Georgia Department of Behavioral Health & Developmental Disabilities

FY 2020 Community Quality Improvement Plan

August 31, 2020

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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 Performance Management and Quality Improvement (PMQI). Key partners in the development and implementation of QI objectives include the Office of Performance Analysis, the Office of Provider Relations, the Office of Internal Audit & Risk Management, the Office of Incident Management and Investigations, and the Office of Results Integration.

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, Performance Management and Quality Improvement, and 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, Performance Management and Quality Improvement, and 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, Performance Management and Quality Improvement, and 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, PMQI

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 PMQI and partnership with other offices and divisions. See figure 1 for a visual depiction of the PMQI structure.
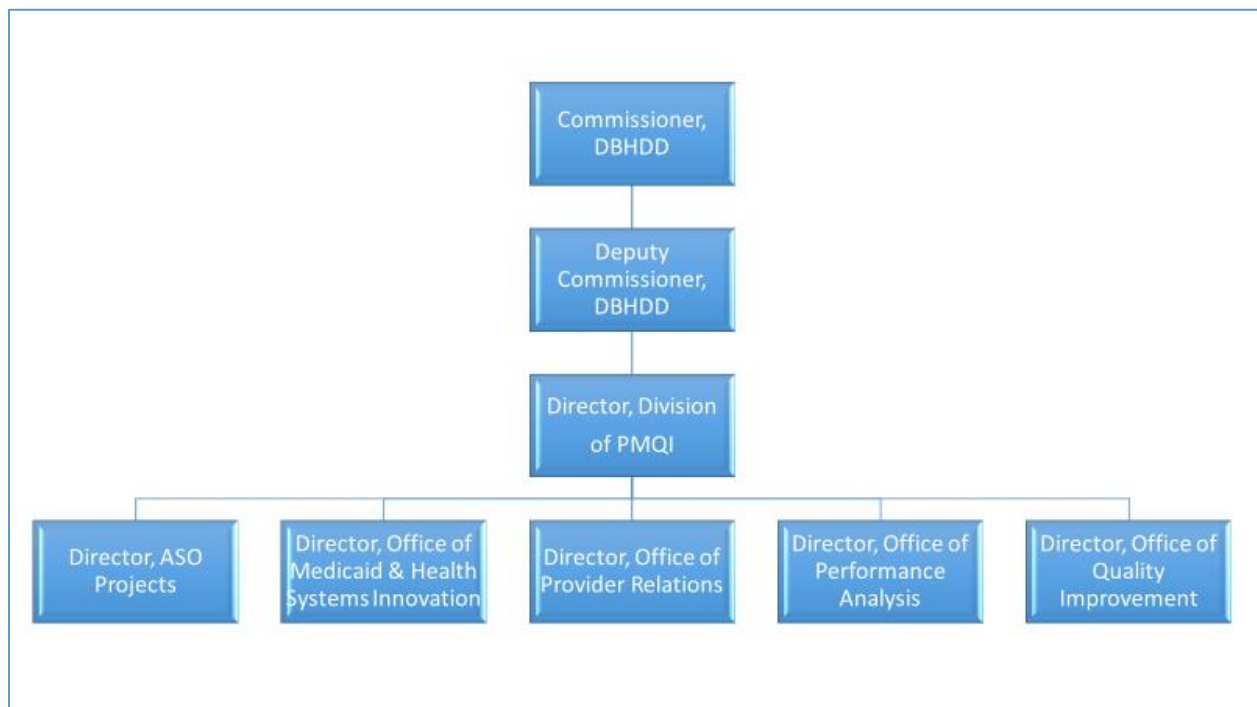

Figure 1 PMQI Structure

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.
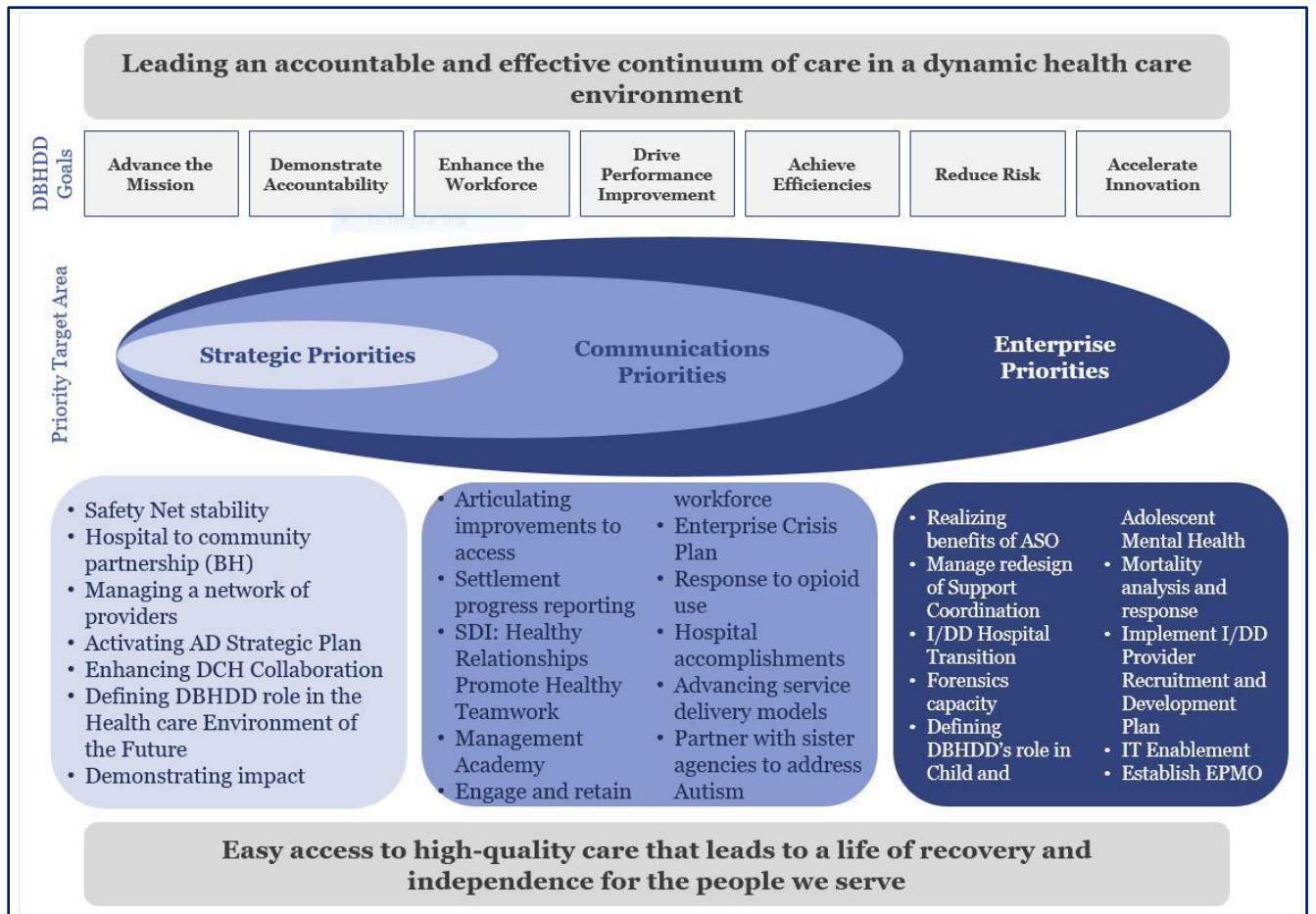
Figure 2 DBHDD Priorities

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.
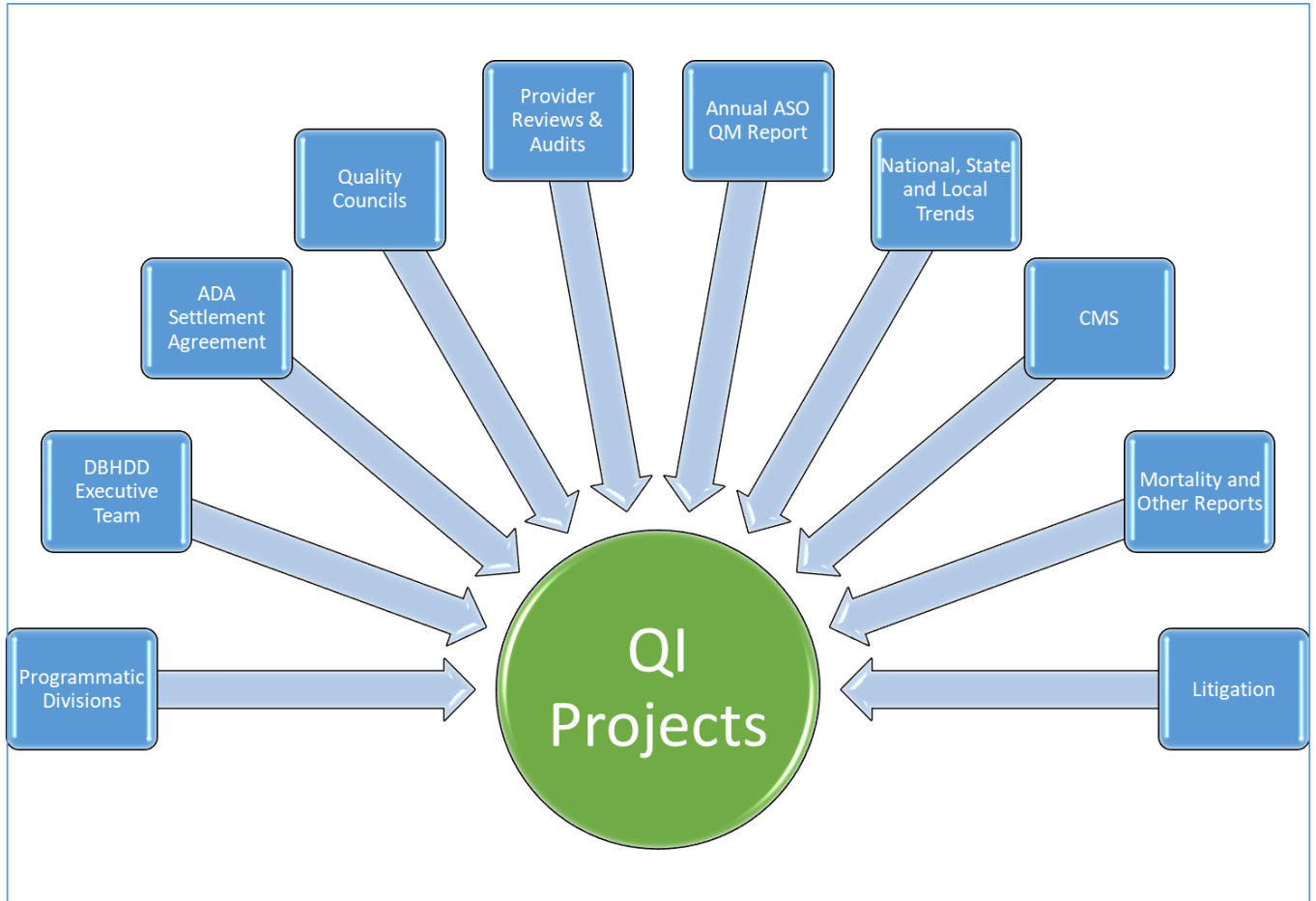
Figure 4 Sources of QI Projects

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.
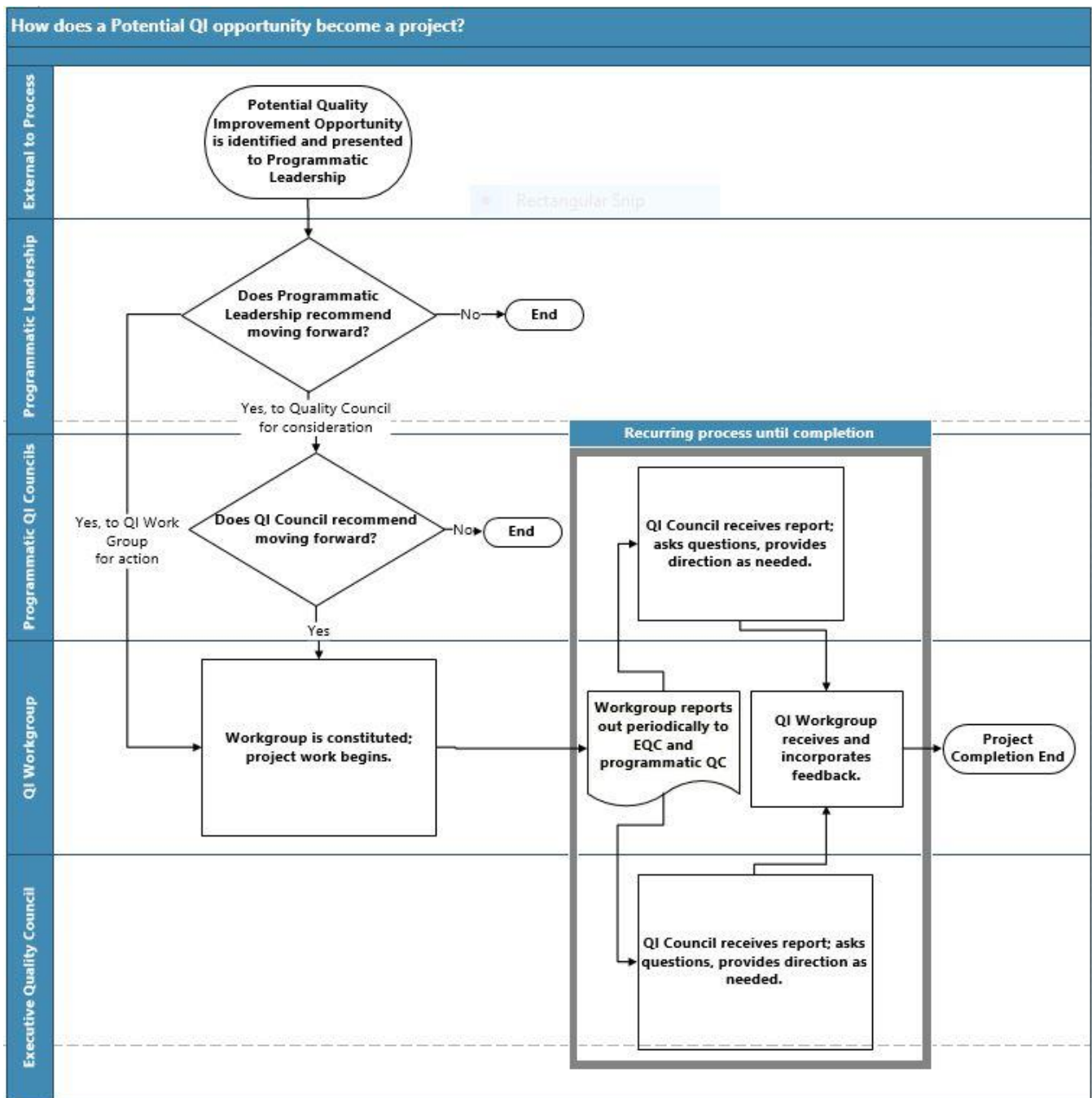
Figure 5 Decision to Accept a Project

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 Performance Management and Quality Improvement, 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 address "Successfully Fulfill the Principles of the ADA Settlement Agreement"

The **Belton – Deaf/Hard of Hearing Special Review*** was designed to measure Community Service Board adherence to policies regarding services to deaf and hard of hearing individuals. This review identified areas of non-compliance while flowcharting identified process gaps to design mitigation.

Clinical Policy Standardization was performed to direct activities of oversight and risk mitigation. DBHDD continues to evaluate clinical trends related to the support of individuals with complex needs and will continue to devise and generate policies intended to direct provider implementation of strategies that support compliance with standards of care. Policies were also updated regarding the process workflow of the **Hospital to Community Transition***.

A **Support Coordination Coaching and Referral** review was conducted to add clarity and accountability for all involved in the process. This review was designed to reduce overdue referrals and improve efficiency and timeliness of services to individuals. The outcome of this review was a **Support Coordination Performance Report** that offered insight for statewide management of performance and quality of support coordination oversight.

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

The **High Utilizer Management (HUM) Program Development Project*** began by identifying and investigating root causes of high use of crisis services and then developed strategies to mitigate and address those concerns. HUM Navigators, charged with engaging hard to engage consumers transitioning from a higher level of care back into the community are now an integral part of the behavioral health support system. This system also collects information describing which barriers individuals encounter when connecting to community services. This information has been used to adjust the system to remove barriers and improve earlier access to community services. By reducing overutilization of crisis resources, the capacity to connect and serve those for whom the crisis system is intended, is preserved and enhanced.

Development of a **Developmental Disability Residential Bed Board** system to provide real-time access to residential service capacity and availability is live. This foundational information will support and inform the strategic development of the service system throughout the State. DBHDD regional staff and support coordination staff will use this application to identify and connect community residential alternative (CRA) providers with families seeking services. The

system contains information about placement bed status, home accessibilities/modifications, gender preference and the ability to support individuals with behavioral challenges and or medical complexities that will be used to match individuals with providers.

Standardization of Admission and Exclusion Criteria focused on supporting efficiency and appropriateness of services. All community service boards and state hospitals now use the same criteria to determine appropriate access and qualifications for referral to the correct level of care. Hand in hand with this initiative was the identification of **Crisis Workflow Training*** needs. This training helped equip provider CSU/BHCC staff on the effective use of peers in crisis, diversion techniques, unit flow, engagement strategies, and developing successful partnerships with first responders.

Key Performance Indicators (KPIs) for Crisis Service Unit (CSU) Providers have been developed and are being collected. Last year was a pilot year for providers as they became accustomed to collecting the data and meeting the new standards.

Additionally, concerns were identified in **Intellectual and Developmental Disability Crisis Support Home Discharge Planning***. The goal of this work was to add clarity to roles and responsibilities, increase accountability, and reduce timeframes for transitions back into the community from crisis support homes.

Georgia's Opioid State Targeted Response was a SAMHSA-funded program that addressed the opioid crisis and spanned the two-year period of May 1, 2017-April 30, 2019. This project developed a targeted response to the opioid crisis in Georgia through prevention, treatment, and recovery initiatives. Project activities strengthened infrastructure, focused on addressing gaps in evidence-based practices and services, and created a continuum of prevention and recovery-oriented treatment. Some of the ongoing initiatives in this area include **Medication-Assisted Treatment (MAT) Partnerships with the Department of Corrections and Department of Community Supervision**. This initiative provides support for medication-assisted treatment (MAT) for individuals while incarcerated and focuses on continuity of care as they transition back into the community.

Spanish-Language Translation Updates* covered the Georgia Collaborative/ASO Referral Connect element of the website as well as the intellectual and developmental disability case management portal application. The goal of this project was to use native Spanish speakers to evaluate and revise existing Spanish-language translations emphasizing context, word usage, and reading level. This update was designed to support ease of comprehension by a wide range of Spanish speakers regardless of country of origin or educational level.

As part of the focus on addictive disease delivery models, DBHDD supports a recovery-oriented system of care, which moves our system toward a prevention-focused, strength-based continuum of care that provides sustained support to affected individuals. To assess the current state of our provider network's recovery orientation, DBHDD partnered with the Yale

University School of Medicine to deploy its **Recovery Self-Assessment Survey*** (RSA-R) to all appropriate providers in the DBHDD network. The results from this survey have been used to identify areas of strength and concern and to design interventions that move the network forward.

At the request of DBHDD, the ASO performed a **Quality Study of Supported Employment***. The ASO collects National Core Indicator (NCI) data as part of its quality review process. This nationally-normed information can be used to compare Georgia's performance with other states and identify trends longitudinally within Georgia and cross-sectionally with other states to inform additional quality improvement activities.

Commissioner Fitzgerald served as a co-chair of the Governor's **Commission on Children's Mental Health**. This facilitated DBHDD partnerships with representatives from the governor's office, other state agencies, and advocates to recommend initiatives to improve care and access for Georgia's children. Several of those initiatives have now been completed:

> **Expansion of the Georgia Apex Program** increased access to a continuum of behavioral health care for children and families. This innovative program is a collaboration among school systems, providers and other community stakeholders.

> **Supported Employment/Supported Education Programs** was designed to provide access to supports for employment and related recovery activities to children and young adults.

> **Telemedicine Infrastructure Capacity Building** addressed a need to improve access to children's behavioral health services, especially for those in rural, underserved areas.

> **Early Intervention and Prevention – Opioid Crisis and Early Intervention and Prevention – Suicide Prevention** were both designed to be complex programs that used multi-pronged approaches and multiple intervention strategies to reduce rates of opioid use and suicides among Georgia's youth and emerging adults.

> **Targeted Training for the Child Serving-Workforce** encompassed additional clinical training in evidence-based practices, including trauma-informed care, or administrative practices that support the delivery of high-quality behavioral health services across service settings.

> **High Fidelity Wraparound (HFW)** sought to address an identified need for guidance, evaluation, and training for providers to meet the growing demand for these services and support positive outcomes for children and youth.

Initiatives that address "Manage a Network of Providers"

Comprehensive Examination of the ASO DD Quality Review tools*. As our environment, policies, standards, and best practices continue to evolve, so too should our quality review

tools. Statistical methods such as exploratory factor analysis, principal component analysis, confirmatory factor analysis and Item Response Theory have been employed to empirically study the instruments that form the basis for DD provider quality reviews. The desired outcome was to monitor and improve the effectiveness, efficiency, and validity of the survey instruments. This work involved identifying areas of overlap and duplication between and among the tools that make up the intellectual and developmental disability portion of the quality review toolbox. The tools have been streamlined, providers and ASO assessors educated, and the new tools became effective July 1, 2019. Because of the streamlining of these tools, reviewers envision being able to review 84% more providers annually.

The **Physician Survey on Attitudes regarding Consumers with Developmental Disabilities***
aimed to gather more information about the community physician's perspective on treating people with intellectual and developmental disabilities. It was first administered at the Health and Wellness Physician's Summit in November 2017, and additional venues for survey administration are being researched and vetted. Completed surveys from November 2017 have been tabulated and used to identify additional physician concerns. Practitioners in specialties such as psychiatry, neurology, gastroenterology, family practice and cardiology have all been identified as additional candidates for survey administration. These practitioners have been identified as especially critical to the health and wellness of the people we serve.

The Health and Wellness Physician's Summit is one component of the **Special Medical Needs of Consumers with Intellectual and Developmental Disabilities Project***. This project sought to provide educational opportunities about the sometimes-unique medical challenges faced by individuals with intellectual and developmental disabilities. The November 2017 summit addressed unusual medical presentations which may be incorrectly identified as behavioral health issues, such as common gastrointestinal issues, oral findings, neurological issues and special concerns of individuals with autism spectrum disorder. Additional symposiums targeting nurses, physicians, and ancillary disciplines are ongoing.

Because of the provision of clinical oversight, there has been, and continues to be the identification of incidents of withdrawal or requests to withdraw clinical/medical support in circumstances of non-terminal diagnosis. The **What's the Rush?*** brochure highlighted actions that increase one's ability to make informed decisions and prevent premature withdrawal of clinical supports. The brochure offers information and recommended activities for families and support entities that result in assertive advocacy when faced with the difficult decisions related to withdrawal of care. The brochure has been finalized, printed and distributed to DBHDD field offices and providers for distribution to individuals and families.

Best Practices in Providing Behavior Supports in the Community was a developmental disability initiative undertaken to disseminate best practice standards and facilitate skill development to those providers who render services to individuals with behavioral challenges. The response from providers has been very favorable, and additional topics and trainings are scheduled as needed. DBHDD has been working with educators from Georgia State University

to develop a certification process in applied behavior analysis designed to enhance the skills of existing behavior providers and increase the capacity of qualified providers of behavior supports working with people with intellectual and developmental disabilities.

The **Standardization of Health Risk Screening Tool (HRST) Nursing Assessments and Health Care Plans** is another initiative whose goal was to provide customizable templates and other supporting resources to providers to assist them in creating robust, individualized assessments and plans. The HRST Nursing Assessment is a comprehensive assessment that prompts registered nurse assessment and generation of data resulting in holistic support planning. The assessment trends changes of condition, associated treatment and interventions, and triggers the generation of Health Care Plans and other indicated follow-up. Health care plans are translation tools and incorporate interventions that are medically necessary to reduce risk and respond to symptoms. By using these web-based templates, providers are more likely to consider and document all information necessary for sound decision making regarding clinical recommendations and clinical supports needed.

The **Emory Intellectual and Developmental Disability Curriculum** is a 12-week course, developed in conjunction with Emory University, and executed through Emory's (interactive) Canvas platform. The pilot class began in July 2018. The content is taught online by Emory instructors with expertise in ICU, geriatric and wound care nursing. The content was developed with a focus on skilled intellectual and developmental disability nursing. The initial participants included field office, provider, and Office of Health & Wellness nurses. Access to this content has been expanded and made available to Emory nursing students interested in IDD.

Improvements to BH Standards and Key Performance Indicators (KPIs)* provided a platform, supported by data and analysis, for moving the network toward greater accountability and higher performance for Tier 1, 2, and 2+ providers. This behavioral health activity features several feedback loops to providers, including engagement with providers in designing and embracing the standards and KPIs as they evolve, with an eye toward ensuring accountability in monitoring and quantifying access to care.

The **Community Stakeholder Project*** involved both providers and community stakeholders such as jails, prisons, schools, and hospitals. The goal of this work was for providers to be able to demonstrate effective coordination with community stakeholders. The survey tool and associated metrics have been developed, policy has been put in place, and providers educated. The baseline data has been collected, and information will be collected annually going forward which will further inform QI initiatives in this area.

Development of DD Key Performance Indicators (KPIs)* was also a focus for the Division of Developmental Disabilities. System level KPIs have been identified, vetted, and are being reported routinely for data trending and analysis.

A key element to managing a network of providers is effective and timely communication. With that in mind, the **Office of Provider Relations Newsletter** was created to serve as a monthly electronic outreach to providers. The newsletter contains information about upcoming training, changes to policies, how to get assistance from DBHDD, and other topics of interest to providers. Sustained marketing efforts have paid off, and the newsletter is currently being distributed to over 2,000 provider personnel with an average open rate of around 40 percent.

One of the ways in which providers can now get assistance from DBHDD is via the **Provider Issues Management System (PIMS)**. This electronic, outward-facing portal gave providers a 'one stop shop' to get assistance from DBHDD. Providers log in and submit their question or concern, and the issue is picked up and worked by the Office of Provider Relations team. The Office of Provider Relations staff identifies and contacts the appropriate resource for the provider and remains engaged until the issue is resolved. Thus far, DBHDD has resolved 972 cases using PIMS. A FAQ section has been added, and reports are being developed which will help identify trends and potential improvements.

The Office of Quality Improvement offered a **QI Plan Symposium Presentation*** at the 2019 Behavioral Health Symposium for providers. This presentation educated providers on QI plan infrastructure and simple tools and methods to identify root causes, solutions, and improvement opportunities.

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** that summarizes, analyses and trends consumer deaths occurring in the previous calendar year. Click here to see a copy of the most recent published Mortality Report. 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.

The **Unified Referral Housing Project*** will create and document 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. Further enhancements to reporting, survey, a DCA module and **Georgia Housing Voucher*** module are underway. A **Housing Choice Voucher Application (HCV)*** project is also underway to reduce inefficiencies in the HCV tracking process and reduce the number of required documents. Another housing initiative is the **Housing ITR/CRR Project*** which evaluates Intensive Treatment Residential (ITR) processes as the service is transitioning to Community Residential Rehabilitation (CRR). Lastly, a **Pilot Study of Housing Inspections*** is taking place in Region 3. DBHDD has 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 is now becoming available and further analysis is expected to yield potential improvements.

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

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

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, has resulted in a wider effort to update the provider manual and policy. The updates are intended to provide greater consistency in review and audit standards across services, tools and agencies, and are currently being vetted with stakeholders.

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.

Results of the Recovery Self-Assessment Survey identified providers' need for **Cultural Competence Trainings***. In response, the Office of Recovery Transformation is developing a series of trainings focusing on spirituality, recovery language, sexuality/gender, age, socioeconomic status, and race/ethnicity. These trainings are intended to positively impact providers through education opportunities in the area of diverse treatment options and consumer involvement.

The **Improving Health Outcomes Initiative** involves working with key providers and support coordinators to understand and overcome barriers to sustainable improvements in the delivery of supports and services to individuals in our intellectual and developmental disability service system.

The **Suicidal Ideation Special Study*** was commissioned by DBHDD and is being administered by the ASO. The overarching goal of this study is to learn information that will help us reduce suicide rates in Georgia. This study is using a tracer methodology to follow individuals who completed suicide or presented with suicidal ideation to determine what risk and protective factors can be identified, as well as what services, evaluations, assessments and treatments were provided to the individual.

Bed Board Revision is resulting in better and more timely data collection. Underway now is the creation of standardized reporting and introduction of the reports to providers and DBHDD staff. This information will drive future KPIs and dashboards where program managers will see in real time how well the system is functioning.

The **Enhanced Supports and Services Project*** seeks 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. Thus far, workflows for current and future state have been created, potential policy changes identified, and job aids have been created. Next steps include socializing with additional stakeholders and developing a training and rollout plan.

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 sometime in Fall 2020.

DBHDD has been attending and contributing 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. 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.

The **Intellectual and Developmental Disability Case Management Information System (IDD Connects)** is an integrated intellectual and developmental disability system supported by the Georgia Collaborative ASO. The system went live in August 2019. Ongoing are additional systems integration, validation and post-live enhancements.

The Office of Information Technology in collaboration with the Office of Provider Enrollment and Contracts is building a **Contract Management Application (CMA)*** to reduce paperwork associated with DBHDD contracts and reduce the turnaround times required for contract approval.

The Office of Deaf Services, working with IT, is creating an automated **Deaf Services Management System***. Thus far, the existing processes have been flowcharted, and gaps and inefficiencies identified. Appointment scheduling, data collection and billing are areas that will be covered in the IT build.

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

Human Resources/Learning is deploying the **Cisco WebEx distance learning platform** across the organization. This platform provides on-demand collaboration, online meeting, web conferencing and videoconferencing applications. This platform will extend the reach, improve the quality, and reduce 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 has been added and is being 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. DBHDD also offers monthly **SDI Lunch and Learn** sessions at each DBHDD campus to provide ongoing reinforcement and training for staff.

Conclusion

This FY 2020 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.