Tier 1 & 2 Information Session
“BH Provider Standards & KPIs”

Division of Behavioral Health
Monica S. Johnson, MA, LPC
Director
“Life is a moving, breathing thing. We have to be willing to constantly evolve. Perfection is constant transformation” — Nia Peeples
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<th>Introductions</th>
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<td>Overview of Purpose of</td>
<td>Quality Improvement</td>
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<td>Standards and KPIs</td>
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<td>Changes for FY 19</td>
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<tr>
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Background: Understanding the purpose.
Access to Community Care

1. Safe
2. Accessible
3. Efficient
4. Effective (Positive Clinical Outcomes)
5. Financially & Administratively Stable
6. Accountable
7. Competent (workforce)
Key Points

- Measurement of Access
- Core Benefit Package
- Includes Mental Health and Substance Use Disorders
- Site Specific
- Foundational Work for Beyond FFS
- Not applicable to Tier 3
- Data Integrity
- Limited Changes for Tier 2
The process

- Standards & KPIs (DBH)
- Compliance and Reporting (DAC)
- Performance Analysis (OPA)
- Quality Improvement (OQI)
## The BH Provider Network

### Tier 1 (Community Service Boards)
- AKA Comprehensive Community Providers
- Safety Net Providers
- Must offer full Core Benefit package
- Provide Additional Comprehensive Services
- 01-200 – Applicable Policy

### Tier 2
- Community Medicaid Providers
- Must offer full Core Benefit package
- Ensure choice for individuals with Medicaid
- 01-230 – Applicable Policy

### Tier 3
- Specialty Providers
- Provide an array of specialty treatment and support needed in the continuum of care
- These standards are not applicable to these group
“The system can not be built on crisis alone.”
The Core Benefit Package

- Psychiatric evaluation
- Behavioral health assessments
- Case management and skill building
- Nursing evaluations
- Individual, Family and Group Counseling
- Peer support services
- Diagnostic assessment
- Addiction services
- Crisis intervention
- 01-200 & 01-230
- Synonymous with Non-Intensive Outpatient
Tier 3 - Specialty

- Housing
- Supported Employment
- Youth Clubhouses
- Peer Wellness Centers
- Assertive Community Treatment (ACT)
- Intensive Case Management
- Addiction Treatment and Support
- Psychosocial Rehabilitation
- Behavioral Health Crisis Service Centers
- Crisis Stabilization Units (Youth and Adults)
- Intensive Family Intervention
- Prevention Services
- Mobile Crisis
Provider Standards

• Are published as policy in PolicyStat

• **Tier 1 Standards: 01-200**
  • [https://gadbhdd.policystat.com/policy/992494/latest/](https://gadbhdd.policystat.com/policy/992494/latest/)

• **Tier 2 Standards: 01-230**

• Reviewed Annually
## What’s New

<table>
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<tr>
<th>Standard</th>
<th>Changes</th>
<th>Reference</th>
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| Access to Care                              | • No changes  
• Strongly encourage Same Day Access                                                                                                                                                            | [https://gadbhdd.policystat.com/policy/5106055/latent](https://gadbhdd.policystat.com/policy/5106055/latent) |
| Crisis Management                           | • At least 95% of individuals served have less than 3 admissions to a higher level of care (CSU, PRTF, & Residential Detox) during the report period.  
• Providers will continue to self report, we will review our reports from GCAL and not score the "Seen" portion; providers will only receive points as currently done which is for scheduled. | [https://gadbhdd.policystat.com/policy/5106243/latent](https://gadbhdd.policystat.com/policy/5106243/latent) |
| Transitioning of Individuals in Crisis      | • 75% of individuals are seen by a licensed or credentialed professional (Associate or Independently Licensed Clinician, or Certified Addiction Counselor if substance use disorder is indicated) within seven (7) business days of discharge.  
• 75% of individuals are seen by a licensed physician/psychiatrist/physician extender within fourteen (14) business days of discharge. | [https://gadbhdd.policystat.com/policy/5106299/latent](https://gadbhdd.policystat.com/policy/5106299/latent) |
| Engagement in Care                          | • No show rate for: Initial Intake Behavioral Health Assessment should not exceed 15%. (No Show/Cancel rate based on Same Day access models).  
• No show rate for: Treatment Outpatient Services (Non-Medical: individual, family and group counseling) should not exceed 15%.  
• No show rate for: Initial Psychiatric Evaluations should not exceed 15%.                                                                 | [https://gadbhdd.policystat.com/policy/5106363/latent](https://gadbhdd.policystat.com/policy/5106363/latent) |
What’s New

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| Substance Use Disorder           | • A minimum of 12 hours, of which at least 50% is group counseling (group counseling includes SUD only or co-occurring MH and SUD groups), per week of substance use disorder treatment services and supports is available for individuals diagnosed to have a substance use disorder.  
  • A minimum of 75% of individuals with primary or co-occurring SUD diagnosis are receiving group counseling services (group counseling includes SUD only or co-occurring MH & SUD groups). This is defined by an individual with at least 3 encounters of group counseling that addresses SUD issues within the reporting period. Note: Do not include individuals in remission as a part of the calculation for the measure. | https://gadbhdd.policystat.com/policy/5106463/last/                                                                                                                                                                                                                                            |
| Recovery Transformation          | • New tool (applicable to all tiers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | https://gadbhdd.policystat.com/policy/5106492/last/                                                                                                                                                                                                                                           |
| Staffing                         | • A Medical Director (Psychiatrist - American Board of Psychiatry and Neurology certified/eligible MD licensed in GA; or a licensed physician that is board certified or board eligible in general family practice, internal medicine, or pediatrics) is employed with the agency through the full reporting period with turnover gaps in coverage of no longer than 30 days total for the reporting year.  
  • Provider has an independently licensed full-time Clinical Director employed with the agency through the full reporting period with turnover gaps in coverage of no longer than 30 days total for the reporting year. | https://gadbhdd.policystat.com/policy/5106542/last/                                                                                                                                                                                                                                            |
| Audit Compliance                 | • No change  
  • Understand that Audit Score may include other non Core Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | https://gadbhdd.policystat.com/policy/5106562/last/                                                                                                                                                                                                                                           |
What’s New

<table>
<thead>
<tr>
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<tr>
<td>Community Coordination &amp; Engagement (New)</td>
<td>• MOUs or other formal agreements are in place that outline the coordination with key community stakeholders to include, but may not be limited to, emergency departments, local jails or prison, specialty providers such Opioid Treatment Programs, etc. When a MOU is not available, a policy outlining the agency's implementation of this standard is allowable.</td>
<td><a href="https://gadbhdd.policystat.com/policy/5120902/last/">https://gadbhdd.policystat.com/policy/5120902/last/</a></td>
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<td></td>
<td>• Stakeholder surveys administered by DBHDD indicates 75% or higher, thus demonstrating effective coordination with community stakeholders (e.g. emergency departments, local jails or prisons, specialty providers).</td>
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<td>Evidenced Based Treatment</td>
<td>• Relevant evidence based practices in preventive, clinical, and recovery support settings tracked, summarized, and publicly available via agency policy.</td>
<td><a href="https://gadbhdd.policystat.com/policy/5108602/last/">https://gadbhdd.policystat.com/policy/5108602/last/</a></td>
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</tbody>
</table>

Coordinated services and supports through formal relationships with other stakeholders such as jails, prisons, emergency room departments, and other programs are available. Services and supports must include, but may not be limited to access to Supported Housing for individuals with behavioral health needs and are returning to the community from jails/prisons, or emergency room visit (related to their behavioral health).
Key Points

If you have questions about the any of the standards and KPIs, please submit them to: PolicyQuestions@dbhdd.ga.gov

The standards and KPIs are always reviewed annually. Based on an analysis of the data, the standards and KPIs will be subject to modification, but not within the year prior to the annual review.

Performance/outcomes of the PMR is a part of your compliance with your contract. Corrective Actions will be applicable based on policy 13-103.

The standards and KPIs are about the Core Benefit Package of Services. It does not include data for services outside of this package. (Note: Agency vs Site Specific)
Key Points

- Review percentages/weights for Tier 1 (note N/A removal)
- Only report for sites that are enrolled to provide CORE Benefit Package.
- Data is required regardless of fund source, except where explicitly stated that is not the case.
- Remember, changes to a specific standard or KPI are for the reporting periods after the new fiscal year. It is not applicable to previous reporting periods.
- New Reporting Period for Tier 1
I. Tier 1 – CCP Providers
   A. Timeframes and Reporting Periods
   B. Site-Specific Reporting Requirement

II. Tier 2/2+ - CMP Providers

III. PMR - Lessons Learned

IV. Important Reminders and How to Get Help
Section I
Tier 1 – CCP Providers
Tier 1 - August 2019 Reporting Changes

- FY' 19 Reporting Period: July 1, 2018 – June 30, 2019

- Tier 1 Providers will now report based on the same reporting period as the Tier 2/2+ Providers.

- The report submission period will be slightly abbreviated for Tier 1 providers.

- The PMR Report Submission Period will begin on August 1, 2019, with all reports due by Close of Business on August 15, 2019.
Section II
Tier 2/2+ - CMP Providers
• Tier 2 – NO CHANGES

• **FY’ 18 Reporting Period:** July 1, 2017 – June 30, 2018 – The Tier 2/2+ Provider reporting period will remain the same.

• Report submissions will begin on August 1, 2018, with all reports due by close of business on August 31, 2018.
• **Tier 2/2+ - FY 2019 Changes**

  • **FY 2019 Changes:** DBHDD has not made a final determination on any possible changes to the reporting requirements for Tier 2/2+ providers.

  • DBHDD will announce and provide guidance for any changes in advance of the August 2019 reporting period.
Section III
PMR Lessons Learned
Be sure you know which Tier you belong to (Tier 1, 2 or 2+).

**Note:** All Standards are not applicable to all Tiers. While we have outlined these in the SOP documents, the published and approved policies should be considered the primary source of guidance.
Carefully review your responses to ensure they are accurate and fully supported by the attached documentation.

Where applicable, use the worksheets provided in the “Policies and Manuals” section of the PMR Web Portal to support your responses.

Once the report is submitted, it is locked and providers are unable to make further changes or corrections.
PMR Lessons Learned – General

Applies to: All Tiers

- Should DBHDD require additional information about a response or supporting documentation, the report will not be accepted and will be returned to the provider.

- Providers may not change their report responses or documentation except as directed by DBHDD.

- DBHDD will consider provider requests to make corrections on a case-by-case basis. The request must be made in writing and only approved changes may be made by the provider.
Most frequent reasons for requesting additional information:

- Supporting documents did not substantiate the responses on the PMR.
- Appropriate supporting documents were not provided with the submission.
Lessons Learned – SUD Treatment & Supports

Applies to: All Tiers

- Remember that documentation must support the **percentage of diagnosed individuals** that had **at least** 3 hours (Tier 1 Providers) or 5 hours (Tier 2/2+ Providers) of group counseling encounters addressing Substance Use Disorder (SUD) issues within the reporting period.

- Ensure that all group counseling hours are **CLEARLY** marked on your uploaded weekly programming schedule. Please **total** the hours of group counseling offered to expedite the process of scoring the PMR reports.
Remember:

- DBHDD cannot accept expired licenses or documents.

- PMR reports submitted with unsigned attestations will not be accepted and returned to the provider.
PMR Lessons Learned – Crisis Management

› Tier 2/2+

› **KPI 13.1: Crisis Management** - DBHDD will populate the response to this KPI automatically based on the information provided from the Beacon reporting system. Providers do not need to provide a response or supporting documentation for this KPI.
Lessons Learned – Recovery Oriented Care

Applies to: All Tiers

- Ensure that the Recovery Self-Assessment (RSA-R) Administrator is completed by the CEO or Executive Leadership and the Recovery Self-Assessment (RSA-R) Provider is completed by the clinical team.

- **Note** – The RSA-R is a separate report for the Administrators and Clinical and should not be mistaken from the Recovery Oriented System Inventory report from previous reporting periods. Please see the ‘Policy & Manuals’ area of the PMR web portal.
Section IV
Important Reminders & How to Get Help
Reminder – Reporting Resources

Applies to: All Tiers

› Please review the DBHDD Policies applicable to your provider Tier. These policies are available at DBHDD PolicyStat, and can be viewed at https://gadbhdd.policystat.com/.

› Please also review the ‘Policies and Manuals’ tab within the PMR Web Portal for the most recent SOP, Worksheets, and Attestations available for your provider Tier.

› Please ensure that only the must recent documentation located in the PMR Web Portal is used to document your PMR Report.
Before submitting your documents, perform a quality check of your submission

- Review the list of required supporting documents.
- Ensure that you have attached all required supporting documents.
- Ensure that your supporting documents substantiate the values reported in your PMR.
How to Get Help

• Questions pertaining to DBHDD Policies, including Standards and KPIs, should be submitted to: PolicyQuestions@dbhdd.ga.gov

• Questions pertaining to your primary site, the use of the web portal, and technical support should be submitted to Report.Now@dbhdd.ga.gov with subject line “PMR Support”
Analysis of Network Performance

J.R. Gravitt
Director

Melinda Scribner
Performance Analyst Coordinator

Office of Performance Analysis
Division of Performance Management and Quality Improvement

Georgia Department of Behavioral Health & Developmental Disabilities
What is Office of Performance Analysis?

What does Office of Performance Analysis Contribute?
Office of Performance Analysis

Performance Data

Analysis

Practical application of theory-based research

Quantitative, evidence-based outputs

Different from reporting and data management
OPA Analytical Support for DBHDD

Business Intelligence

- Reporting
- Dashboarding
- Querying

Analytics

- Data Analytics
  - Statistics
  - Data Mining
  - Machine Learning

Simulation

Optimization
Hindsight

Historical Performance
Descriptive Analytics
Mean, Median, Variance, % Change, Basic Visualization

Insight

Drivers of Performance
Predictive Analytics
Correlation, Association, Bivariate Graphs, Regression, Machine Learning, Trees

Foresight

Altering Performance
Prescriptive Analytics
Regression, Experiments, Forecasting, Simulations, Machine Learning

OPA Analytical Support for DBHDD
OPA’s Role in PMR Analysis

Receive and validate data entered by providers and vetted by DAC

Summary analysis of PMR performance data

How is the network performing?

Individual provider performance?

Conduct data simulations to facilitate changes within PMR policies

Compare/contrast current and past PMR performance data

Assist BH process to identify PMR policy changes by providing statistical and analytical evidence concerning potential changes
BE INFORMED

Tiers 2 and 2 Plus:

Brief Overview of Performance
FY17 Tier 2 Overall Performance

Overall Score Distribution

In Compliance  Substantial Compliance  Non-Compliance  Failure to Perform

Number of providers

Overall Score Range

0 0 0 0 3 4 10 21 33 26
FY17 Tier 2 Item Performance

Standard 3: Access to Services

Item A: Responsiveness to initial request for service for initial intake scheduled assessment.
Standard 4: Engagement in Care

Item 1: No show rate for: Initial Intake Behavioral Health Assessment should not exceed 20%. (No Show/Cancel rate based on Same Day access models).

![Response Distribution Graph]

- Inside threshold range
- Outside threshold range

Number of providers

Response range

- 0.00% to 10.00%
- 10.01% to 20.00%
- 20.01% to 30.00%
- 30.01% to 40.00%
- 40.01% to 50.00%
- 50.01% to 60.00%
- 60.01% to 70.00%
- 70.01% to 80.00%
- 80.01% to 90.00%
- 90.01% to 100.00%

- Inside threshold range: 47 providers
- Outside threshold range: 35 providers

- Inside threshold range: 7 providers
- Outside threshold range: 2 providers
- Outside threshold range: 2 providers
- Outside threshold range: 3 providers
Standard 3: Access to Services

Item C: Responsiveness to initial request for service from intake to first scheduled MD appointment.
Standard 4: Engagement in Care

**Item 3: No show rate for: Initial Psychiatric Evaluations should not exceed 20%**
FY17 Tier 2+ Overall Performance

Overall Score Distribution

- In Compliance
- Substantial Compliance
- Non-Compliance
- Failure to Perform

Number of providers

Overall Score Range

0-9 10-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90-100

0 0 0 0 0 0 1 2 1 2 0

Maintain current knowledge of medication and medication administration.

Administer medications across settings.

Prepare and dispense medications.

Document medication administration.
FY17 Tier 2+ Item Performance

Standard 3: Access to Services

Item A: Responsiveness to initial request for service for initial intake scheduled assessment.
Standard 4: Engagement in Care

Item 1: No show rate for: Initial Intake Behavioral Health Assessment should not exceed 20%. (No Show/Cancel rate based on Same Day access models).
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Item C: Responsiveness to initial request for service from intake to first scheduled MD appointment.
FY17 Tier 2 Item Performance

Standard 4: Engagement in Care

Item 3: No show rate for: Initial Psychiatric Evaluations should not exceed 20%
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<tr>
<td>Crisis management</td>
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<tr>
<td>Transitioning of consumers in crisis</td>
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<td>Engagement in care</td>
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<tr>
<td>Substance user disorder treatment &amp; supports</td>
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<td>Administrative &amp; fiscal infrastructure</td>
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<tr>
<td>Justified billing on ASO reviews</td>
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Year-to-Year Comparisons

Example - Tier 1 2016 & 2017 Comparisons

2016 - 2017 PMR Response Value Average

<table>
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<th>2017</th>
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2017 Example: How is Safety Network Improving?

**Engagement in Care**
- No show rate for initial BHA decreased by 1.5%
- No show rate for outpatient tx decreased by 2.3%
- No show rate for initial psychiatric evals decreased by .8%

**Administrative & Fiscal Infrastructure**
- Long-term debt to net assets improved by .4%
- MRO claims submitted within 90 days increased by 3%
- State-funded encounters submitted with 90 days increased by 3.8%

**Justified Billing & Customer Satisfaction**
- Justified billing on ASO reviews increased by 2.8%
- Customer satisfaction improved by 1.4%
### Office of Performance Analysis Actively Involved

<table>
<thead>
<tr>
<th>Analyzing and describing data results from providers</th>
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<td>Analyzing and describing changes to the system over time</td>
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<tr>
<td>Simulating impact of weight and threshold changes</td>
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Today’s Agenda

- Introduction of OQI
- Recovery Self Assessment - Review
- BH Stakeholder Survey
- Provider Productivity Model
Team Members

• Virginia Sizemore, MBA
  • Director, Office of Quality Improvement

• Peter Baker
  • Manager, Office of Quality Improvement

• Jorge Solivan-Lopez, MA
  • Quality Improvement Analyst

• Elizabeth Davis, MPH
  • Quality Improvement Analyst
Our Work Is…

• ALIGNED WITH THE GOALS AND PRIORITIES OF DBHDD

• FOCUSED ON MAKING IMPROVEMENTS THAT BENEFIT THE PEOPLE WE SERVE

• COLLABORATIVE

• GUIDED BY EVIDENCE BASED QUALITY IMPROVEMENT TECHNIQUES AND STRATEGIES

• INFORMED BY BEST PRACTICES AND PEER-REVIEWED INFORMATION
OQI Project Life Cycle

PLAN

DO

ACT

STUDY
“We are here to make another world.”
~ W. Edwards Deming
Recovery Self-Assessment Study

Georgia Department of Behavioral Health & Developmental Disabilities
ALL COMPREHENSIVE COMMUNITY PROVIDERS (CCPS) AND COMMUNITY MEDICAID PROVIDERS (CMPS) ARE EXPECTED TO UNDERPIN THEIR SERVICE AND TREATMENT PRACTICES WITH THE TENETS OF A COLLABORATIVE, RESPECTFUL, USER-FRIENDLY AND RECOVERY DRIVEN PHILOSOPHY.
What is the Recovery Self-Assessment Review (RSA-R)?

“Self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care.”

“Contains concrete, operational items to help program staff, persons in recovery, and significant others to identify practices in their mental health and addiction agency that facilitate or impede recovery.”

https://medicine.yale.edu/psychiatry/prch/tools/rec_selfassessment.aspx
First nationally representative study of:
• Organizational and individual factors and recovery-oriented practices

Researching adoptions of recovery-oriented care to develop best practices for:
• Positive outcomes
• Integration of recovery-oriented care into routine care

Yale is extending the study specifically for DBHDD participation
Why is the RSA-R Important?

- Tool to measure perceptions of stakeholders on recovery oriented practices
- Improve system to deliver service oriented and recovery focused care
- Identify recovery focused factors
- Contribute to the practice standards and guidelines
- Measure fidelity to recovery model
RSA-R Tool

32 Question Survey for Providers
36 Question Survey for Administration

Factors Measured:
• Life goals
• Involvement
• Diversity of treatment options
• Choice
• Individually tailored services

Version Targeting:
• Agency Leadership
• Direct Care Providers
• Individuals in Recovery (TBD at a later date)
**Specific Aims of this Study**

| Describe how community mental health centers are using recovery-oriented practices, and understand the factors associated with adoption of recovery-oriented care. |
| Identify organizational characteristics that are associated with enhanced outcomes and engagement in care. |
| Identify best practices associated with adherence and involvement. Identify characteristics that impact the relationship between recovery-oriented practices and outcomes. |
| Understand the ways an organization adopts a recovery-oriented framework for care delivery. |
Next Steps

DBHDD will send instructions to providers on how to participate in the Yale study.

Complete survey and submit directly to Yale by August 10th.

Providers who participate in the Study will receive points related to the PMR.
Community Coordination KPI

• CCP Standard 21 - Community Coordination, 01-221

• DBHDD PROVIDERS ARE REQUIRED TO DEVELOP AND MAINTAIN EFFECTIVE RELATIONSHIPS WITH COMMUNITY PARTNERS IN ORDER TO DELIVER COMPREHENSIVE, MEANINGFUL, AND APPROPRIATE COMMUNITY SUPPORTS BASED ON THE INDIVIDUAL'S NEEDS.

• Stakeholder surveys administered by DBHDD indicates 75% or higher, thus demonstrating effective coordination with community stakeholders
Survey Objectives

• Demonstrate effective coordination with community stakeholders

• This survey has been designed to measure 3 distinct areas:

  - Access to Services for Individuals
  - Engagement with Community Stakeholders
  - Perceived Quality of Services
Survey Structure

Criteria

- Total of 23 Questions
- Designed as a 10 pt. Likert Scale
- Additional Answers:
  - “Not Applicable”
  - “I Don’t Know”

Identified Community Stakeholder Groups of Interest

- Jails and Prisons
- Emergency Departments and Hospitals
- Sheriff’s Offices
- Police Departments
Each provider is required to have at least 5 completed surveys to receive PMR points for this item.
Access to Services (8 Questions)

1. It is easy to contact the individual(s) I need to communicate with at this agency.
2. Individuals our organization supports receive timely behavioral health appointments with this agency.
3. When I reach out for assistance with getting services for someone, the response time from the agency meets my needs.
4. When I reach out for assistance with getting services for someone, the average response time from this agency is: = Drop Down: - Numbers 1-60, Minutes/hours/days
5. Our organization understands what services this agency offers.
6. Our organization understands how to access the services this agency offers.
7. When our organization makes a referral to this agency, the referral is successfully completed.
8. Our organization knows how to access housing resources through this agency.
1. Our organization has observed that this agency works collectively with other organizations.

2. This agency reaches out to our organization timely when services our organization offers are needed.

3. I am successful in contacting this agency when I need assistance getting services for someone.

4. Our organization knows who to contact to get assistance from this agency.

5. Our organization has a mutually beneficial relationship with this agency.

6. Our organization has regular, in-person contact with the agency.
1. This agency follows through on commitments made to our organization.
2. Our organization can rely on this agency.
3. Our organization can rely on this agency to follow through on commitments.
4. Our organization communicates with this agency frequently.
5. Our communications with this agency are respectful and cordial.
6. This agency helps connect people with services they need.
7. I would recommend other organizations to partner with this agency.
8. If a close friend/family member needed behavioral health services, I would recommend this agency to them.
Provider Productivity Model

Georgia Department of Behavioral Health & Developmental Disabilities
Background

- BH identified the need to develop a product that measures staff productivity and the financial impact to the Provider operations for consumers served

- OQI developed a model that enables the provider to create individual employee productivity and summary reports; as well as estimate employee target productivity

- A pilot study was implemented with 10 providers participating

- Four providers participated using the productivity model
Provider Participation

- Productivity Training: 66 Providers
- Pilot Phase: 10 Providers
- Go Live!: 6 Providers
- Submitted Baseline Results: 4 Providers
# Provider Participation at a Glance

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>TIER</th>
<th>SERVICE AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Aspire</td>
<td>1</td>
<td>Rural</td>
</tr>
<tr>
<td>*CETPA</td>
<td>2+</td>
<td>Urban &amp; Rural</td>
</tr>
<tr>
<td>*GA Pines</td>
<td>1</td>
<td>Rural</td>
</tr>
<tr>
<td>*Highland Rivers</td>
<td>1</td>
<td>Urban &amp; Rural</td>
</tr>
<tr>
<td>Chris 180</td>
<td>2+</td>
<td>Urban</td>
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<tr>
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<td>Urban</td>
</tr>
<tr>
<td>Unison</td>
<td>2</td>
<td>Rural</td>
</tr>
</tbody>
</table>

* Submitted Baseline Results
Reference Information

• Where can you find more information about the Productivity Model Tool?
  • DBHDD U Link
  • http://www.dbhdduniversity.com/providers.html

• For Productivity Model assistance contact:
  • Jorge Solivan-Lopez, M.A. – Quality Improvement Analyst
  • jorge.solivan-lopez@dbhdd.ga.gov
Questions?
“All improvement happens project by project and in no other way.”

~ Joseph M. Juran