Department of Behavioral Health & Developmental Disabilities

FY 2018 Community Quality Improvement Plan

D·B·H·D·D

Table of Contents

DBHDD Mission, Vision and Commitment to Quality

Mission & Vision

The Quality Improvement Plan supports the Mission of the Department, which is:

> "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."

The Quality Improvement Plan supports the Vision of the Department, which is:

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

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 December 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, 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 Network Management, 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 that the primary purpose of the Office is to be 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 (DBH) and Intellectual & Developmental Disabilities (DI/DD). 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
- 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
- Detecting and eliminating non-value-added effort, resulting in higher efficiency
- 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 DBHDD individuals. 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, Division of Developmental Disabilities, Division of Hospital Services, Division of Performance Management and Quality Improvement, and Division of 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 Division Director 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 Intellectual/Developmental Disabilities, Performance Management and Quality Improvement and Accountability and Compliance. It is jointly chaired by the Assistant Division Director of I/DD and the Director of the Office of Quality Improvement. 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 executive 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.
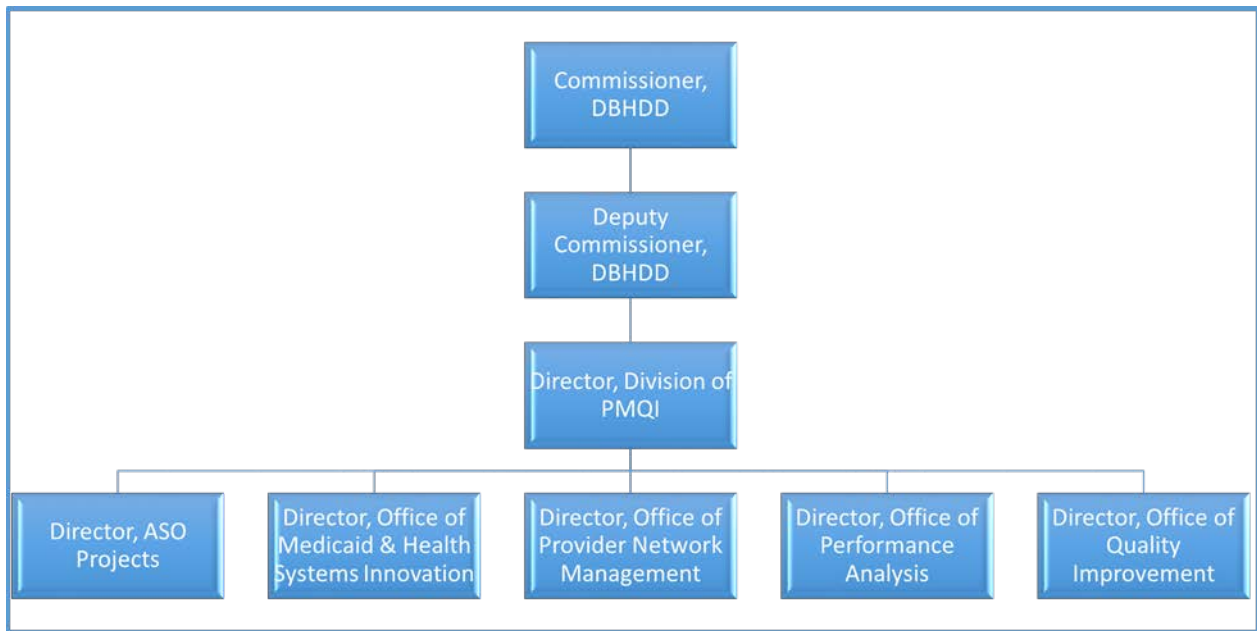

Figure 1 PMQI Structure

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

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
- Routine project status reporting at the Programmatic and Executive Quality Councils

Alignment with DBHDD Priorities

It is vitally important to the agency's mission that quality improvement projects are aligned with DBHDD priorities. In January 2017, Commissioner 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.   This graphic serves as a foundational guiding document when potential projects are being considered and evaluated. The graphic is bookended top and bottom with DBHDD's vision and mission statements; the cornerstones of the agency. Agency priorities are categorized into three broad target areas – Strategic, Communications and Enterprise. Strategic priorities are those identified by the Commissioner and Senior Leadership for more active management. Communications priorities involve areas that necessitate communications planning and stakeholder engagement strategies, while Enterprise Priorities involve target areas that impact the entire continuum of care.
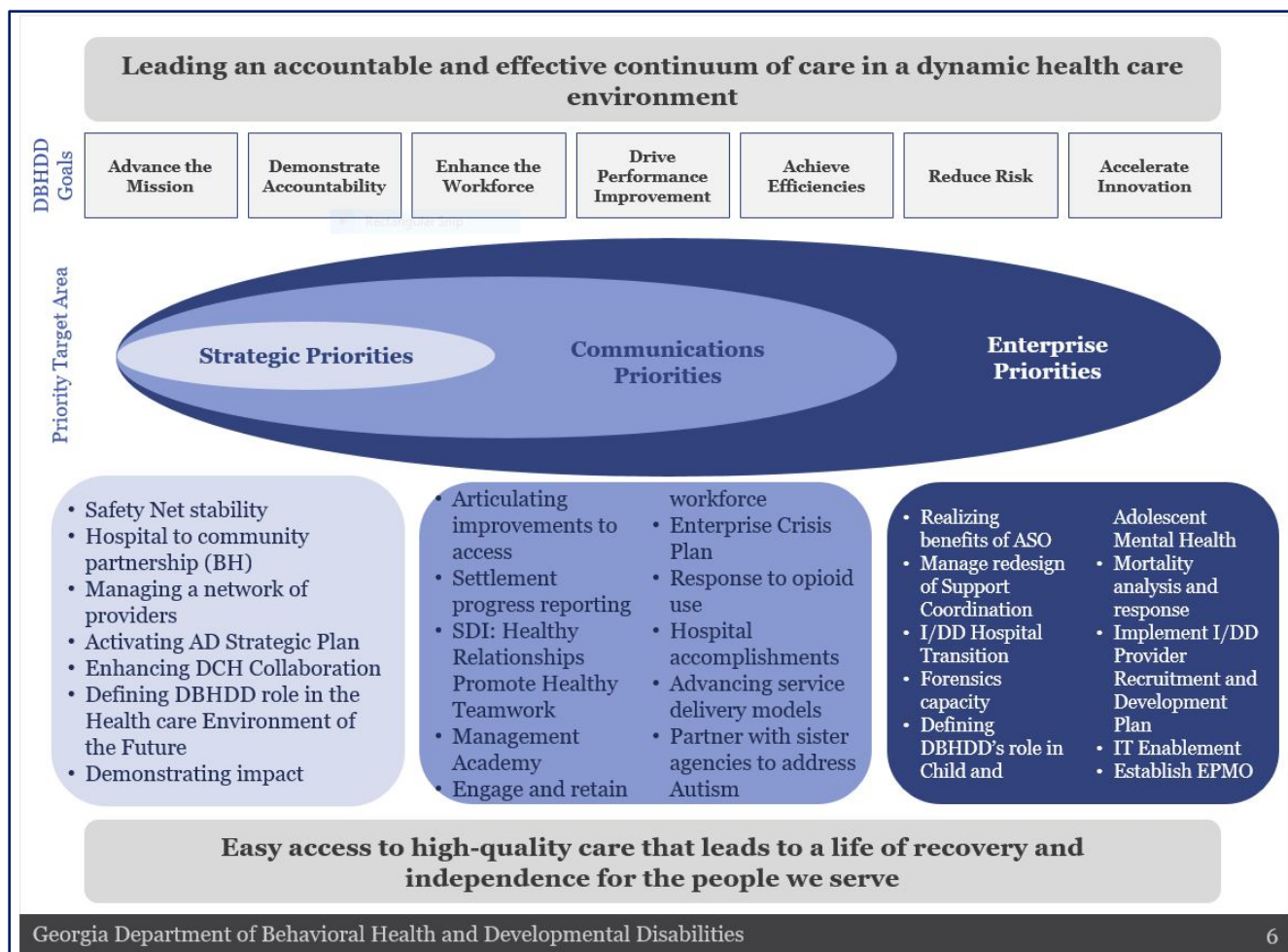
Figure 2 DBHDD Priorities

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.
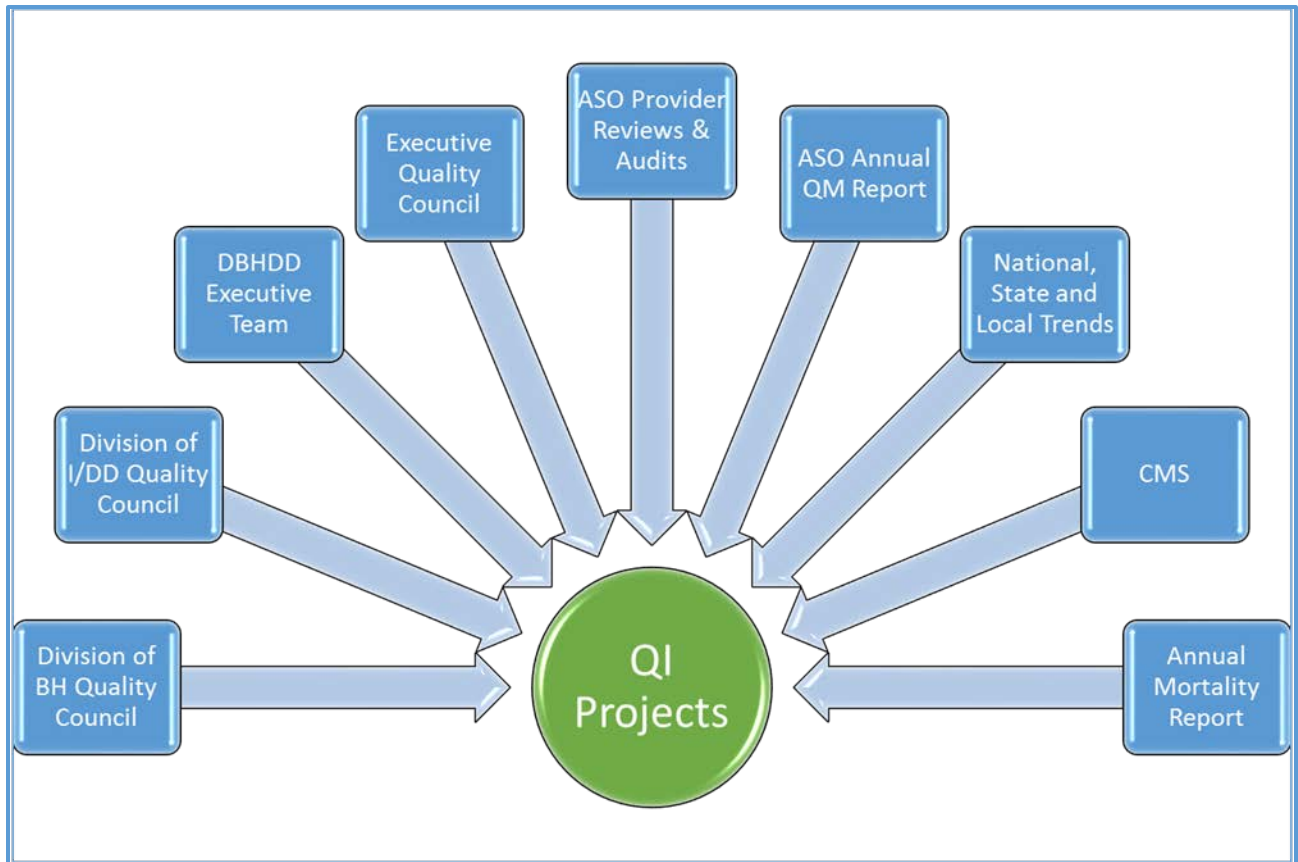
Figure 3 Sources of QI Projects

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 their divisional quality councils. Please see figure 4 below for a visual depiction of this process.
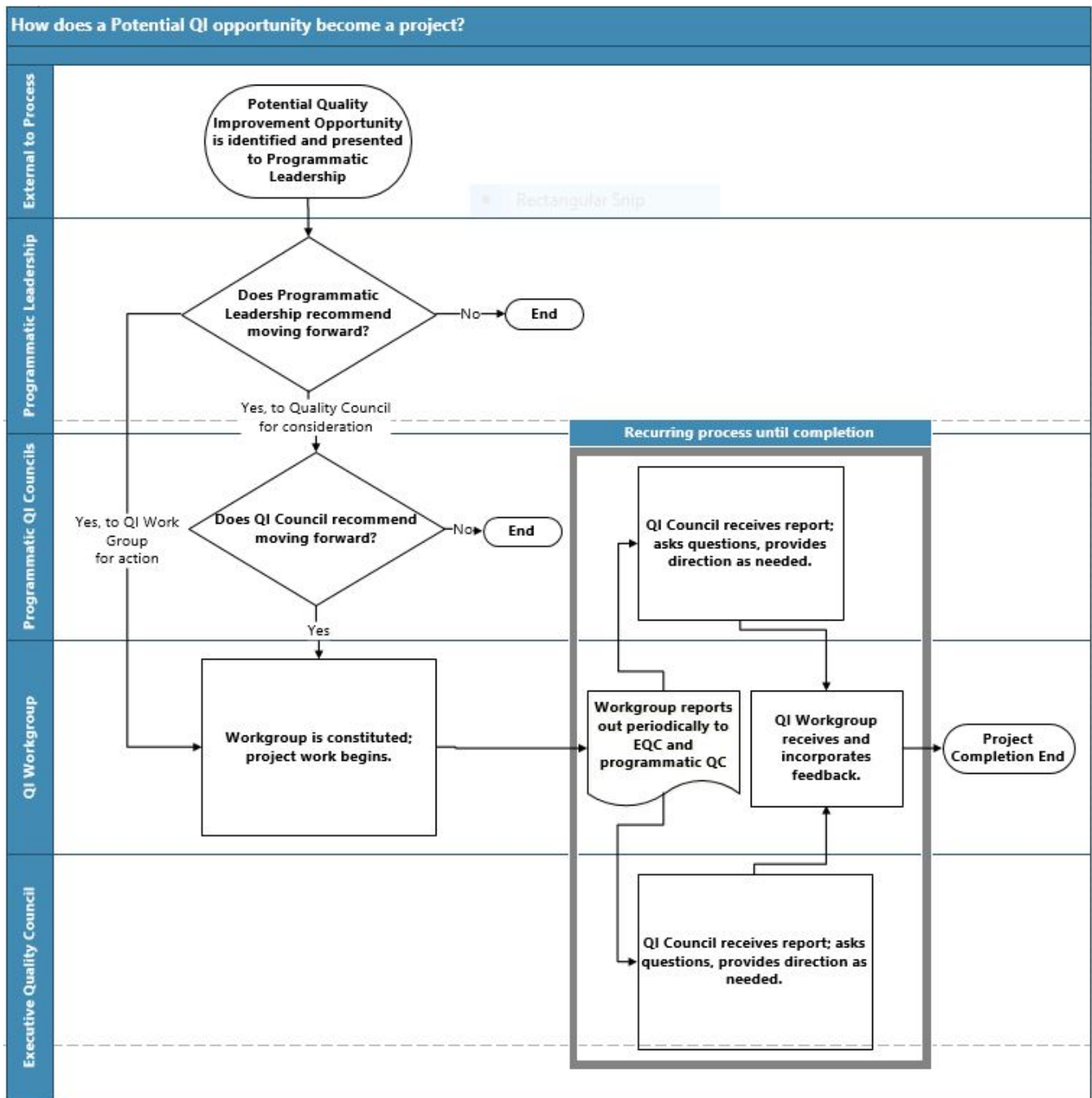
Figure 4 Decision to Accept a Project

National, State and Local Trends

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 PMQI, these offices partner to use 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, analytic models, etc.

- Outcomes analysis to determine impact of a program, modification, intervention, etc.

- 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 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;
- 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 on page 6, and many QI projects address more than one goal or target area. A non-exhaustive list of current and planned initiatives are shown below attached to the Priority Target(s) with which they are most closely associated. Those initiatives denoted with an asterisk (*) are being actively supported by the OQI.

Strategic Priorities

Safety Net Stability

Fiscal stability is a key component of Safety Net stability, and is a central goal of the **Provider Productivity Project***. This project identified low provider employee productivity as a potential contributing factor to poor fiscal performance. The project aims to educate providers on the root causes of various productivity issues and provides a free, user friendly tool to help providers measure and manage employee productivity. A secondary, and equally important goal of this project is to improve access to core services.

Hospital to Community Partnership (BH)

DBHDD's crisis service system is a key component to the service array provided. Crisis services are offered through both community partners, such as Community Service Boards' crisis stabilization units, the Georgia Crisis and Access Line, as well as DBHDD's State Hospital System. DBHDD's Director of Community Behavioral Health and Medical Director have teamed to develop and implement a variety of initiatives that cross the community and state hospital system to create a more unified experience and better outcomes. Examples of this multi-pronged approach include **policy alignment, enhancement of the discharge process to ensure coordination with aftercare providers and development of crisis learning collaboratives**.

Managing a Network of Providers
Ongoing **Improvements to Standard and Key Performance Indicators (KPIs) Project*** provides 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 BH project features several feedback loops to providers, including engagement with providers in designing and embracing the standards and KPIs as they evolve.
Other efforts to support provider network management include a "Secret Shopper" program, which forms the basis for the **BH Consumer Experience Project***. This innovative program is designed to collect information about consumer experiences in contacting and engaging community providers from actors posing as individuals seeking services. These experiences can be shared with providers and used to spark meaningful dialogue between DBHDD and the provider community about barriers, perceptions and improvements to consumer access.

Also of note is the work being done on the **Performance Based Fee for Service Project***. This work seeks to identify objective, measurable key provider metrics that can be used to align BH provider financial incentives with performance.

The **Utilization Management Project*** seeks to further DBHDD's understanding of how consumers utilize BH and crisis services and how their utilization contributes to their recovery and/or wellness. This deeper dive into utilization patterns has the potential to inform operational and strategic decisions and improvements around the crisis system, purchase of private beds and provider network management.

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 I/DD service system.

Activating AD Strategic Plan
Access to care for individuals with substance use disorders is currently limited by capacity and scope throughout the state. DBHDD recognizes the particular sense of urgency in this area given the surge in opioid use across the state. DBHDD invited partners to provide input on the current landscape and recommend further direction of addiction treatment and recovery

services in Georgia. The resulting **AD Strategic Plan** reflects pathways to increase access, capacity, education and strengthen collaborative partnerships.

Enhancing DCH Collaboration

DCH and DBHDD are collaborating on several quality improvement initiatives. The **Expanded Therapy (ST/OT/PT) Services Project** allows DBHDD and DCH to work together to meet the sometimes complex therapy needs of the I/DD population. This project focuses on ensuring that waiver amounts are sufficient to meet the identified need and that rates and codes are aligned between the two agencies.

Communications Priorities

SDI: Healthy Relationships Promote Healthy Teamwork

The initial rollout of this enterprise wide initiative is ongoing, and this early work has already resulted in some QI initiatives. Most of these initiatives revolve around keeping the awareness of SDI at the forefront and enabling employees to fully realize the value and benefit of the program. The **Personal SDI Identifier Initiative** recognizes that employees need some way to quickly identify others' MVS style when table tents and other more formal options are impractical. Some options being researched include a badge sticker, lanyard, or bracelet that would indicate the MVS style and conflict sequence.

The **Hospital Engagement Initiative** addresses a response to the unique culture, workday, and staffing challenges hospital employees face when trying to embrace a new initiative such as SDI.

The **SDI Lunch and Learn Project** allows employees an opportunity to take a deeper dive into SDI principles. This project addresses an identified need for ongoing, informal educational opportunities for employees to understand better how to deploy SDI in their workgroups, teams, and offices.

Management Academy

The **Management Academy Initiative** supports attracting, retaining and mentoring current and emerging leaders within DBHDD. It includes certification by the University of Georgia's Carl Vinson Institute of Government, and is designed to equip these current and future leaders with the skills and tools to position DBHDD as an "Employer of Choice" while supporting our mission and vision. Seven cohorts (approximately 175 participants) have graduated through the program and it is ongoing.

Engage and Retain Workforce

With so many projects underway, having an effective **Change Management** process that is aligned with the department's restructuring, and supportive of key program outcomes and project deliverables is vital to success. This embrace of change management supports other workforce projects, such as:

- **Migration to a new operating model** and associated realignment, leading to expanded leadership opportunities
- Comprehensive efforts are underway to **Increase and Enhance Internal Communication,** using the department's vision, mission and core values as anchors
- The **Spotlight on Excellence Award** has been implemented. This is a formalized quarterly award program to recognize staff enterprise-wide for outstanding contributions toward achievement of our vision and mission, and exemplifying our core values
- **Compensation Enhancement** has been addressed through reinstated merit increases for eligible staff. The state's Job Classification and Career Path program has been restructured to increase market competitiveness and provide enhanced opportunities for career pathing. Additionally, DBHDD has worked with HRA/DOAS, OPB and the Legislature to address specific recruitment and retention issues in key identified problem areas (ex. non-clinical direct care staff, nursing, other clinical staffing, etc.)
- **New Staff Orientation** has been redesigned and implemented to provide a more meaningful, engaging and enhanced onboarding process and learning experience for new staff (employees, agency staff, contractors, etc.).
- Many initiatives are occurring around **Staff Development**, covering topics such as general management/supervisory skills, refreshed annual and compliance offerings, project management, digital skills, discipline specific training and a variety of other soft-skills training. As a part of this initiative, almost 3,000 courses have been added to DBHDD University's Learning Management System (LMS) so far

Enterprise Crisis Plan

There are multiple components to a comprehensive Enterprise-wide Crisis Plan, and several quality improvement initiatives address these components. The **High Utilizer Management Program Development Project*** intends to serve this goal by identifying and investigating root causes of high utilization of Crisis services and developing strategies to mitigate and address this concern. By reducing overutilization of Crisis resources, the capacity to serve those for whom the Crisis system is intended is preserved and enhanced. This project sets the stage for the **Community Crisis Quality Improvement Initiative*,** which addresses another component of the Enterprise-wide Crisis plan, namely improving access to the timely, appropriate level of care in the crisis continuum while reducing a dependency on state contract beds.

Response to Opioid Use

Georgia Opioid State Targeted Response is a SAMHSA funded program that addresses the opioid crisis. DBHDD was awarded a grant of $11,782,710 for year one (May 1, 2017-April 30, 2018). This project will develop a targeted response to the opioid crisis in Georgia through prevention, treatment and recovery initiatives. Project activities will strengthen infrastructure, focus on addressing gaps in evidence-based practices and services, and create a continuum of prevention and recovery-oriented treatment.

Partner with Sister Agencies to Address Autism

In partnership with the Departments of Community Health, Public Health, and Human Services, DBHDD has conducted an analysis and provided recommendations to the Governor's office to expand the range of services available to children with autism payable by Medicaid. Using guidance from the Governor's budget recommendations, CSM, advocates and subject matter experts, the Departments have developed an **Autism Benefit Plan** that expands access to children with autism. To be implemented in FY18, this plan will support this goal through the provision of adaptive behavioral services, expanding the qualified network of providers through enrollment of Board Certified Behavioral Analysts, and investment in existing infrastructure and early intervention.

Enterprise Priorities

Realizing Benefits of ASO

This goal is being supported by an expansion of reporting on Georgia Collaborative provider reviews to include more information pertaining specifically to **Child and Adolescent Services***. This deeper dive into Child and Adolescent services review results can be used to inform agency decisions around supports, services and providers.

Another initiative underway is a **Comprehensive Examination of the ASO 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 are being employed to empirically study the instruments that form the basis for Provider Quality Reviews. The desired outcome is to monitor and improve the effectiveness, efficiency, and validity of the survey instruments.

At the request of DBHDD, the ASO is performing 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 performance with other states, identify trends longitudinally within Georgia and cross-sectionally with other states to inform additional quality improvement activities.

Manage Redesign of Support Coordination

The redesign of support coordination is a multifaceted target and includes several quality initiatives. Of note is the **Individualized Service Plan (ISP) Revision and Quality Assurance Directives Project***. This project eliminates redundancy in the plan template and provides additional guidance on writing plans in a standardized manner, while maintaining a commitment to developing meaningful, person-centered plans. The project also provides for statewide consistency in the evaluation of ISPs , with an eye toward increasing quality and accountability of support coordinators and service providers.

In effort to enhance our capacity for outcome-based data collection, support coordination leads have worked with the Office of Performance Analysis on revising the **Individual Quality Outcome Measures Review** - the tool used by support coordinators to evaluate outcomes and identify action steps to improve outcomes. This project is nearing completion and will be implemented January 1, 2018.

Additionally, **Support Coordination Review Tools***, used by the Georgia Collaborative/ASO in evaluating provider performance, are also undergoing review and revision to align with changes in policy, procedure and best practices.

Defining DBHDD's Role in Child and Adolescent Mental Health
As a co-chair of the Governor's **Commission on Children's Mental Health**, DBHDD partnered with representatives from the governor's office, other state agencies, and advocates to recommend initiatives to better care for Georgia's children. Should all or part of this plan be approved, DBHDD will support initiatives related to infrastructure, services and programs, workforce development, and prevention.

Mortality Analysis and Response
DBHDD prepares an **Annual Mortality Report*** that summarizes, analyses and trends consumer deaths occurring in the previous calendar year. 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 supporting the health and safety of the individuals we serve.

One of the challenges of meeting this goal is understanding the community physician perspective, including barriers, on serving the I/DD population. **The Physician Survey on Attitudes regarding DD Consumers*** seeks to gather more information about the community physician's perspective on treating I/DD consumers. It was first administered at the Health & Wellness Physician's Summit in November 2017, and additional venues for survey administration are being researched. Completed surveys from November 2017 are being tabulated and will be used to identify additional physician concerns.

The Health & Wellness Physician's Summit is one component of the **Special Medical Needs of I/DD Consumers Project***. This project seeks to provide educational opportunities around the sometimes unique medical challenges faced by individuals with I/DD. The November 2017 summit addressed unusual medical presentations which may be incorrectly identified as behavioral health issues, 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 being addressed currently.

Another common concern of community physicians serving I/DD consumers is developing techniques for effective claims billing and payment. The **Improving Community Physician Billing**

for DD Consumers Project* will focus on providing actionable information to help community providers realize all the revenue to which they are entitled for serving I/DD consumers.

Because of the provision of clinical oversight, there has been, and continues to be the identification of incidents of withdrawal or requests to withdrawal clinical/medical support in circumstances of non-terminal diagnosis. The **What's the Rush*** communication highlights actions that increase one's ability to make informed decision and prevent premature withdrawal of clinical supports. The communication 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.

Implement I/DD Provider Recruitment and Development Plan

An important, enterprise wide goal involves the development of the Community Provider network serving I/DD consumers. Analysis suggests that both residential and community clinical services (e.g. occupational, speech, and physical therapy) are necessary to support individuals with complex medical or extensive behavioral support needs. Several initiatives are currently underway that serve this goal.

Development of a **Residential Bed Tracking** system to provide real-time access to residential service capacity and availability is underway. This foundational information will support and inform the strategic development of the service system throughout the state.

To **Expand the Network of Clinical Services Providers**, DBHDD is currently evaluating and revising the enrollment policy and procedures to support this category of provider. Typical enrollment procedures are reflective of an "agency" enrolling. Reviewing and evaluating the procedures to ease enrollment for individual practitioners will support the goal to provide easier access to these important services.

IT Enablement

The use of information technology continues to accelerate change and productivity. The Office of Information Technology is supporting many of the above initiatives through the development of web based tools, databases, and reporting mechanisms. A sample of other noteworthy projects include:

- **I/DD Case Management Information System:** an integrated BH/IDD system supported by the Georgia Collaborative ASO
- **Provider Issue Management System**: an online query system designed to provide improved customer service to providers and track trends in provider questions and issues.
- The **Certification Review Instrument** used by the Office of Performance Integrity and Certification (OPCSI) to assess provider performance and certification was, until recently, completed via spreadsheets and paper. In FY17, focus will be on implementing

the new web based tool which will improve productivity and provide access to both system and provider data.

- A main goal of the **Supported Housing Project*** is utilizing IT resources to automate a manual process. Expectations are that thoughtful planning and implementation of automation will lead to greater process efficiency, easier tracking and reporting of outcomes, and in partnership with the Department of Community Affairs, more individuals served.

Conclusion

This FY 2018 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 occurring across the agency. This QI Plan has been restructured to better align with the revised role and anticipated needs of the Executive Quality Council.