

DBHDD Strategic Initiative Update and Georgia Collaborative ASO Overview



DBHDD

BEHAVIORAL HEALTH PROVIDER FORUM

JUNE 24, 2015

Agenda

DBHDD STRATEGIC INITIATIVES

9:00 – 11:30 A.M.

- **Strategic Initiatives**
- **Fiscal Year 2016 Contracts**
- **Provider Network Management**
- **Deaf Services**
- **Q&A**

GEORGIA COLLABORATIVE ASO

12:45 – 5:00 P.M.

- **Overview**
- **Quality Improvement**
- **Clinical Services**
- **Programmatic and IT Updates**
- **Compliance**
- **Reporting**
- **Resource Review**
- **Q&A**



Reminders

- **Please place your cell phone on vibrate**
- **Q&A sessions will follow the am and pm session.**
- **Lunch will be on your own though boxed lunches will be available for \$10.00**
- **Please complete evaluations at the end of the day**
- **Certificates of attendance will be provided**



DBHDD Behavioral Health Forum



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TRANSFORMATION OVERVIEW

JUDY FITZGERALD, CHIEF OF STAFF

MACON CENTERPLEX

JUNE 24, 2015

Goals for this Session:

What We Hope You: Think, Know, Feel, Do



- THINK: Accountability is the answer—not the problem
- KNOW: What DBHDD has been striving for—and where we are headed
- FEEL: Valued, supported, encouraged and challenged
- DO: Press on with us

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



DBHDD

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

Making the Vision Real

- Easy access to high-quality care that leads to a life of recovery and independence for the people we serve
 - Build metrics to assess progress
 - The vision is a journey — we will be constantly striving
- The people we serve are at the center of what we do
 - True for DBHDD, and true for providers
 - Works best when specifically targeting recovery and independence



Anchored in Three Core Components

1.) Establish Accountability

2.) Deliver Value

- Value-Driven
- Add Value

3.) Improve and Enhance Quality

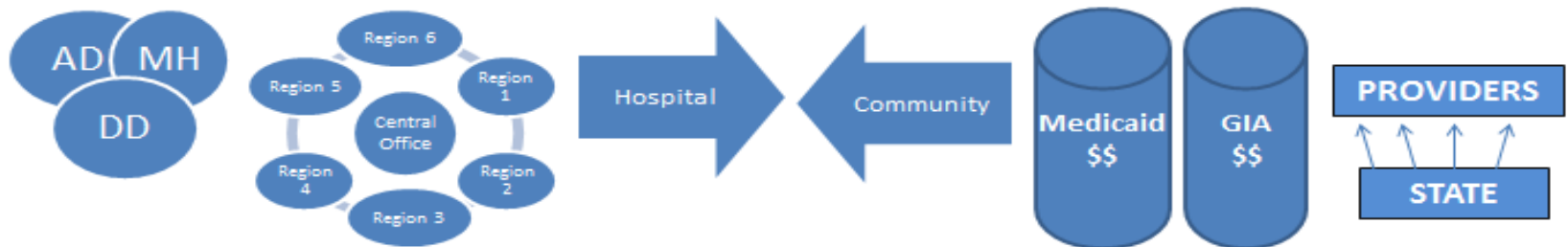


DBHDD Dilemma

DBHDD Looking Ahead: Health Care Environment of the Future



HOW IS DEPARTMENT ORGANIZED TO EXECUTE MAJOR STRATEGY DECISIONS?



A Year of Listening

- Heard some things we didn't expect about
 - Our department
 - Providers
 - What providers were saying about DBHDD
 - What stakeholders experienced
- Overall picture
 - Chaotic and fragmented system
 - Lacking transparency
 - Ineffective communication
 - Pockets of excellence, but inconsistent



Meanwhile...

- Work goes on—thousands receiving services in Georgia
- DOJ assessing progress
- Independent court monitor visits regularly
- Frustrated consumers, families and providers are concerned
- CSBs delivering services, seeking ways to provide integrated care and improve delivery
- Gaps in the crisis continuum regularly exposed
- Hope and recovery exists in pockets statewide

Mixed Picture: Which problems can we solve?

- Partnership
- Communication
- Accountability
- Consistency
- Credibility



Partnerships

- Problems

- We can't do this alone



- Solutions

- Only as strong as our provider network
- Need cooperative relationships with other agencies
- DOJ is not the enemy—we share the same vision

Communication

- **Problems**

- Stakeholders don't think we are transparent
- Our vision and mission are not well understood

- **Solutions**

- Show up everywhere possible – even where people are angry
- Provide more effective and written messages – use our website

Accountability

- **Problems**

- Service delivery system must deliver—from hospitals to community
- Expenditures must be clear
- \$350 million investment in public sector must be accountable

- **Solutions**

- Confirm that CSBs are the safety net and will anchor our future network
- Transition to fee for service (FFS)
- Address Gateway

Consistency

- **Problem**

- Variability of quality, accessibility and financial stability in hospitals and the provider network
- Variability in DBHDD roles, responsibilities, perceptions and messages

- **Solutions**

- Core redesign
- FFS
- CSB legislation (with CSB input)
- Re-organization of DBHDD



Credibility

- Problem

- Perception that DBHDD does not deliver on promises
- Perception that DBHDD is not trustworthy

- Solutions

- Embrace role as state authority
- Readily admit mistakes when we make them
- DBHDD doesn't assess whether the department is credible; others do

Bottom Line in all Solutions

- Any solution
 - CANNOT DISRUPT THE SAFETY NET
 - Must clarify expectations about enhanced accountability
- To solve
 - Sought your input on core services and key performance indicators
 - Showed you the risk map and our concerns about the future

**NEXT: TURN THE
ACCOUNTABILITY LENS
INWARD TO SCRUTINIZE
THE WAY WE OPERATE**



DBHDD's Reorganization: HOW

- Clarity about functions, roles and responsibilities
- 18 months
- Contrast: traditional approach
- Our methods
 - Analyze enabling legislation
 - Define core functions
 - Seek consultation — Ernst and Young partnership
 - Conducted employee inventory: What is everyone doing?
 - Deliver monthly communication about status
 - Prepare managers' packet
 - Provide constant reassurance through unsettling time

DBHDD's Reorganization: WHAT

- Functional alignment
- Concern about CSB administration infrastructure and inconsistency is also a concern at DBHDD
- Expect consistency in the public safety net: consistency of purpose, processes, people, plans, and pathways
- Requires accountability
- Clarify roles and responsibilities
- Streamline processes
- Good outcomes must be able to be repeated
- Go-live date July 1
- Not a light switch...better analogy is a garden growing



We All Work for DBHDD

- No matter where you practice (state office, hospital, field office), we all work for DBHDD
- Regional boundaries remain; field offices remain
- New reporting lines guided by function, not location
- What needs to be enhanced?

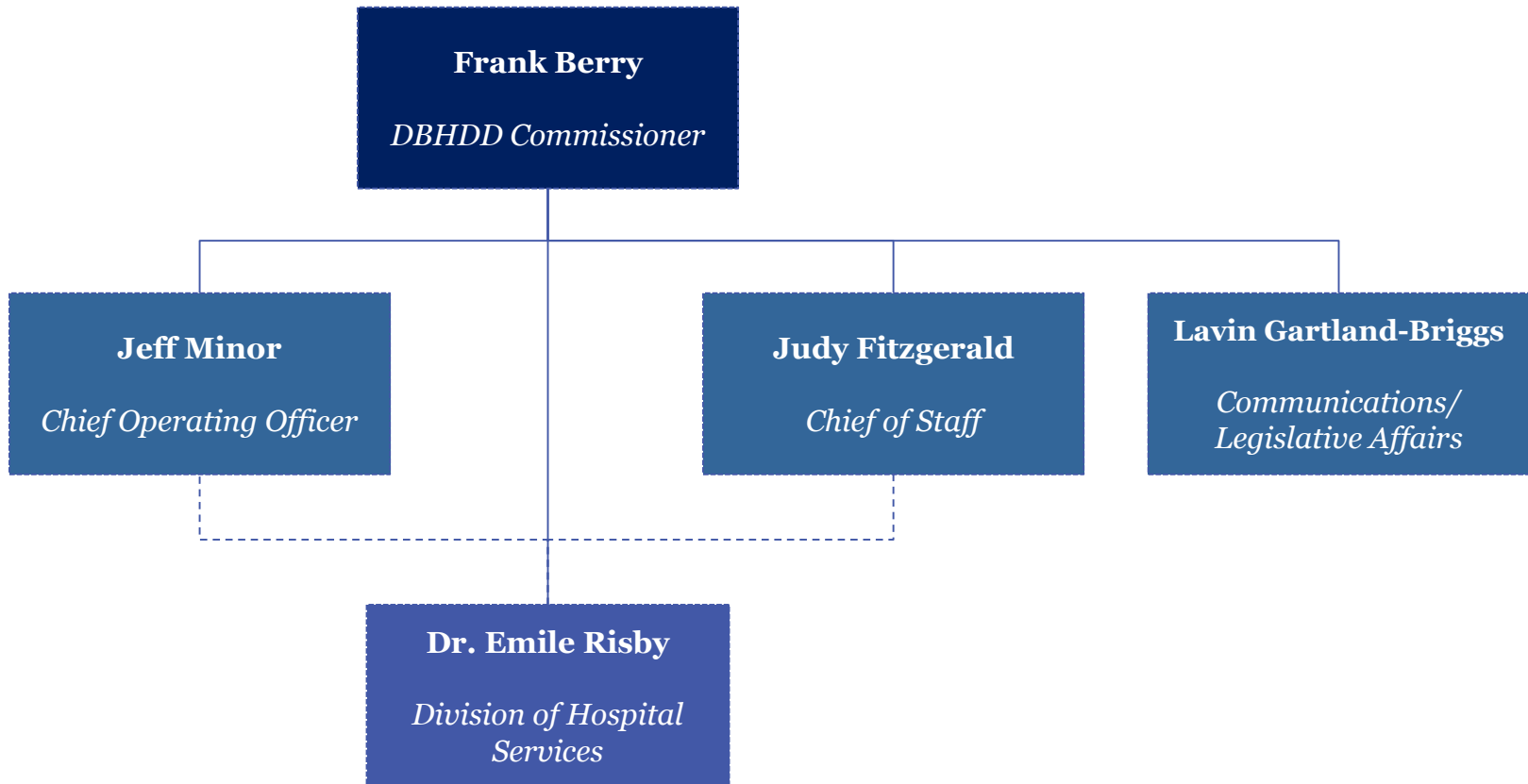
Accountability



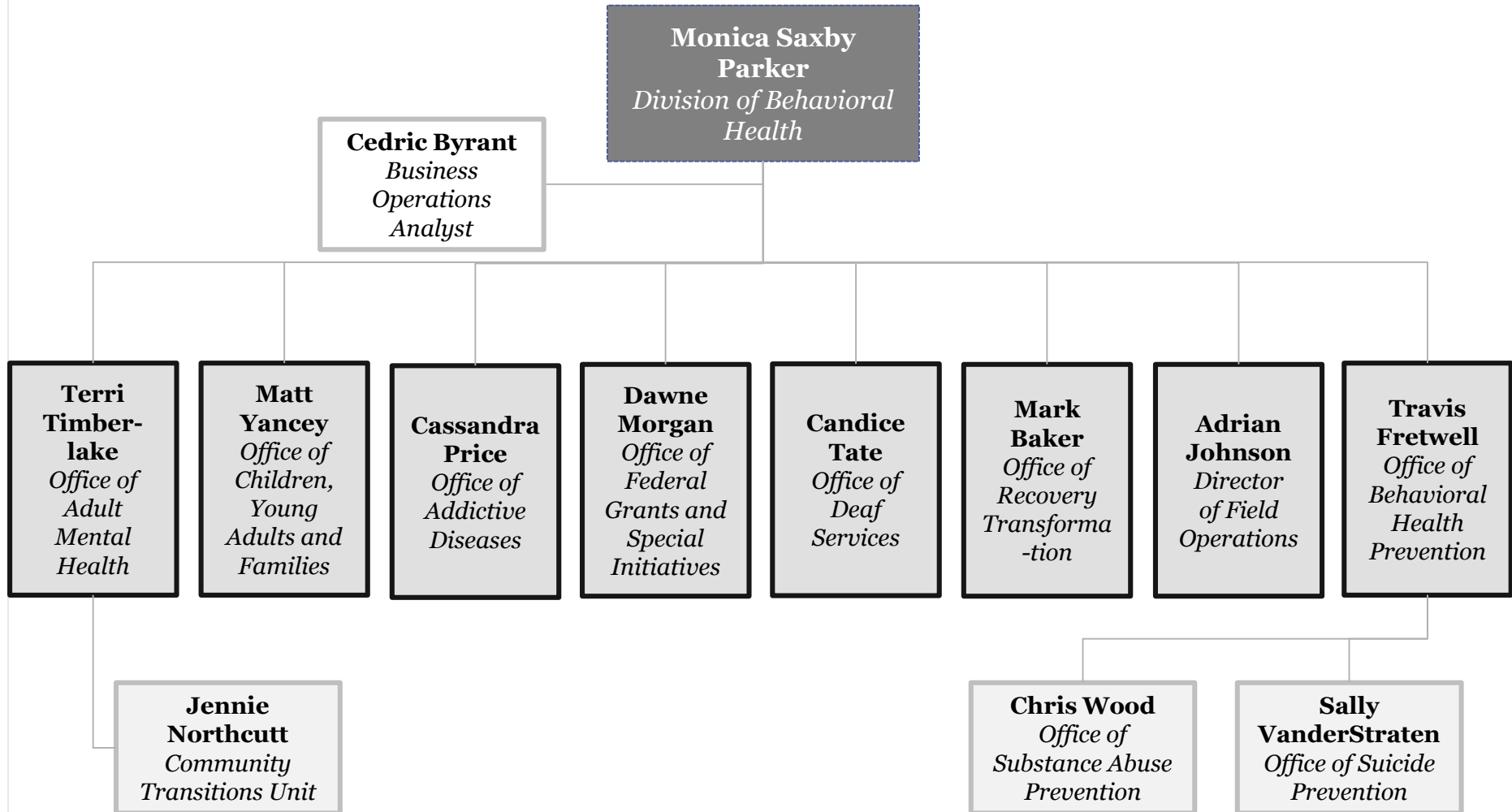
How to Enhance Accountability?

- Measure performance
- Know the difference between
 - Assessing compliance
 - Improving quality
- Clear understanding of our program areas:
 - Division of Intellectual and Developmental Disabilities
 - Division of Behavioral Health
 - Division of Hospital Services
- Enhancement focused on two new divisions
 - Accountability and Compliance
 - Performance Measurement and Quality Improvement

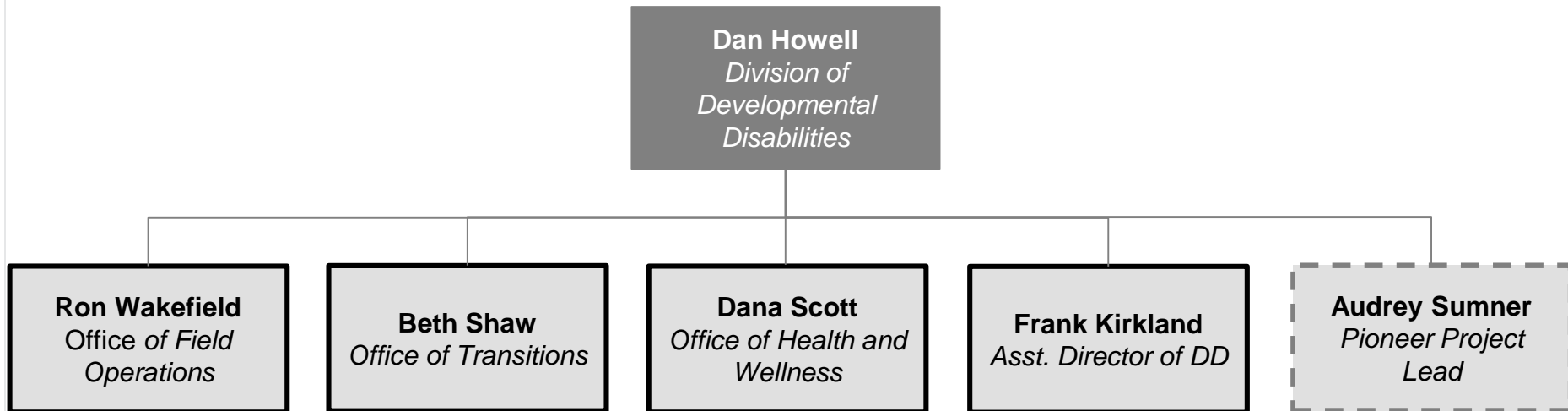
Executive Org Chart



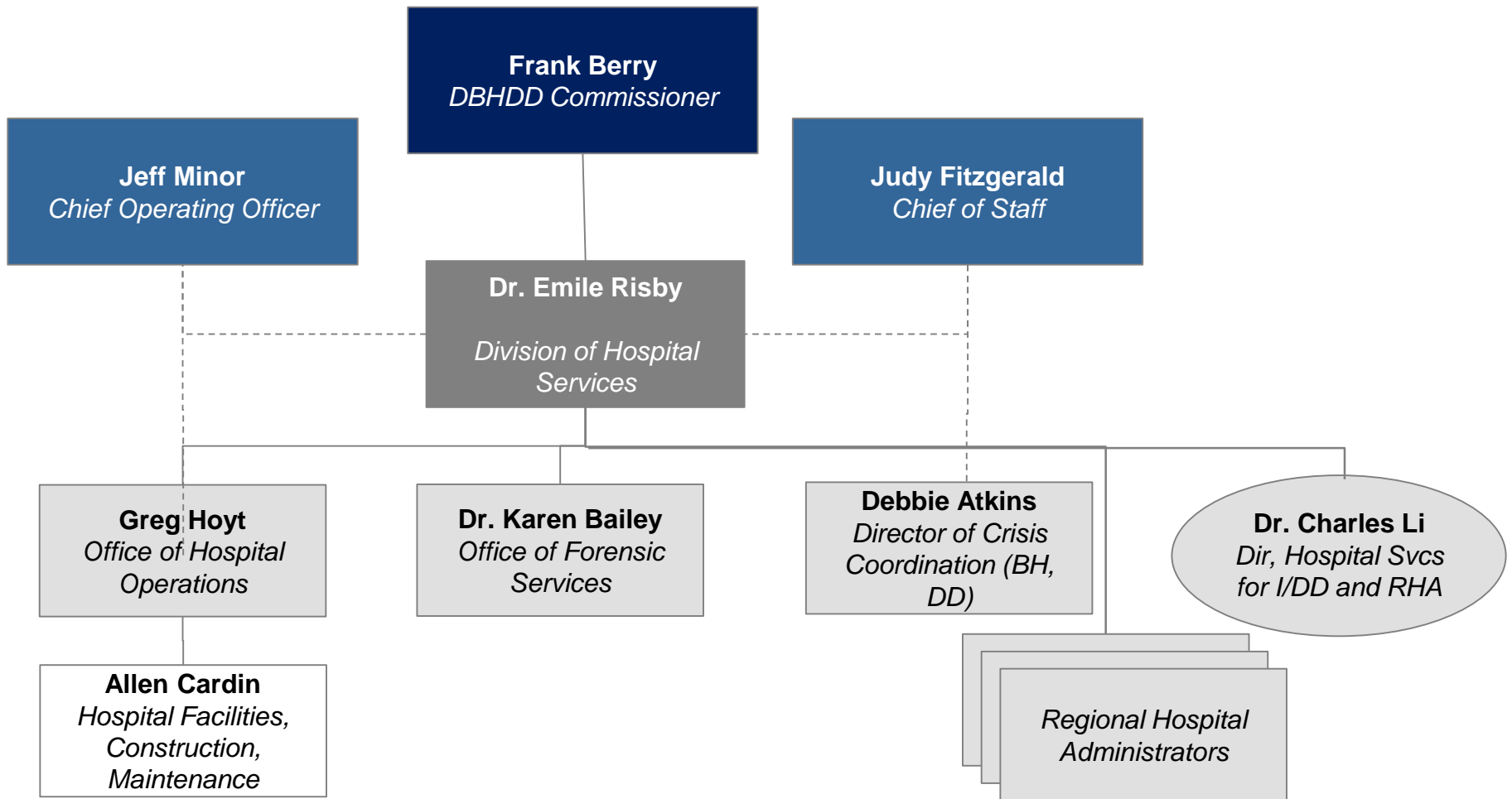
Division of Behavioral Health



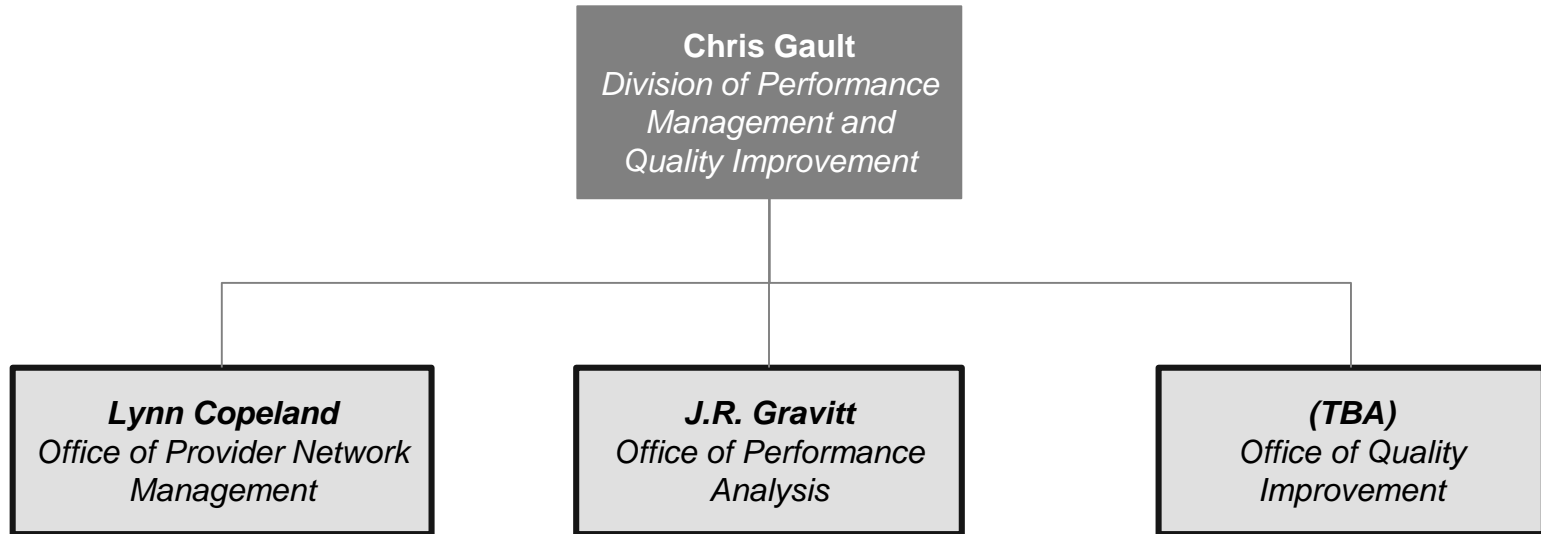
Division of Developmental Disabilities



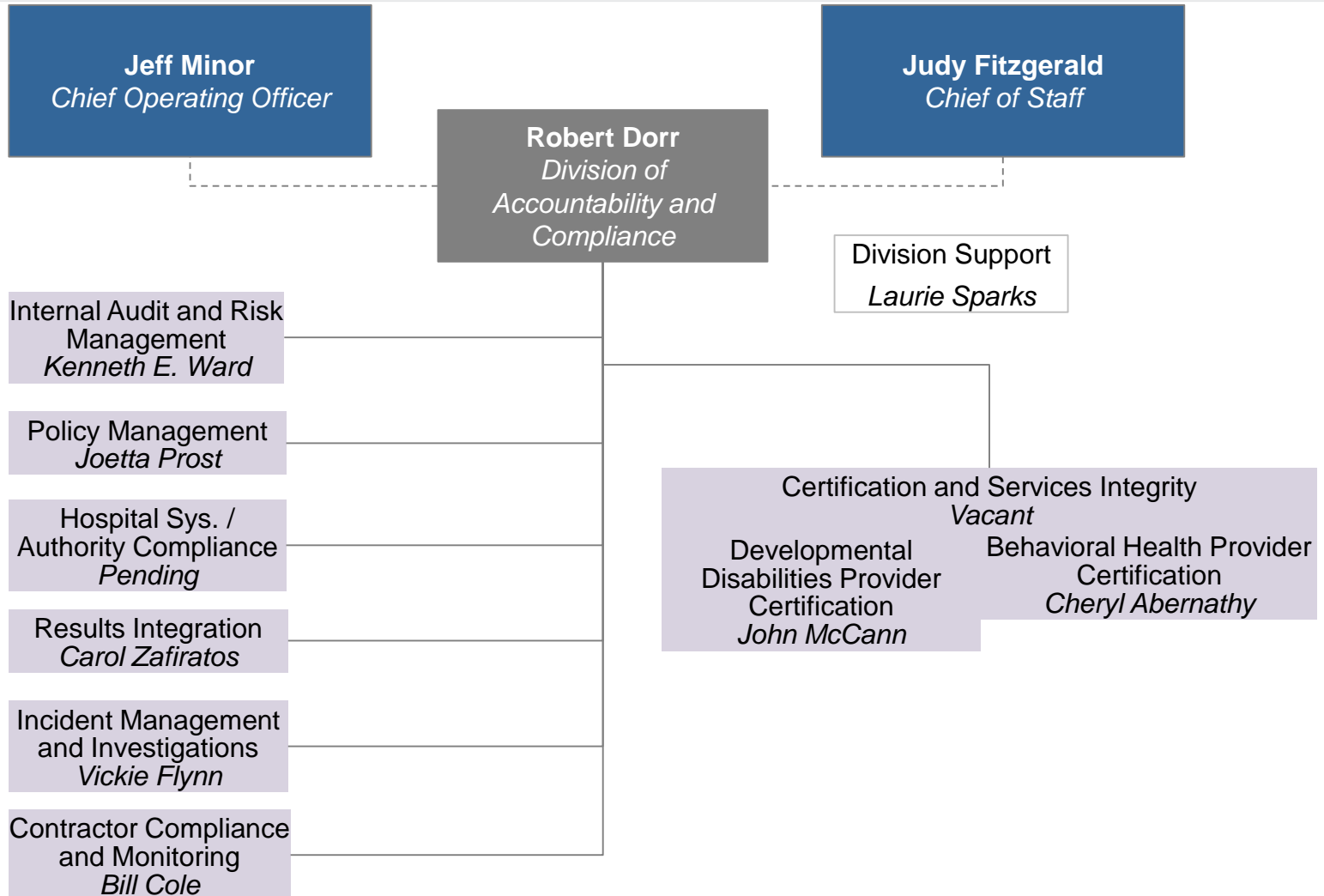
Division of Hospital Services



Division of Performance Management and Quality Improvement



Division of Accountability and Compliance



The Georgia Collaborative



- 3 over-extended contracts
- A need for real-time, meaningful information
- Build specifications, skills and technology to use data to understand and drive system performance

What We Need from You

- Continued input—you affect our thinking, planning and working
- Patience during our transformation
- Commitment to embrace the public safety net role
- Press on with us

Fiscal Year 2016 LOAs and Contracts



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GODWIN AKHIROME

**OFFICE OF CONTRACTS DEVELOPMENT
DIVISION OF PERFORMANCE MANAGEMENT & QUALITY
IMPROVEMENT**

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Letters of Agreement (LOA)

- Consistent layout with departmental contracts
- Policy and provider manual references
- Provider-approved locations and services (PALS)
- Tenure of LOA (July 1, 2015 through Jan. 31, 2017)
- Departmental contact person

Provider Agreements/Contracts

- Medicaid-only-funded provider agreements are now LOAs
- Fee-for-service provider agreements converted to contracts
- Policy and provider manual references
- Tenure of contracts (July 1, 2015 through June 30, 2016)
- Departmental contact person
- Opportunity to consolidate contracts in future

Collaboration

- Providers to sign and return LOA/contract promptly
- Provide requested documentation or credentials to the Office of Provider Network Management promptly

Assistance & Support

- Contact the contract specialist ID on the transmittal email or

- Stacey Stith

stacey.stith@dbhdd.ga.gov

404.657.1662

- Godwin Akhirome

godwin.akhirome@dbhdd.ga.gov

404.232.1345

Division of Performance Management and Quality Improvement



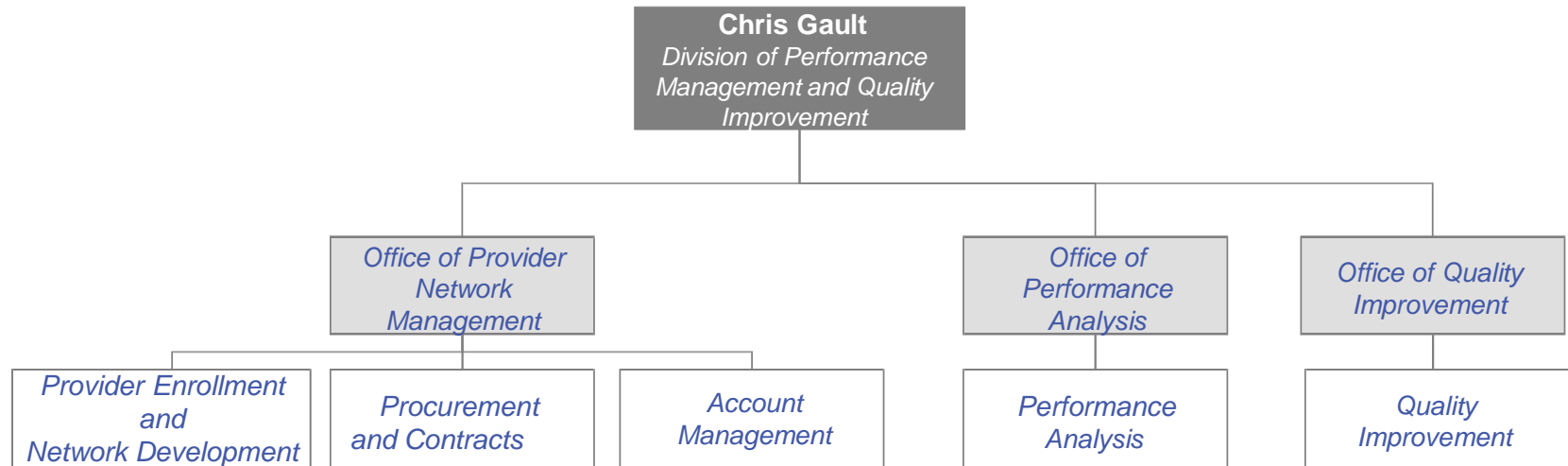
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PROVIDER NETWORK MANAGEMENT

LYNN COPELAND

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Division of Performance Management and Quality Improvement



Current and Future State of Contract Management

- Contract management responsibilities currently lie in several places within DBHDD: regional offices, disability divisions, contracts and procurement, compliance, PNM, etc.
- Beginning in FY16 Contract management will be functionally aligned and centralized in the new Office of Account Management.
- Gradual transition over the first few months of the fiscal year.
- Providers will be introduced to their new account manager as they assume their new duties from the current contract manager.

Office of Account Management

Overall goal is to support and enhance the performance of providers and the system as a whole

Account Managers will:

- Maintain critical relationships with providers
- Serve as the single point of contact for providers to enable consistent and timely responses to inquiries, issues and contracting items
- Provides an avenue for providers to share concerns or ask questions and receive accurate and timely responses; receives and dispatches issues and questions to appropriate functional areas; manages and tracks issues through to closure
- Reviews and evaluates performance and quality data for assigned provider accounts and communicates performance results to providers
- Clearly communicates information about contract deliverables
- Engages with providers to assist in providers' resolution of problems or performance issues; engages subject matter experts from other functional areas and recommends technical assistance and training as appropriate

Office of Deaf Services
deafservices@dbhdd.ga.gov



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DIRECTOR, OFFICE OF DEAF SERVICES
DIVISION OF BEHAVIORAL HEALTH
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QUESTION AND ANSWER PERIOD