

# EXECUTIVE SUMMARY

## HEALTHCHOICES INDEPENDENT STUDY

The Office of Mental Health and Substance Abuse Services (OMHSAS) requested that Mercer conduct an independent study of the Bureau of Children’s Behavioral Health Services (Children’s Bureau). The purpose of the study was to evaluate the timeliness, consistency, and effectiveness of communication, coordination and operational protocols. Mercer conducted three focus groups with system partners, five telephonic interviews with OMHSAS leadership, a desk review of the Children’s Bureau policies and protocols and interviews with three states. Key findings and considerations are summarized below and will be considered within the larger context of other OMHSAS initiatives to gain stakeholder feedback.

### Strengths:

- A dedicated Children’s Bureau provides enhanced visibility and focus on children’s behavioral health (BH) issues.
- There are established forums for stakeholder input (i.e., Children’s Advisory Council, System of Care workgroup).
- OMHSAS offers flexibility in approving program exceptions compared to other states.
- The Children’s Bureau has resources for problem resolution and grant writing.
- When there has been a common vision and collaboration with stakeholders, strategic initiatives have been viewed more favorably.
- Staff tenure provides historical and institutional knowledge.

### Opportunities:

- Primary sources of dissatisfaction include:
  - Timeliness and consistency of decisions, especially related to policy clarifications and service descriptions, program exceptions and reinvestment fund approvals;
  - Interactions with system partners that are perceived as authoritarian rather than collaborative and compliance driven rather than clinically oriented;
  - Lack of responsiveness to complaints; and
  - Administrative burden associated with multiple (sometimes duplicative) audits and initiatives that are later put on hold after stakeholders have invested time and resources.
- Stakeholders desire greater transparency regarding: a) roles and responsibilities; b) policy decisions, including underlying regulatory authority supporting these decisions; and c) expectations for program exceptions and reinvestment funds.
- Stakeholders expressed a strong desire for updating and streamlining policy clarifications and bulletins related to BHRS program exceptions, to include making key documents searchable and user friendly.
- Stakeholders requested communication be consistently aligned with contractual relationships, coordinated with other OMHSAS departments and shared with all impacted parties.

## EXECUTIVE SUMMARY

### HEALTHCHOICES INDEPENDANT STUDY

Page 2

- Stakeholders also requested that staff maintain a professional tone and respectful attitude in communications with colleagues and stakeholders.
- Decision making should be routinely informed by stakeholder input and impact analyses and coordinated with other OMHSAS Bureaus, particularly when roles and responsibilities overlap.
- Decision making is perceived to be too centralized (too few individuals appear sufficiently empowered or confident to make a policy-related decision) and some clinical resources are perceived to act outside the scope of their expertise.
- There is a desire for more frequent and more effective education and training for staff and stakeholders.

### **Potential Responses**

- On a time limited basis, continue to seek stakeholder input to inform a response to the identified issues.
- On an ongoing basis, promote a culture that consistently seeks and incorporates: a) stakeholder input and b) data driven impact analyses on key initiatives and policy decisions. While stakeholder input may not change a legal or regulatory requirement, it can change how it is operationalized.
- Update and streamline processes for program exceptions, evidence-based practice monitoring and audits.
- Evaluate alternate approaches to creating a more efficient process pertaining to BHRS services (e.g., updating bulletins vs. a State Plan Amendment, delegation vs. standardization).
- Document monitoring of children's services under managed care in the Commonwealth's quality strategy.
- Review and update communication protocols to address identified issues. Incorporate communication into staff performance evaluations.
- Evaluate and update publicly available information to address requests for greater transparency.
- Review and update training, supervision and peer review protocols to strengthen the overall quality and consistency of decisions.
- Evaluate staff resources relative to the volume of work; when high profile legal or compliance-driven events divert resources from ongoing Children's Bureau operations, consider the reassignment of duties.
- Provide targeted educational and training events based on system partner input and system needs.