provider staff over the course of 2023. The establishment of ROSC Conversation Modules will be covering areas of focus such as; listen and believe, appreciative questions, transformation vs transaction, and disruptive innovation. These conversations will help participants explore ways to implement these practices into their daily interactions with clients and colleagues. This project is expected to be completed by the end of 2023.
- **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 Information Technology (OIT) is exploring options for data connections between Avatar and the new digital application vendor to ensure an effective implementation process.

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 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 finalizing the technical assistance goals which include operationalizing Georgia's definition of person-centered, establishing objective person-centered metrics, and developing strategies to inform the process of expanding self-directed services.

As outlined above, the **Certified Community Behavioral Health Clinics project*** is a multi-year project developing this model with our safety net, selected 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. The CCBHC committees are currently working to finalize the certification rubric to ensure that the CCBHC tools reflect both SAMHSA and DBHDD requirements accurately and thoroughly.

At present, two community service boards have been selected by SAMHSA to receive a two-year SAMHSA block grant 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 other areas. 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. The **CCBHC QI Plan Certification Rubric project*** work continues in support of the CCBHC certification process by providing a methodology to perform the required QI Plan certification and ultimately incorporate DBHDD and SAMHSA certification data. Aligned with this work is the development of the **CCBHC PMR Tool*** with the emphasis of evaluating and testing the tool to ensure compliance with federal and DBHDD operational and administrative guidelines.

The **Behavioral Health Division (BH) and Criminal Justice Coordinating Council (CJCC) project initiative*** in collaboration with the Office of Performance Analysis and Quality Improvement (OPAQI), continues ongoing work to ascertain the overlap of incarcerated individuals with Severe and Persistent Mental illness (SPMI) and persons who receive DBHDD services either or following incarceration. The goal of this research is to determine how many individuals in Georgia's county jails suffer from SPMI. OPAQI will be utilizing the Department of Public Health (DPH) Institutional Review Board (IRB) for the review and approval of submitted research to ensure the protection of human subjects. Work continues in defining and identifying the specific data needed between the county jail population and those with SPMI receiving services

from DBHDD contracted providers.

Initiatives that Address "Manage a Network of Providers"

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

- **PATH Data Improvement Initiative:** The Department of Community Affairs (DCA) and the Projects for Assistance in Transition of Homelessness (PATH) are collaborating with the intent of improving overall data quality, as well as tracking the standards set forth by SAMHSA to meet national benchmarks. DCA will provide Technical Assistance along with its contracted vendor on PATH data reporting.
- **Landlords Communication Materials:** A draft version of the materials is currently undergoing revision. The goal of the project is to refresh, update, and improve the quality and content of the Landlord packet given to providers. The materials are also used in recruiting new landlords to serve in the supportive housing network.

The **DBHDD/Georgia Collaborative ASO New Provider Orientation Trainings*** have been created in partnership with the ASO. Evidence from quality reviews revealed that new providers did not always have the information necessary to fulfill all responsibilities to individuals and to DBHDD. The new training is greatly expanded, provides much more information than the previous training, and has been recorded so that providers can refer to it as needed. 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. Training is currently being delivered, and results will be followed to determine effectiveness.

In addition, providing **DBHDD and ASO Joint Trainings*** continues. The training topics are identified by reviewing trends found during quality reviews and deliver important provider information around an array of topics. BH training topics include Assertive Community Treatment, Intensive Case Management, Community Support Team, Crisis Respite Apartments Coalition, CSU/BHCC, Review of Staff Qualifications and Training Requirements, and DBHDD's Provider Manual and Office of Provider Relations. DD training topics include preventive healthcare, person-centered care, goal tracking, DSP retention and recruitment strategies, community engagement, and offering competency-based trainings to staff. Subject matter experts from BH and DD will assist the ASO in developing content for the trainings. These trainings will be presented throughout fiscal year 2023.

Georgia Collaborative ASO Ad Hoc audits* are a separate and distinct process from the ASO quality review process, or other Georgia Medicaid program integrity processes (although this work can be complementary and supportive of these processes). The ad hoc audit process focuses on behavioral health provider concerns and may include a review of claims submissions, medical records, administrative practices, policies/procedures, current and past staff rosters, site visits, individual/staff interviews, and staff credentialing/licensure/ personnel files, among other items. Ad hoc audit plans will be jointly developed by the ASO and DBHDD

and will typically have a narrower focus than a scheduled quality review.

The **Office of Crisis Coordination's (OCC) implementation of the 9-8-8 National Suicide Prevention and Mental Health Crisis System*** is making significant strides. The system is live with the ability to respond to those experiencing a behavioral health crisis via 9-8-8, or GCAL; respond appropriately to those needs (Mobile Crisis, 9-1-1/EMS, and Outpatient Community Provider); as well as offer a safe place to go for crisis care. July 2022 saw the first phase of implementation with callers using the new number National Suicide Prevention Hotline. An important component of the 9-8-8 program is measuring operational performance. The OCC and OPAQI are working to put processes in place for monitoring, oversight, and identification of key performance indicators with regards to 9-8-8 crisis call performance, total calls, crisis episodes, crisis episodes by county and prevalence, and active rescues.

The **Office of Recovery Transformation (ORT)/the Department of Families & Children's Services (DFCS)/Addiction Recovery Support Centers (ARSC) Partnership*** project involves designing and implementing a cross-agency Recovery Oriented System of Care (ROSC). The ROSC offers parents who have an open DFCS case and are living with a substance use disorder with additional peer support services and works toward keeping children from entering the foster care system, or toward reunification if the children are in foster care. Collaborative trainings on how to navigate DFCS services to support parent participants of the Addiction Recovery Support Centers (ARSC) are ongoing.

There are several projects specifically related to CSUs/BHCCs operations that are addressing improvements in management operations and efficiencies. The following describes the ongoing work of those projects and initiatives:

- DBHDD is currently carrying out several projects related to improving performance at Crisis Stabilization Units (CSU) and Behavioral Health Crisis Centers (BHCC). An example is establishment of the **CSU/BHCC Discovery Team Exploration*** project initiative. The project addresses working with provider stakeholders to understand the greatest challenges for our provider partners who provide a BHCC or a CSU as part of their offerings to individuals. Work is ongoing to bring about an initial set of metrics identifying issues addressing the CSU/BHCC physical plant, staff training, admission, and discharge process, use of the bed board, as well as existing knowledge and engagement of CSU/BHCC operations between the Regional Field Offices, Law Enforcement/Judges, and the community at large.
- The Office of Crisis Coordination is actively involved in the development of a **BHCC/CSU Provider Toolkit.** The main objective of this initiative is to provide a resource and educate BHCC and CSU providers about best practices associated with their programs. The discharge planning workgroup began in September 2022.
- At the same time, the development of a guide for providers who are building a new BHCC or converting a CSU to BHCC is currently ongoing as part of the **BHCC/CSU New Construction Toolkit** project. The guide will include timelines, guidance about safety features, communication, staffing, and programmatic implementation.

The **Bed Board Revision** project is focusing on improving efficiency and data collection practices to support standardized reporting and analysis. Currently, the work identified in this phase is complete and data dashboards are in use. The Office of Crisis Coordination is actively gathering information about any additional changes that will impact the evolution of the bed board.

Effective January 1, 2022, all Emergency Receiving Facilities (ERF) designated by DBHDD, including DBHDD State Hospitals and Crisis Stabilization Units (CSU) are required to submit an ERF data report. The OPAQI is working on an **ERF Statewide Data Report*** for the purpose of capturing all mandated ERF 1013 and 2013 orders for reporting per O.C.G.A 37-3-40,37-3-41,37-7-40, & 37-7-41 which is due to the General Assembly, the Governor, the Lieutenant Governor, and the Speaker of the House of Representatives in early 2023.

The Office of Children, Young Adults and Families (CYAF) is actively involved in the development of the **Apex School Survey***. The Apex program itself provides early detection of child and youth needs and strengthen coordination between community-based mental health providers and local schools. OPAQI is working in collaboration with the Georgia State University Center of Excellence (COE) and CYAF to design and deploy an Apex School Satisfaction Survey. The objective of this initiative is to gather and analyze feedback from various school administrators, teachers, and staff. The purpose is to determine the level of awareness, knowledge, enrollment, and satisfaction of school administrators and staff pertaining to the Apex program services providers.

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. A pilot is currently ongoing until the close of fiscal year 2024. An automated critical HR and Learning business support function, and additional process optimization is needed to determine possibility of moving to full scale implementation.
- 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 in the implementation stage at Georgia Regional Hospital Atlanta, with a new full implementation date at all 5 hospitals by the close of fiscal year 2024. Progress has continued to be negatively impacted by COVID-related staffing shortages.
- 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. DBHDD received approximately $25M from the state legislature to assist in addressing workforce recruitment, retention and commensurate compensation issues and challenges in our hospital system as well as opening 90+ hospital beds. DBHDD will continue to pursue additional funding to further address critical workforce recruitment, retention, and compensation equity issues.

The Georgia Housing Voucher Program (GHVP) Utilization Reviewers Implementation Initiative is a collaborative effort between the Office of Supportive Housing (OSH) and the ASO. The goal is to enhance efficiencies in the management of the GHVP referrals activity process. Development of a process and procedure workflow is underway with the purpose of clearly outlining the roles and responsibilities of the new positions.

Outward facing external data reports at times can be highly visible, time sensitive, and much relied upon for decision making purposes. The OPAQI is leading the work to establish a **Validate External Data Process and Procedure initiative*** by implementing steps to enhance efficiency and accountability to ensure external data is thoroughly and satisfactorily vetted prior to dissemination.

As of July 15, 2022, DCH and DBHDD have entered a new **Comprehensive Support Waiver*** (COMP) cycle. In preparation for the cycle, OPAQI and IDD are collaborating to identify subject matter experts to assist with developing operational definitions and data collection strategies for performance measures written into the waiver. The strengthened operational definitions will assist with the development and implementation of quality improvement initiatives.

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

The COVID-19 public health emergency continues to impact DBHDD and partner stakeholders. Finding ways to fulfill its service delivery obligations to individuals we serve throughout the State of Georgia endures. The following are ongoing COVID-19 initiatives:

- **The COVID-19 Emotional Support Line** service came to an end effective September 30, 2022. However, individuals who need assistance with regards to COVID-19 emotional support, are now being directed to the Georgia Crisis & Access Line (GCAL). Other communications are made available on how to find up to date COVID-19 related information, such as the Centers for Disease Control and Prevention and/or the Georgia Department of Public Health websites.
- The ASO/Georgia Collaborative is still conducting reviews remotely instead of in-person due to the COVID-19 public health emergency. This has allowed reviews to resume without face-to-face contact between the ASO and the providers, while providing a safe, robust, and meaningful quality review process. A **Return to Field Implementation plan*** has been created and will be deployed shortly to safely resume in-person hybrid on-site provider reviews. This hybrid process has the advantage of having ASO staff onsite and

has incorporated lessons learned during the remote process that will reduce provider burden. This hybrid process will begin in 2023.

Conclusion

This FY 2023 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.