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2010 Innovations Awards Application

DEADLINE EXTENDED: MARCH 15, 2010

ID # (assigned by CSG): **10-S-03GA**

Please provide the following information, adding space as necessary:

State: **Georgia**

Assign Program Category (applicant): **Health Services** (Use list at end of application)

1. Program Name: **BHL's Innovative IT Solutions for Intensive Behavioral Health Referrals**
2. Administering Agency: **Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)** (*formerly, Georgia Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases*)
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9. Please provide a two-sentence description of the program.

The Behavioral Health Link (BHL) manages the Georgia Crisis and Access Line (GCAL), the only crisis and access line in the United States to operate statewide and actively link callers to services 24-hours a day, seven-days a week. The xPRS information system was developed as an enhancement to GCAL to improve connectivity among the Department of Behavioral Health and Developmental Disabilities (DBHDD), BHL, state hospitals, and Crisis Stabilization Programs to supply on-line, real-time information to monitor, manage, and evaluate the system's referral process.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2010 to be considered.

The Georgia Crisis and Access Line began July 1, 2006. The xPRS information system was implemented in October 2008.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Before the implementation of GCAL, many admissions to the state's behavioral health system were through emergency rooms, the criminal justice system, or state hospitals. This was costly, contributed to overcrowding and often delayed appropriate service delivery to consumers. Individuals who were persistent enough to contact one of the state's several access lines generally could do so only on weekdays during normal working hours. He or she was then given the name and number of a provider. The consumer was responsible for contacting the provider to make an appointment, which often was not scheduled for several weeks.

When GCAL became DBHDD's primary point of entry into the state's behavioral health system, consumers in crisis or needing routine services were provided with 24-hour, seven-day a week access to crisis intervention and behavioral health services. Consumers' ability to obtain needed services was simplified as GCAL's licensed clinical staff helped them access and maneuver through a complicated and unfamiliar referral process – even scheduling their first appointment in real time.

Not only did GCAL improve access to services for consumers, but it also helped make the state's behavioral health system more cost effective. The implementation of GCAL resulted in the redirection of individuals away from accessing DBHDD services through the hospital and intensive service system by ensuring that individuals are routed to the services most appropriate to their need. Also, BHL worked with DBHDD and a group of stakeholders to develop a metric – Average Minutes Till Disposition (AMTD) – for tracking and improving the speed of acceptance or denial for intensive services. The AMTD indicates the duration of time between BHL's referral to a service provider and acceptance of the referral by the provider

To help BHL staff monitor and improve referrals, BHL created "Pending Disposition" software that automatically populates when Call Center staff makes an intensive service referral and remains active until the individual is accepted or denied that service. This is available for all staff and is additionally posted in the Call Center to enable staff to see for better coordination and monitoring of the status of the provider response to each referral. BHL also dedicated specific staff whose primary function is to support and expedite referrals and assure that there is a disposition for all referrals.

The power and impact of this shared information and connectivity among call center staff was immediate. By building on existing technology to significantly improve staff members' ability to track intensive referrals, BHL took this critical area of communication to a higher level of efficiency and effectiveness. The AMTD decreased from 16 to six hours, significantly reducing the time that individuals were waiting for services.

While this information was useful to BHL, it was clear that it could be equally important to DBHDD central office and regional administrators and to the various hospitals and intensive service providers. Sharing the information would be an opportunity to further enhance the state's behavioral health system.

15. Why is the program a new and creative approach or method?

Based on its successful use of referral data and in consultation with DBHDD, BHL decided to expand access to information on the Call Center Pending Disposition board by developing a separate software product called xPRS ("Express"). The xPRS program monitors all pending referrals to inpatient hospitals, crisis stabilization facilities and active rescue events, and makes the information available to decision

makers across the state's behavioral health network. Key referral-related information once used only internally by BHL is now accessible to administrators of DBHDD's central and regional offices, state hospitals, and intensive service providers. xPRS was initially piloted for shared connectivity and is now being rolled out to Georgia's seven state hospitals and eventually to the 21 crisis stabilization programs.

The xPRS program benefits managers and decision-makers at individual facilities by allowing internal management of dispositions. Additionally, administrators at the Georgia DBHDD now have an innovative tool to monitor the flow of client referrals so they might assist when needed. To protect confidentiality, key BHL and DBHDD administrators may have access to all information; provider administrators only have access to data for their specified facilities or providers.

This access provides them with information about who is waiting for services and how long they have been waiting. The on-line access to real-time information also includes Call Center triage information, client information, referrals made, and referrals accepted. It can be tailored to show information in various timeframes (for example, within 24 hours or within 7 days). Moreover, the information is constantly being updated by BHL staff, and any status change is immediately refreshed and made available through xPRS.

The xPRS program also provides analysis and reporting tools. Facility and state-level administrators can generate monthly reports, pull and customize specific information and metrics, tailor reports to specific sites, or compare data across facilities. Intensive service providers and inpatient hospital staff, who have access only to information relating to their performance, can review and analyze data to identify potential problems with their ability to respond to referral requests. By analyzing this information by region, provider, and/or type of service needed, DBHDD can identify system weaknesses, strengths, and demands and develop strategies to improve the process. It also ensures that individuals who are the most challenging to treat are supported in gaining access to services. DBHDD administrators can query and review statewide information and compare various providers' performance over time or with other providers.

The xPRS program provides on-line, real-time and summary information to all parties responsible for managing, providing, and monitoring intensive behavioral health services. This allows administrators at various levels in the system to assess needs, identify problems, plan improvements, manage operations, and assess effectiveness.

BHL continues to use information provided by the system to manage and improve program operations and to produce dashboard-style performance reports for DBHDD. Program and facility administrators can produce summary reports to show trends, service needs, issues that need to be resolved, unresponsive programs, and monitor provider access.

While making optimal use of data is considered one of the linchpins of good business practice, it is seldom accomplished. BHL's IT innovations has made this accomplishment a reality by ensuring appropriate access to all the key players in Georgia's behavioral health system and, thus, leveraging the usefulness of existing information.

16. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The Division provided BHL with \$600,000 in startup funds during the May and June preceding the July 1, 2006 Georgia Crisis & Access Line program roll out. The cost of developing xPRS, the innovation addressed in this application, was minimal. BHL developed xPRS as part of its regular software enhancements and upgrades so its programming costs were not segregated from other programming expenses.

During the implementation of GCAL, BHL used a high capacity Nortel telephony system with automated call distribution. This system has been upgraded several times since 2006, including its most recent

upgrade to the Nortel Meridian Option 11 PBX to a Nortel CS-1000E which is dual VOIP system that gives better failover capability, more reliability, easier management and use, and the ability to take calls from anywhere there is a high speed internet connection.

The Georgia Crisis and Access Line also uses new computer workstations with dual screens to increase staff productivity. Given the multiple applications used by the GCAL staff, allowing staff to view two screens of information at the same time has improved efficiency and minimized disruption to the caller. Noise-eliminating headsets were also introduced to improve connectivity to callers and eliminate concerns over confidentiality. Symon Call Center boards provide real-time displays of activity. Visible throughout the Call Center, the boards show abandonment rate, average speed of answer, the number of available care consultants and clinical staff, the number of calls waiting (if any) , and the longest wait times for pending calls.

To support the flexible triage approach and algorithms for provider selection, new Call Center Information Database (CCID) software was developed and put into place late in June 2006 just prior to the launch. This software includes real-time tools for active-case and pending-referral monitoring that allows information to be displayed on LCD screens.

In 2008, xPRS software was developed to allow administrators at DBHDD, state hospitals, and intensive services providers to access this information. The xPRS software was developed internally and was built off the other technology that BHL had created.

17. What are the program's annual operational costs?

Annual operating costs have been approximately \$4.3 million a year. The increase in operating costs due to the xPRS software is minimal and is not tracked separately.

18. How is the program funded?

GCAL is funded entirely by state funds.

19. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No new legislation, executive orders, or regulations were required.

20. What equipment, technology and software are used to operate and administer this program?

- **40 Computer/Telephone stations**
- **GCAL also uses software which prompts clinicians and counselors to follow up specific questions and issues tailored to each caller. This flexible software operates in the background and responds to information inputted by the worker. It does not require that questions or information be presented in specific order but rather uses artificial logic to propose follow up questions.**
- **Proprietary software identifies available providers specific to the callers' needs by using a background algorithm to match callers to service providers by presenting problem, age, and payer source. It then sorts the providers by location and appointment availability. The names of providers which are the closest and which has the shortest wait for an appointment are shared with the callers; the callers are given multiple options if available. A third criterion, provider performance, is being developed and will be added in the future.**
- **GCAL has scheduling capacity through software that allows staff to directly schedule callers' appointments with providers. Once the caller has selected a provider, GCAL instantly schedules the appointment electronically and provides the caller with their appointment date and time.**

Based upon historical use and projected needs, 107 core providers with 215 treatment sites allot GCAL a specified number of appointment slots.

- Additional Software also provides staff with real-time feedback that shows the current wait times for calls to be answered, monitors urgent and suicidal callers, and tracks pending referrals. This pending referral information is shown on a “White Board”/television monitor so that both dedicated staff and supervisors can monitor dispositions.
- GCAL uses computer software to monitor response times and number of calls dropped. This information is shown “real-time” on monitors and tracked by staff and their supervisors.
- The xPRS software, which was specifically designed by BHL for GCAL, provides on-line, real-time tracking for crisis calls and pending referrals. This information is displayed on an LCD screen and on staff computers so staff and their supervisors can monitor the duration of time between BHL’s receipt of a call, referral to a service provider, and acceptance of the referral by the provider. This software allows DBHDD, inpatient hospitals, and intensive service providers to access to the on-line, real-time data so they can monitor system efficiency. Administrators at DBHDD, inpatient hospitals, and intensive service providers can also manipulate referral data within selected time intervals to identify trends, barriers to service, and performance.
- Another software component also allows GCAL to provide the Department with “dash board” indicators of performance, including trend information. The Department is able to “drill down” for most measures to identify factors impacting performance, and potential problem areas.

21. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

Yes, to the best of our knowledge, we are still the only state to have a 7-day-a-week, 24- hour-a-day crisis and access line that is staffed with licensed clinicians and operated by an organization not providing direct services. We are the only state to have implemented web-based software that can be used by BHL for operations management and reporting, by the State behavioral health agency for planning, management, monitoring, and reporting, and by the behavioral health facilities and programs for operations support.

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22. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Most states have some sort of crisis and access line(s) that is supported by technology; however:

- **Software to provide immediate feedback to staff and supervisors on performance is rare in this field as well as the ability to provide monthly “dashboards” of performance for Division decision-makers.**

- We are aware of no other state that has software that allows the state behavioral health department, intensive service providers, and inpatient hospitals to access and manipulate the referral data collected by crisis and access lines.

23. Has the program been fully implemented? If NO, what actions remain to be taken?

Although the program has been fully implemented, it is continually being enhanced and modified and is still being “rolled out” to intensive providers.

24. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Pros

Through its innovative use of the pending referral board and its development and use of the xPRS software, BHL has significantly improved operational effectiveness, which in turn improves consumer care. Examples of specific evaluation measures and outcomes include:

- **Reduced time for intake.** BHL has reduced length of time for intake (by 60% in some areas of Georgia) through technological advances (e.g. electronic connectivity with 250 sites across the state’s 159 counties) and improved provider coordination.
- **Improved accountability.** BHL’s innovative use of technology and its xPRS software program provide Georgia’s decision-makers with reliable, useful information. Real-time rolling updates on client referrals are presented on key metrics, such as AMTD. The transparent, collaborative data reporting has led to confidence in outcomes among state and county behavioral healthcare agencies. This increased credibility leads to dramatically improved coordination with community stakeholders.
- **Recovery/resiliency.** BHL’s mission is to empower individuals in a mental health crisis or who have addictive diseases to obtain and sustain a life of recovery and resiliency. BHL engages in a number of activities to integrate recovery approaches into its operations and encourage national best practice. Clinicians act as advocates for callers and barriers to access (unreasonable delays, denials of service, discrimination) are addressed using a specific protocol.
- **Cost effectiveness.** During this nationwide economic downturn, funding for state programs has been significantly reduced. By using technology, rather than an infusion of new funding, to improve access and connectivity of services the state has significantly leveraged existing funding to cushion some of the adverse affects of budget reductions and actually improve services.
- **Accurate, timely Information.** Hospital administrators, crisis stabilization program managers and state DBHDD leaders now have – often for the first time – real-time, up-to-date information to track individuals in need of services, improve the disposition process at their facility, and ultimately improve the experience and care of persons in crisis who are seeking help.
- **Enhanced System Management.** DBHDD staff report that the information available through the xPRS software program has enabled them to outline the path that specific individuals experience as they access state services and the system of care. This in turn enables them to clarify policies and processes in facilities, recognize and empower them in addressing program and systems issues, and communicate quickly with providers if necessary.
- **Enhanced Program Management.** The innovative xPRS program also empowers managers and administrators with tools that give them key information for managing their organization and maintaining the direction and goals that guide their programs. While many management tools address budgeting, staffing or billing procedures, BHL’s innovative tools can help decision-makers address the often more difficult challenges of understanding and improving organizational accessibility and responsiveness.

- **Improved Service Delivery.** Ultimately, the impact of BHL’s innovative use of a pending referral board and xPRS software is felt by the person in crisis awaiting help. The shared information and connectivity among providers and facility administrators, the ability to better manage the flow of client referrals, and the ability to respond to – and improve – the speed of dispositions ultimately can translate into the difference between a six-hour or 16-hour wait for a person in crisis to obtain placement in an inpatient psychiatric hospital or crisis stabilization program.

Cons

This program has no significant drawbacks. It has, however, provided information that suggests DBHDD must address the need for additional supports during a period when resources may be unavailable to do so.

As accessibility to the state’s behavioral health system improves, more people will access the system. Some of the progress in reducing the time it takes for a consumer to access the system and receive services is already being threatened by a growing number of calls to GCAL combined with a static or even decreasing number of providers and treatment capacity. The ability of consumers to receive prompt and appropriate behavioral health services may be compromised as a result of a growing need coupled with limited resources.

25. How has the program grown and/or changed since its inception?

Changes to date have been planned or anticipated responses to increased service needs.

26. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- **DBHDD and BHL have had a long and successful history of collaboration. Because of this collaboration, BHL has been able to anticipate data needs and develop technology to address them. States lacking this type of working relationship are likely to have a more difficult time in developing this program.**
- **Improving access to public behavioral health services will allow more consumers to request services. Given the reduction in revenues that most states are encountering, some may lack capacity to provide all services requested.**

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2010 Innovations Awards Application Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations and Technology

- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

Human Resources/Education

Save in .doc or rtf. Return completed application electronically to innovations@csg.org or mail to:

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This application is also available at www.csg.org.